

Vasectomy Information

IMPORTANT INSTRUCTIONS FOR THE DAY OF THE PROCEDURE

Preparation for Vasectomy:

- No aspirin or ibuprofen 72 hours before the procedure
- Shave the underside of the penis and top front of the scrotal wall if you can- if not we can
- No shower on the evening of the procedure so shower ahead

Summary of Procedure:

The scrotum is cleaned with antiseptic solution, followed by a pressure spray application of a small amount of local anesthetic in the middle of the scrotum and to each vas. A small "puncture" is then made in the scrotum and each vas is individually dissected and brought out of the scrotum where it is clipped, cut, cauterized and then replaced back in the scrotum. In most cases, no skin stitches are necessary. The procedure takes approximately 20-40 minutes.

After Your Vasectomy:

- Keep your scrotal support and dressing on for the next 24 hours.
 - No intercourse for 72 hours at least- wait one week if you can.
 - You may use Tylenol for pain. I will write for a stronger medication you can choose to take if needed.
 - After 24 hours, you may remove the dressing and scrotal support and take a shower. If there is any bleeding, oozing, or discharge, then reapply a gauze dressing.
 - Avoid strenuous activity for at least 48 hours. You may return to work in 48 - 72 hours. Exercise, yard work, lifting, etc. should be avoided for 5 -7 days.
 - You may resume sexual activity in one week if you are feeling well.
 - **Continue to use some form of contraception** until your follow-up semen analysis has been cleared. We recommend waiting at least **2 months** . We require **2 negative** samples for sperm, at least **2 weeks** apart prior to clearing you for unprotected intercourse.
 - Most importantly, if any problems should arise, do not hesitate to call our office.
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SUMMARY OF RISKS OF VASECTOMY

Short Term Risks:

Although a vasectomy is considered minor surgery and is routinely done in the office, there are potential complications. There is a small risk (<1-2%) of bleeding and scrotal swelling. It is very important that **no strenuous activity** be performed the day of your vasectomy: Strict bed rest is not necessary. Please avoid heavy lifting, strenuous activity, yard work, etc. for 5 to 7 days following the procedure.

Temporary scrotal swelling/bruising- skin often turns blue to black and then resolves. Occasionally a small hematoma mass develops.

Pea sized swelling on the vas tube where it was divided – anti-inflammatories and time can help resolve usually.

Congestion or inflammation at the lower vas tube may occur. This may cause discomfort but usually lessens with time/heat soaks, and antiinflammatories.

Infection is rare, but please call if you develop persistent fever or body aches soon after the procedure.

You can call us at 271-1646 or we can see you for follow up and even refer you to a specialist if needed.

Failure Rates:

The failure rate after a vasectomy is approximately 5 in 1000, or less.

Reversals:

A vasectomy is a **permanent form of sterilization**. However, a vasectomy reversal can be performed if desired. There is an approximate 30-70% success rate of reversal, with success being greater if the reversal is performed within 1-3 years of the vasectomy.

CONSENT TO STERILIZATION (SURGICAL VASECTOMY)

I have been given and understand the following information:

Explanation of Sterilization Procedure:

Vasectomy is a minor surgical procedure that is performed in the doctor's office under local anesthetic. The surgery takes approximately 20-40 minutes and involves making one or two small incisions or punctures (no-scalpel technique) in the scrotum. Each sperm duct (vas deferens) is brought out of the scrotum, one at a time, and sometimes cauterized and then may be closed with suture or clips and replaced. To reduce the possibility that the cut tubes may rejoin, a 1/2 to 1 inch piece of vas deferens may be removed and the sealed ends of the vas are replaced into the scrotum. We may perform facial closure around one of the tubes. The skin incisions/punctures are very small and stitches may not be used. If stitches are necessary, they will dissolve on their own.

Description of the Discomfort and Risks:

A small amount of oozing blood (enough to stain the dressing), some discomfort and mild swelling in the area of the incision are not unusual and should subside within 72 hours. Occasionally the skin of the scrotum and base of the penis turn black and blue. This is not painful. It lasts only a few days and disappears without treatment.

Very rarely, a small blood vessel may escape into the scrotum and continue to bleed to form a clot or hematoma. A small clot will be reabsorbed over time. However, a large clot which develops after a vasectomy may cause more swelling and pain in the scrotum and may require a surgical exploration and drainage of the scrotum. This would require hospitalization and general anesthesia to evacuate the hematoma.

Most men will have a small amount of discomfort in the scrotum/testicle region for a few days to a week following their vasectomy. There are some men who develop a more chronic pain in the genital region (post-vasectomy syndrome). This may last for a prolonged period, but usually responds to warm tubs and anti-inflammatory medications.

Infections are a rare complication following a vasectomy. Antibiotics are not routinely used, but any incision on the body can potentially get infected. There may be some irritation and inflammation at the site of a suture that usually resolves as it dissolves. Superficial infections that may occur usually respond to oral antibiotics and conservative measures. Infections of the epididymis and testicles can also occur after a vasectomy and will respond to antibiotics.

Lastly, testicular atrophy and sperm granulomas rarely occur after a vasectomy.

For 72 hours following the vasectomy, sex should be eliminated. Strenuous exercise (for example: climbing ladders, riding bicycles, yard work, playing tennis, etc.) should likewise be avoided for three days and nothing that weighs over a few pounds should be lifted. The reason for this is that engaging in these activities sometimes results in complications.

The surgical procedure is not always 100 percent effective in preventing pregnancy, because on rare occasions the cut ends of the cord may rejoin. This only occurs at a rate of approximately 5 in every 1000 vasectomies or less. Furthermore, sperm can survive from the point where the cords were cut for months. ANOTHER FORM OF CONTRACEPTIVE MUST THEREFORE BE USED UNTIL STERILITY IS ASSURED. To ensure sterility, a specimen of seminal fluid should be brought in for microscopic examination. The specimen must contain no sperm before unprotected intercourse is allowed. We recommend waiting at least 2 months. We require 2 negative samples for sperm, at least 2 weeks apart prior to clearing you for unprotected intercourse. Occasionally; it may take up to six months or longer to flush out all of the sperm.

Benefits to be expected:

Vasectomy is a simple safe method for preventing unwanted pregnancies. Recovery is usually quick and often the patient can return to work in as little as two days, with recovery over a weekend, for example. Sexual activity, penile sensitivity and the production of male hormones are not adversely affected. In fact, the freedom from fear of producing unwanted pregnancies may greatly improve the mutual enjoyment of your sexual relations.

Counseling Concerning Alternate Methods: If your objective is merely to space out pregnancies, or if you have even the slightest reason to believe that you might want to have children in the future, then a vasectomy will not suit your purpose and should not be considered. Other methods of birth control that may be used include: female contraception, condoms, rhythm method.

PLEASE SIGN BELOW:

Name _____ Witness _____

Signature _____ Witness Signature _____

Date _____ Date _____

Patient's Name _____ DOB _____ File Num _____