JUSTIN HOUMAN MD
MEN'S HEALTH
TOWER UROLOGY

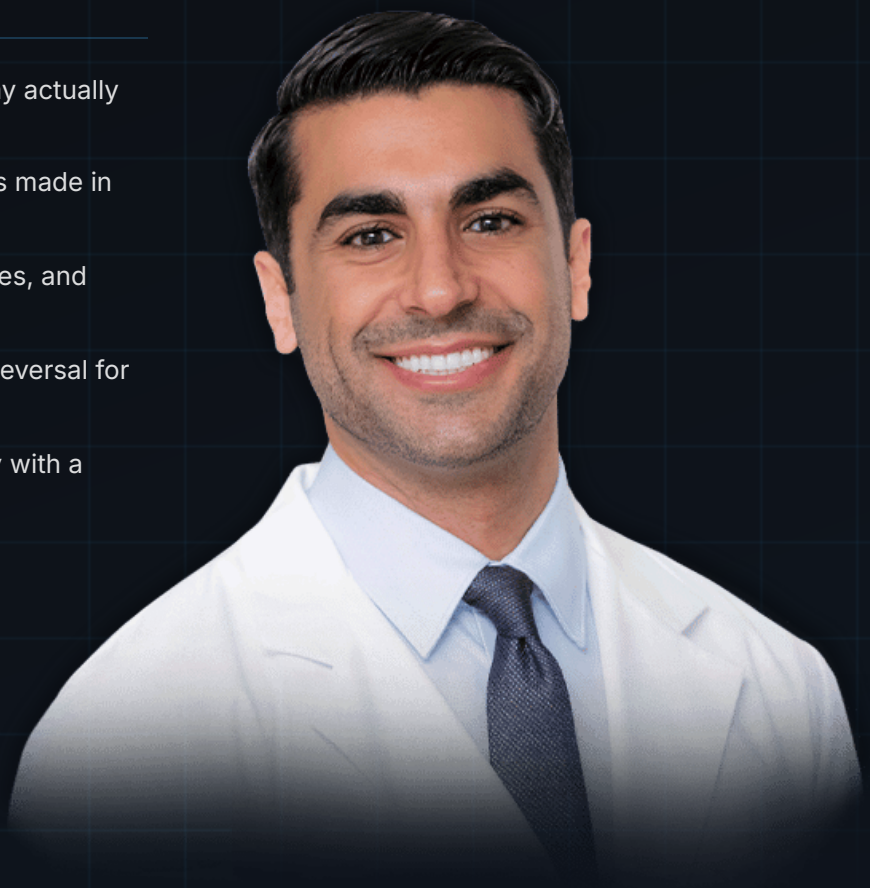
FREE GUIDE

VASECTOMY REVERSAL

Vasectomy reversal works better than most people think.

Number one, the time since the vasectomy plays a big role. Number two, like any other surgery, someone who does a lot of them is going to have higher success rates.

- How much the years since your vasectomy actually matter
- The two operations, and why the choice is made in the operating room
- Why the surgeon shows up in the outcomes, and what to ask one
- Reversal or sperm retrieval with IVF, and reversal for pain
- From a video visit to sperm return, usually with a single trip to Los Angeles



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01 START HERE

A vasectomy reversal works more reliably than most people think.

People historically have thought the success rates are low, but they're not. A lot of times we have great success 10, 15, sometimes 20 years out from the vasectomy.

A vasectomy is supposed to be permanent, and that's how I tell patients to think about it. But I'll do a vasectomy on somebody, and let's say they change their mind five, 10 years later. We'll reverse it. Men come to me for a reversal for a few reasons:

- **A new relationship,** and a new partner who wants children.
- **Wanting more children** after a vasectomy that made sense at the time.
- **Pain after the vasectomy,** when the cause is congestion.
- **Natural conception.** A reversal is the only option that lets a couple conceive on their own rather than through assisted reproduction.

Two things matter most:

NUMBER ONE

The time since the vasectomy

It plays a big role. It also changes how likely you are to need the more complex of the two operations.

NUMBER TWO

The surgeon

Like any other surgery, someone who does a lot of them is going to have higher success rates.

02 TWO WAYS TO MEASURE SUCCESS

Patency and pregnancy are different numbers.

Patency means sperm have returned to the ejaculate. That's what the surgery itself controls. **Pregnancy** means conception, and pregnancy rates are always lower than patency rates, because conception also depends on the female partner's age, her ovarian reserve and fertility, and how long the couple tries. When you read a success rate anywhere, check which one it is.

03 TIME SINCE YOUR VASECTOMY

How much the years actually matter.

Success rates for vasectomy reversal are highest anywhere from 7 to 10 years after the vasectomy. After 10 years, things start to decline, but not for every patient. Don't be scared if it's been more than 10 years.

