

Sir

Voluntary vasectomy in a Nigerian: a rarity

Vasectomy as a form of contraception is not common in this environment despite its documented efficacy. Very few men in this environment that know about this method would choose it as an option. Hence, it was a rare thing for a Nigerian male as reported in this case to voluntarily present himself to have a vasectomy as a means of contraception. Having completed his family and to prevent a recurrence of puerperal psychosis in the spouse who had it following each of her four previous confinements.

Vasectomy was first performed in the USA at the end of the 19th century, mainly to prevent hereditary disorders. Male sterilization was a means of genocide during Nazi rule in Germany [1]. It is the division or occlusion of the vas deferens to prevent the passage of sperms. The vas can be ligated with clips or by diathermy. The patient, a 39 year old male Nigerian missionary presented at the family planning clinic of the hospital in September 2006 requesting for a voluntary vasectomy. He was married to a 28 year old lady who had a background history of psychotic illness controlled on triptizol and sodium valproate. They both have four children, all females. The spouse had puerperal psychosis following each delivery.

He took the decision to opt for a vasectomy as a permanent contraception and also the fear of a repeat puerperal psychosis in the spouse if a temporary measure of contraception fails. He was counseled on the relatively permanent nature of the method following which he gave his consent. He had bilateral vasectomy done in January 2007 under conscious sedation with parenteral pethidine and diazepam with local infiltration with 1% xylocaine. The patient chose to use male condom to prevent pregnancy for the first three months post surgery after he was counseled on contraceptive options. Seminal fluid analysis done after three months of follow up showed azoospermia.

Vasectomy, a form of permanent male contraceptive method is a very uncommon contraceptive method among couples in this environment. There is little knowledge about the method as compared with other methods such as the use of condom, injectables, oral contraceptive pills and the intrauterine contraceptive devices [2]. However, it is a common contraceptive method in many Asian countries with wide acceptability among the men. It is estimated in the early 1990s that about 30 million Chinese men had had vasectomy [3]. Several improvements have also been made on the method to make it less dependent on the availability of highly skilled personnel to perform, as there are non-scalpel methods that require minimal technical skills.

The hospital record of the University College Hospital (UCH), Ibadan over the last thirty years, shows that only two cases of voluntary vasectomy have been performed apart from the index case, thus, making it a very rare procedure, despite the availability of trained Urologists skilled in the procedure. The two cases described were performed by Nkposong, (personal communication), in the 1970s for two men who had completed their family sizes with no available suitable contraceptive alternatives for their spouses. A similar report on 25 cases of vasectomy performed over a two year period in Kenya showed that 68% of the subjects had four children on or less [4]. There also appears to be a negative attitude of these Kenyan men towards vasectomy as against tubal ligation [5].

The need for an effective alternative method of contraception during the three months follow up period is to ensure adequate sterility following the procedure. The time taken for azoospermia to develop depends on the frequency of intercourse; it is estimated that some twenty (20) ejaculations are required. Contraception must be continued until confirmations of two negative results have been obtained.

The advantages of vasectomy are that it is effective and simple and the risks of complication are limited to the time of operation. Some of the complications that could occur include epididimorchitis, scrotal hematoma, scrotal granuloma and rarely founiers' gangrene [6]. The major disadvantage is that the operation is relatively irreversible. Even under optimal conditions, successful reversals are obtained in

only 50-70% of cases. Men considering vasectomy should take time to be sure of their decision and should have the agreement of their spouse. Surgical sterilization does not influence sexual desire or behaviour. Surgical sterilization is contraindicated for couples desiring more children or undecided about how many children they want and couples with marital problems.

The simplicity of the vasectomy together with the fact that the success of the operation can be assessed by laboratory analysis of semen for azoospermia gives it obvious advantages over tubal ligation. In the latter procedure the occasional technical failure of the operation is only revealed by pregnancy.

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