

## Reviewer's report

**Title:** Frequency and patterns of early recanalization after vasectomy

**Version:** 3 **Date:** 7 August 2006

**Reviewer:** Timothy Hargreave

### Reviewer's report:

#### General

Thank you for sending me this paper which I have read with interest. The analysis seems well done but I will always have some doubts about the underlying clinical trial data. Their failure rate is much higher than I see in my practice and indeed if I have 5% of men coming back with failed vasectomies I would quickly get no more referrals. This makes me think that their technique of fascial interposition is subject to technical error as it is difficult to envisage how recanalisation can occur if there is a sheet of fascia between the ends of the vas and if the ends of the vas lie in different tissue compartments. I conclude that in the context of mass vasectomy practice with surgeons of differing expertise that cautery and fascial interposition is the best technique but the reason for this is probably because of varying expertise of the vasectomy surgeons and difficulties in achieving a true fascial interposition.

I also have some questions about whether all of their cases were recanalisation or whether in some case sperm were sequestered in the seminal vesicles. When their recanalisation analysis is based on motility then it is indeed likely to be recanalisation but when the estimates are based on numbers of sperm this is less certain. It would be nice to see some recognition of this in their discussion.

The point is made that in the early stages there may be continuing appearance of sperm until the vas has become properly occluded and that the current recommendation to wait 3-4 months before testing for sterility is reasonable. However, if they are correct and there really are a lot of early recanalisation except when cautery and fascial interposition are used together would it be possible to shorten the interval from the current 3-4 months before testing for sterility if everyone used cautery and fascial interposition? If yes then their finding have some clinical significance if no then these early recanalisation really do not matter provided that current post vasectomy semen analysis guidelines are followed.

Reasonable to publish this paper English is okay they might like to consider some of the above in their final final draft I do not need to see this again

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)