Your testicles keep making sperm after a vasectomy. Over the years, that back-pressure can cause a second blockage in the epididymis, upstream of the vasectomy site. The longer it's been, the more likely that is, and the more likely we need the more complex of the two operations. That's the main reason the numbers drift down with time.

What the published data shows

The most widely cited dataset on reversal outcomes comes from the Vasovasostomy Study Group, which followed 1,469 men at five institutions and broke the results down by the time since the vasectomy:

Years since vasectomy	Sperm return (patency)	Pregnancy
Less than 3 years	97%	76%
3 to 8 years	88%	53%
9 to 14 years	79%	44%
15 years or more	71%	30%

Source: Belker et al., Journal of Urology, 1991. These are published study results, not my own outcomes. Your odds depend on your own history, your partner's fertility, and the surgeon.

HOW I READ IT

Even at 15 years or more, most men in that study got sperm back. One of the things I never let my patients do: give up on a vasectomy reversal because it's been 10 years.

04 THE TWO OPERATIONS

Which reversal you need is decided in the operating room.

There is no way to know before surgery which operation is needed. The decision is made under the microscope, based on the fluid that comes from the testicular end of the vas deferens.

IF THERE ARE SPERM IN THE FLUID

Vasovasostomy

The pathway upstream is open, so we connect the two pieces of the vas deferens back together, in layers, with microsutures.

IF THERE ARE NO SPERM

Vasoepididymostomy

Back-pressure has usually caused a second blockage in the epididymis. We connect the vas directly to a single tubule of the epididymis, bypassing the blockage.

Both of these techniques, they can work. The success rate of the vasovasostomy is obviously a lot higher. The decision is made on each side independently, so it's entirely possible to need one operation on one side and the other on the opposite side.

Roughly one in four to one in three reversals needs a vasoepididymostomy on at least one side, and that share climbs the longer it's been since the vasectomy. A surgeon who only does vasovasostomy has one option once they open the vas, whatever the fluid shows. I'm trained in both, and I do whichever the anatomy requires on each side.

If a reversal didn't work before

A second attempt is a well-established option. It most often fails because scar tissue blocked the connection, or because the technique didn't match what the fluid showed. I review the prior operative report and re-examine the fluid at surgery to decide which operation is right this time, rather than repeating what was done before.

WATCH ME EXPLAIN IT

What a vasectomy reversal is

Scan with your phone camera, or **tap here** to watch on YouTube.

05 THE SURGEON

Like any other surgery, the surgeon matters.

Someone who does a lot of them is going to have higher success rates.

A 2026 study looked at 4,568 men who had a reversal, done by 12 surgeons at eight centers. Sperm return at one year ranged from 54% to 93%, depending on the surgeon. The patients going in were relatively similar, but nearly every factor measured during and after the operation differed from one surgeon to the next. The study also found that the longer it had been since the vasectomy, the more often the reversal needed a vasoepididymostomy.

Source: Lipshultz et al., Fertility and Sterility, 2026.

06 BEFORE YOU BOOK

Four questions to ask any reversal surgeon.

1. **If a vasovasostomy isn't an option, can you do a vasoepididymostomy in the same operation?**
   You won't know which one you need until the surgeon looks at the fluid. I do both.

2. **Do you use an operating microscope?**
   Some practices use magnifying loupes instead, which offer far less precision. I do reversals under a high-powered operating microscope, with sutures finer than a human hair.

3. **Are you fellowship-trained in male reproductive microsurgery?**
   That's training beyond a general urology residency, held by fewer than 2% of practicing urologists. I did that fellowship.

4. **How many reversals do you do?**
   Case volume matters for a procedure this technically demanding, so ask how many the surgeon does each year.

07 YOUR OTHER OPTION

Reversal, or sperm retrieval with IVF?

For couples hoping to conceive after a vasectomy, there are two main paths. If it's an obstructive problem, which a vasectomy is, sometimes we do a vasectomy reversal. Or we retrieve sperm surgically, using the microscope, and ultimately use it for IVF.

REVERSAL

Natural conception

Once it works, a couple can conceive on their own, and conceive again later without further procedures.

SPERM RETRIEVAL + IVF

Can make more sense when

It's been a very long time since the vasectomy, there's a female-factor issue that would call for IVF anyway, or the couple wants to bank embryos.

Cost, invasiveness and time to pregnancy weigh differently for each couple. I walk each couple through both options, so you can weigh the tradeoffs against your own goals, timeline and circumstances.

08 REVERSAL FOR PAIN

When the pain after a vasectomy is congestion.

Post-vasectomy pain is real. It comes down to two buckets: nerve irritation in the spermatic cord, or congestion from the vasectomy itself. A spermatic cord block numbs those nerves and helps us determine whether this is congestion-type pain or nerve irritation. Once we figure that out, we can determine whether you're a candidate for a vasectomy reversal to address the pain, or a microsurgical spermatic cord denervation for the nerve pain. Vasectomy reversal can help patients when it is related to congestion.

