



FAMILY MEDICAL CENTER

ONE PROFESSIONAL PLAZA
REXBURG, IDAHO 83440
208.356.9231
FAX: 208.356.9141

VASECTOMY

What is Vasectomy?

Every man has a basic right to a vasectomy, a valuable medical procedure. Before you actually have a vasectomy, you should think about it carefully, because a vasectomy is designed to be permanent. *Vasectomy is a small procedure, but a large decision.* When children are definitely not wanted in the future, vasectomy relieves the man and woman from fear of pregnancy. In today's world, it is important for men to have a responsible role in birth control.

How is the procedure performed?

Usually the doctor gives an injection of local anesthetic into the skin of the scrotum (the sac holding the testicles). This may feel like a brief pinch. The anesthetic numbs the area. The doctor then makes one or two small, half-inch openings, gently pulls up each tube (vas deferens), cuts it, and burns or ties it shut. The procedure takes about 30 minutes to complete.

What is the “no-scalpel” method of doing vasectomy?

The *no-scalpel* technique is a method developed by Dr. Li, a Chinese physician. The doctor uses a special instrument instead of a scalpel to enter the scrotum. This instrument has a sharp point and spreads the skin instead of cutting it. This makes a smaller opening, and may cause less bleeding and less postprocedural pain.

When can I go back to work?

You should have a day or two of rest after the vasectomy. You should avoid heavy lifting or other strenuous activity for at least one week.

Is there much pain after vasectomy?

No. You may experience a few days of mild discomfort, like a pulling or aching feeling in the groin. This discomfort can usually be relieved with ibuprofen (Advil or Nuprin) and good support with the tight underwear. Some bruising may occur, but this is perfectly normal. A very small number of men have more serious side effects, such as significant bleeding, infection, or painful sperm leakage (sperm granuloma).

Will my sex life be affected?

That depends: If a couple has been worried about pregnancy, their sex life could improve, especially as they come to trust the vasectomy. The procedure does not change anything, except that there will no longer be sperm in the semen. Sex, orgasm, and ejaculation are not affected. However, if you do not want a vasectomy and are having one because you think you should, or because your partner wants you to, then you may note some resentment. If you have been worried about other facets or your sex life before the procedure, chances are that a vasectomy will not improve those other conditions.

When can I have sex again?

You should wait one week until some healing has taken place. *Use another form of birth control until your semen has been examined and no sperm is present.*

When is the vasectomy effective?

It is effective when the semen has been tested and has been found to be free of sperm. A sperm count is usually done 6 weeks after the procedure and after at least 15 ejaculations.

What happens if my vasectomy is not successful?

In the rare cases where the sperm can still get through, a repeat vasectomy may be required.

When I have an orgasm, will I still ejaculate?

Yes. The sperm are produced by the testicles, and they make up only 5% of the semen (the fluid that is produced with ejaculation). The other 95% of semen is produced by other glands that continue to function normally. Unless the semen is placed under a microscope, it is impossible to tell whether or not sperm are present.

What happens to sperm after a vasectomy?

The sperm continue to be produced by the testicles, but their passage to the penis is blocked. Therefore, the sperm cells break down in the body and their component parts are recycled. This process is normal, and it occurs in men who have not had a vasectomy.

What are the complications?

In a few cases, a small blood vessel may continue to bleed inside the scrotum, causing *bruising* or even a larger accumulation of blood. *Infection* in the scrotum may also occur. *Pain* after a vasectomy is generally quite minimal; on a scale of 1 to 10, it is rated a 3. *Failure* rates vary between 1 per 200 and 1 per 1500 vasectomies. Recently there have been some concerns that having a vasectomy may increase the chances of getting prostate cancer. After careful review of all the data, several major organizations, including the American Cancer Society and the National Institute of Health, have concluded that there should be no change in vasectomy recommendations. Similarly, there do not appear to be any increased risks of any other diseases.

Is vasectomy reversible?

Vasectomy should always be considered permanent, so do not undergo a vasectomy if you feel there is any chance you will change your mind. Forty to fifty percent of the reversal operations are unsuccessful.

What are the other options for contraception?

There are many other temporary and reversible options for contraception: condoms, spermicides, diaphragm, IUD, Norplant, contraceptive sponge, and birth control pills.

Is vasectomy anything like castration?

No. *Castration* means removal of the testicles. Vasectomy does not touch the testicles and does not reduce the production of male sex hormones.

