

Vasectomy: a follow-up of two thousand men

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SUMMARY. The results of a follow-up questionnaire sent to 2,000 men who had had vasectomies six or more years previously are described. Of the 1,508 who responded, none expressed regret at having had the operation. Respondents' written comments indicated that the men and their wives had found vasectomy to be a satisfactory method of contraception and, for them, had made possible a happier marriage and sex life.

Introduction

IN 1966 The Simon Population Trust launched a vasectomy project with the aim of helping couples with completed families who were dissatisfied with conventional methods of birth control. In those days vasectomy was not widely accepted and was performed by only a few surgeons. The men who approached us were all contemplating having the operation but were experiencing considerable difficulty in being put in touch, by their family doctors, with suitable surgeons.

The most frequent reason for wanting vasectomy was disenchantment with conventional methods of contraception, which the couple found unacceptable, unreliable or unpleasant. A number of men opted for vasectomy to spare their wives the necessity of sterilization, which had been offered them. Many wives had had one or more terminations.

In 1968 a comprehensive follow-up was undertaken on two thousand men a year or more after their vasectomies had been mediated by the Trust. The results for one thousand of them were published in 1969 (The Simon Population Trust). Early in 1971 the Trust vasectomy project ceased, but the continuing correspondence convinced us that there was a further need for work in this field. We therefore decided to continue under the title of The Crediton Project, which holds charitable status. Since, from time to time, aspersions have been cast on vasectomy as a method of birth

control, it seemed sensible to conduct a second follow-up on the same men six or more years after the first one.

Methods

The questionnaire printed in the Appendix was sent to two thousand men. Because we were interested primarily in the condition of the men concerned, the questionnaire was quite short. Other matters, for example wives' reactions, religion and finance were all covered in the first report and no longer seemed relevant.

The average age of men in this series was 37 at the time of the operation; of the wives it was 34. The average number of children was three per family. Only 65 men were under 30. Two of these couples were childless: in one the husband was epileptic and the wife diabetic; in the other the wife had suffered from rheumatoid arthritis from childhood. Nine couples had one child only. In one of these, for health reasons the wife had been advised not to have another pregnancy; of the remainder with two, three, four or five children, further pregnancies were contraindicated on medical grounds. All these couples had given conventional methods of contraception a fair trial. Forty-seven of the couples had had at least one unplanned pregnancy.

Results

One thousand, five hundred and eight replies were received, including eight on behalf of men who had died. One wife returned the form simply stating that she had divorced her husband. Two wives were separated from their husbands. One form was returned by the father stating that his son had emigrated. Two hundred and eight questionnaires were returned unopened with their envelopes marked 'gone away', and there was no reply at all from 212.

One thousand and fourteen men returned the form with 0 in boxes 5, 8 and 11 and with no written remarks, 64 expressed improved physical and mental health (boxes 8 and 11), 24 expressed improved physical health

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only (box 8), 283 expressed improved mental health only (box 11), and none expressed regret (box 5) at having undergone the operation.

Complete general satisfaction was expressed by 604 men, who used phrases such as "a more satisfactory marriage", "improved sexual relations", "I am convinced that vasectomy is the best method of birth control once the family is complete", "very pleasant indeed", "no problems" and "no regrets whatsoever". It is impossible to reproduce all their comments here, but the respondents' written remarks demonstrated a high degree of satisfaction; in particular constant anxieties about unwanted pregnancies had ended, and couples were said to be enjoying a more satisfactory sex life. Many of these men also stated that they had recommended the operation to friends and/or workmates.

Ten men wrote on the form that their general health and feeling of well-being had improved. Weight gain occurred in 10 men but four of these also had an increased feeling of well-being. One man who had to watch his weight before his vasectomy said that it now remained steady without his having to diet. Two men had an increase of body hair and one on a bald patch on his head. Since having the operation one man who had formerly suffered from *petit mal* no longer did so; one who was formerly an asthmatic was one no longer; and one man who had been a nail-biter for 30 years had stopped doing this.

Twenty-eight men, not sorry to have had the operation, thought that possibly their wives had benefited even more than they. Twelve men, not sorry to have had the operation, thought that they had noticed a diminished sexual drive, but six other men reported an increase in sexual drive. There was one report of swelling of the testes; another had had a haematoma removed from his right testis and had since suffered "recurring pain". Another man complained of episodes of dysuria and terminal dribbling. Four men had undergone varying states of depression, but three reported diminished bouts of depression. There was one case of thyrotoxicosis, two of angina, another of a heart attack, one of thyroid disorder and one man reported that he had become epileptic.

Conclusion

We conclude that as a result of vasectomy a more contented married life was being enjoyed by both partners in most cases. We therefore recommend vasectomy as a satisfactory method of birth control and suggest that general practitioners continue to refer suitable patients for the operation. Our only regret is that many men referred under the NHS may find that there is a considerable waiting list in many areas.

Appendix: The questionnaire

In each question please put the number representing your answer in the box, i.e. if your answer to question 1 is "Yes" put "0", if "No" put "1" and so on.

1. Are you glad that you underwent the operation? ☐ 5
 0-Yes
 1-No
 If no, why? (*Please leave box blank*) ☐ 6 ☐ 7
2. What have been the effects of the operation on your PHYSICAL health? ☐ 8
 0-No change
 1-Improved
 2-Deteriorated
 If you have answered 1 or 2, please give brief details. (*Please leave box blank*) ☐ 9 ☐ 10
3. What have been the effects of the operation on your MENTAL health? ☐ 11
 0-No change
 1-Improved
 2-Deteriorated
 If you have answered 1 or 2, please give brief details. (*Please leave box blank*) ☐ 12 ☐ 13

Reference

The Simon Population Trust (1969). *Vasectomy: Follow-up of a Thousand Cases*. Report. December 1969. (Copies can be obtained from Mr Donn Casey, 141 Newmarket Road, Cambridge.)

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Hypertension may not be hypertension

Clinic cuff blood-pressure measurements, obtained on at least three occasions, were compared with mean arterial pressures in 59 patients with borderline or essential hypertension who underwent direct ambulatory monitoring of blood pressure. In 22 patients (group I) mean cuff ambulatory pressures were similar (± 10 mmHg), while in 32 subjects (group II) cuff pressures were more than 10 mmHg higher. Groups I and II could not be distinguished on the basis of clinical examination, indices of sympathetic nerve activity, blood-pressure variability or by the magnitude of pressure rise during physical or mental exercise. Group II had less cardiovascular target organ damage and better baroreflex sensitivity but there was considerable overlap. There was no reliable way of telling which subjects would have lower ambulatory than cuff pressures. Twenty out of 59 subjects classified as hypertensive by cuff measurements had awake ambulatory pressures of less than 140/90 mmHg.

Source: Floras, J. S., Hassan, M. O., Sever, P. S. *et al.* (1981). Cuff and ambulatory blood pressure in subjects with essential hypertension. *Lancet*, 2, 107-109.