WATCH

Post-vasectomy pain, and the two fixes

Scan, or **tap here** to watch on YouTube.

09 FROM CONSULT TO RECOVERY

From a video visit to sperm return.

Your first consultation can be a video visit from home. Most out-of-town patients need only a single trip to Los Angeles: you arrive, have surgery, recover for about 48 hours, and fly home.

STEP 1
Video visit
From home. We review your history and records before you ever book a flight.

STEP 2
Surgery day
Outpatient, under general anesthesia. Home the same day with scrotal support.

STEP 3
About 48 hours
Rest, ice and scrotal support. Then most out-of-town patients fly home.

STEP 4
Follow-up
By telemedicine, with semen analyses to track sperm return.

The day of surgery

General anesthesia is used because the operation takes several hours and needs complete stillness at magnifications where a millimeter of movement matters. A small incision is made on each side, the original vasectomy site is isolated, and the fluid is examined under the microscope to decide the operation on each side.

Recovery

When	What to expect
First 24 to 48 hours	Rest, ice and scrotal support. Discomfort managed with medication.
Days 2 to 4	Light activity and walking. Most men return to non-strenuous work around days 3 to 4.
Weeks 1 to 2	Post-operative check-in to assess healing.
Weeks 3 to 4	Strenuous exercise and sexual activity resume.
Months 3, 6 and 12	Semen analyses, as needed, to confirm sperm return.

Sperm return is a process rather than an event. Even a technically perfect reversal can take several months to show sperm in the ejaculate, and a vasoepididymostomy takes longer than a vasovasostomy.

Like any surgery, a reversal carries risks, including bleeding and infection, and no reversal is guaranteed to work. We go through them at your consultation.

ABOUT WHO WROTE THIS

I'm Dr. Justin Houman.

I'm a board-certified men's health urologist and assistant professor of urology at Cedars-Sinai Medical Center in Los Angeles. I practice at Tower Urology.

When I was in residency, very few urologists specialized in men's health. Men's health is really three buckets: sexual health, fertility health and hormonal health. These are the things that bring men to the doctor for the first time. Men won't tell you when they have high blood pressure, but they'll tell you when they can't get an erection.

A typical urology visit is no more than ten minutes. Patients are meant to be pushed through, not dug into to figure out what is actually going on. My practice is different. I like to figure out what the cause is, so it has better long-term outcomes. Being at Tower Urology at Cedars-Sinai, I have the background of an academic medical center, but with my own practice inside it I'm not on a corporate clock.

TRAINING

Fellowship-trained microsurgeon

Board-certified urologist with fellowship training in male reproductive medicine and microsurgery.

VOLUME

1,000+ varicocelectomies, 800+ implants

Microsurgery for fertility, pain and sexual health is a big part of my practice.

RECOGNITION

Super Doctors® Rising Stars℠

Selected for inclusion in 2027 Southern California Super Doctors® Rising Stars℠, Urology.

DESIGNATIONS

Centers of Excellence

Endo Xiaflex Center of Excellence (Peyronie's) and Boston Scientific AMS 700 Center of Excellence (penile implants).

VISITS IN PERSON OR BY VIDEO

You don't have to live in Los Angeles.

Telehealth is how a lot of my patients actually start. The first visit for a lot of patients, especially patients who are outside of Los Angeles, is a video call from home. We go through your symptoms, your history, and any labs or imaging you've had. Sometimes patients send those in beforehand. A lot of patients come to me for second opinions on results from other urologists, and we figure out what's missing, what hasn't been done. Many times an exam needs to be done in person before figuring out the next steps.

YOUR NEXT STEP

Don't be scared if it's been more than 10 years.

A lot of patients, when they come in to discuss a vasectomy reversal, come in a little down, with a lot of questions. A lot of times they leave with a much better outlook, and much more optimistic about their success and their chances of future fertility.

REQUEST A VISIT

Book online

Scan, or tap here.
houmanmd.com/contact

CALL MY OFFICE

310-854-7822

Monday to Friday, 8:30am to 5pm
Tower Urology at Cedars-Sinai

Not in Los Angeles? If distance is what's stopping you from coming to see me, a video visit is a great alternative.

BEFORE YOU BOOK

I see patients Wednesday through Friday, and new-patient openings are limited each week.

One practical note so there are no surprises: I'm in-network with Medicare. Other insurance is out-of-network, and my office provides a superbill you can submit to your plan for reimbursement. My team will walk you through costs before you book anything.

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This guide is for education only and is not medical advice. Reading it does not create a doctor-patient relationship. Every patient is different; talk with a qualified physician before making medical decisions.