



Vasectomy

Definition

Vasectomy refers to voluntary or elective surgical sterilization in men. In certain states, there is a mandatory waiting period from the time that you signed consent. In other states, you may have the procedure at any time after signing an informed consent. The waiting period is for your own protection to ensure that you and anyone else involved in the decision have thought about this carefully. In states that do not have a waiting period, you should take a little time to ensure that this decision is right for you. Vasectomy should be considered a permanent form of sterilization. Reversal is possible, but technically difficult and has a low to moderate success rate. Vasectomy reversal is also quite costly.

During this procedure, the *vas deferens*, which transports sperm from each testicle to the urethra, is divided. After the vasectomy, the ejaculation fluid will appear unchanged in amount and consistency to the naked eye, but it will contain no sperm. The sensation of orgasm and ejaculation are unaffected. The operation does not affect sex drive or erections.

Preparation

You should purchase a scrotal support or jock strap and wear them the day of your vasectomy. You should have ice ready at home. Packs of frozen peas make a great substitute to ice packs. The procedure cannot be done if you are currently on, or have recently taken any medication that may interfere with your ability to clot your blood. We will have reviewed all of your current medications with you during the consultation, but please tell us if anything has changed since your previous visit. The most common of these medications are aspirin and all related pain reliever or anti-inflammatory medications. Please refer to the attached list and tell us if you took any of these

medications within the past 10 days. Lastly, you will be asked to shave the hair of your scrotum the morning of the procedure.

Procedure:

A vasectomy typically takes 30-45 minutes. Variations in time will depend on your particular anatomy. Most vasectomy procedures are performed in the office with local anesthesia. It can also be done in the surgery center if you and your doctor deem this necessary. This will add to your cost. Your doctor may prescribe valium for you to help with anxiety.

Local anesthesia (numbing medicine) is injected into the area of the scrotum where the procedure is performed. Although you might feel some pressure during the procedure, you should not experience any pain. In most instances, very small incisions are made on the left and right side of the scrotum. Some urologist perform a single incision in the middle of the scrotum. Each vas deferens is located, separated from surrounding tissues, and divided. A short segment of the tube will be removed. The ends are then either tied with sutures or secured with small clip. Your physician may cauterize (electrically burn) the ends as well. The ends of the vas deferens are placed back into the scrotal sac and the incision is closed. The sutures used on the skin are self-dissolving. It is not necessary to place a dressing over the incision sites, but placing a clean gauze or pad against the scrotum will help keep your clothing clean.

Post Procedure

After the vasectomy, you will have one to three small sutures as discussed. They will dissolve on their own. Every patient has some degree of swelling, and it is not possible to predict who might have minimal versus significant swelling. It is very import to do the following after your vasectomy:

- Apply ice to the area as soon as you return home for several hours as instructed
- Wear a scrotal support for several days
- We encourage you to take 3 days off from work
- Avoid strenuous activity for 7-10 days
- In the first 24 hours it is to your advantage to minimize activity and spend time resting

The more swelling you prevent in the first two days, the better off you are. Some patients have almost no discomfort while others are somewhat uncomfortable for a few

days to a week. Severe pain is unlikely but possible. You may take over the counter pain medication as necessary. Any bruising will resolve with time. You may shower the following day. We ask that you not take a tub bath or swim until the incision is fully healed and all swelling has resolved.

Expectations of Outcome

The effects of vasectomy, resulting in sterilization are not immediate. Despite successful procedures, you are not considered sterile until 2 semen analysis demonstrate no evidence of sperm. Do not make the assumption that you are sterile just because time has elapsed or because the first semen analysis demonstrated no sperm. You must wait for your physician to tell you, following the second semen analysis, that it is safe for you to have unprotected intercourse. Sometimes, it can take months for you to clear all of the sperm out of your tracts. Please make sure to keep all follow up appointments as they are scheduled. While rare, a vasectomy can fail.

Possible Complications

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from the anesthesia complications, it is important that every patient be made aware of all possible outcomes which may include, but are not limited to:

- Failure: This is rare and occurs in 1-2% of the procedures. In immediate failure, your semen analysis never demonstrated "no sperm." A delayed failure would mean that at one time, there were no sperm, but subsequently sperm reappear again in the ejaculate. Failure requires the procedure to be repeated.
- Inability to Complete: There are rare instances when a patient's anatomy make it impossible to continue with the intended procedure in the office without causing too much discomfort or compromising your safety. In this instance, we would stop and recommend the procedure be rescheduled under general anesthesia.

- Hematoma: This is where a small blood vessel continues to ooze or bleed after the procedure is over. The result is greater swelling and bruising. Intervention is very rarely necessary and it almost always resolves over time by itself. If this happens, it is usually the first day after the procedure.
- Infection: Infection is possible in any procedure. Usually, local wound care is all that is necessary. Opening the wound to drain the infection and starting antibiotics may be necessary if more conservative measures fail.
- Chronic Pain: As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. This is rare and would tend to disappear with time. If persistent, further evaluation may be necessary. Pain, in rare circumstances, may not resolve. This is known as “post vasectomy pain syndrome.” The pain can last months or even years without a reliable treatment option.
- Testicular Ischemia or Loss of the Testicle: This is quite unlikely but could theoretically occur. If the testicle has inadequate blood supply, it would shrink and lose the ability to function. While most urologist have never experienced this complication, it is possible. Testicular atrophy can occur as a natural byproduct of vasectomy as most of the size of your testicles relates to the sperm making tissue.

We provide this information for the patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure, and the points on this page have been covered in face-to-face consultation.