Are there men who should not have vasectomies?

Perhaps. Some examples are men who feel masculine only when they can cause a pregnancy; men or partners who change their minds a lot; men who may get divorced and then marry someone else who wants children; men who think they might want children later. We will consider performing a vasectomy for any man who has seriously thought about the implications of his decision and who feels quite sure he has had all the children he will ever want. This applies equally to men who are single, married, divorced, widowed, childless, or with families, regardless of age.

Why do you offer only local anesthetic?

There are certain well-established health risks associated with general anesthesia. Because vasectomy is such a simple and quick procedure, we feel that it is unwise to subject our patients to these unnecessary risks. While some doctors use general anesthesia, the vast majority of vasectomies in the United States are performed using local anesthesia.

Do you need the consent of my partner?

Only your written consent is required, although it is wise for you to discuss this decision with your partner. Her consent is not required by law. However, we prefer to have her present during counseling, if possible.

What can I expect after vasectomy?

After the procedure, you will need to remain in the office for a short time, and when you leave, you should take it easy for the rest of the day. It is a good idea to take another day or two off work. You may shower the next day. For adequate support, you should wear tight cotton briefs or an athletic supporter for the next two weeks. Some men get bruising that can be quite extensive. This is quite harmless and is caused by leakage of blood under the skin. It fades slowly. Some men ache about six hours after the procedure. Others may begin to ache about five days after the procedure. If swelling or pain persists, or if the incision looks infected, call your physician. If you can let the area heal for seven days before having an ejaculation, you are more likely to have a successful result.

What should I do to prepare for the day of surgery?

- Do not take any aspirin for 2 weeks before surgery. You may use acetaminophen (Tylenol).
- Clip the hair in front of the scrotum with a scissors. A razor can cut the skin and lead to infection.
- Shower before coming into the office. Wash well with soap and water.
- Take 3 or 4 ibuprofen 200 mg tablets (Advil or Nuprin) 2 hours before surgery.
- Bring in your jock strap or tight, snug-fitting underwear to the office with you.

PATIENT INSTRUCTIONS AFTER VASECTOMY

Keep the incision(s) dry until the next day; then you may shower. Keep clean gauze over the area for three days.

Some **bruising, drainage, and swelling** are not unusual. The scrotum and penis may turn “black and blue.” The edges of the incision may pull apart, and may heal rather slowly. A **“knot” may be present** on each side for several months. This is part of the normal healing process.

Please return directly to your home, and **take it easy** for at least 12 hours. Put your feet up. An **ice bag** on the scrotum may help to prevent swelling. **The day after surgery**, you may walk and shower. You may increase your activity on the third day, but vigorous exercise (jogging, basketball, etc) is not advised.

If you have discomfort, two or three ibuprofen tablets (Motrin, Advil) taken every 4 to 6 hours, or up to three 200 mg ibuprofen tablets every 6 hours, usually will provide relief.

Wear **tight underwear or an athletic supporter** for increased support and comfort during the next week.

No heavy lifting or very strenuous activity for 10 days.

If there is **bleeding or severe pain**, or if you develop a **fever**, call us immediately.

It is recommended that you refrain from having sexual intercourse and ejaculation for one week. This is to permit the cut ends of the vas deferens to close before pressure is put on them.

Do not be surprised if your ejaculate contains some blood. It is usually old blood, and nothing to worry about.

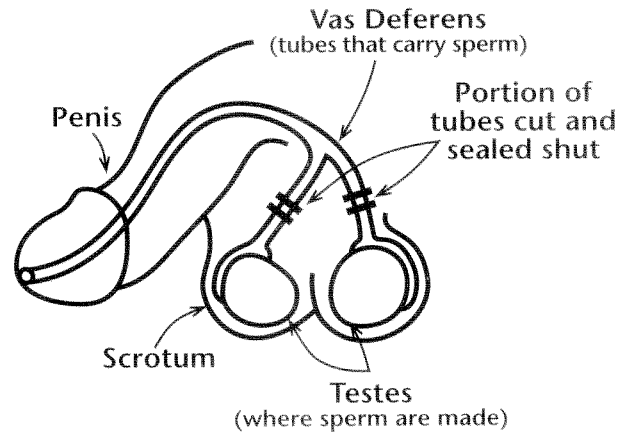
You will not be sterile for some time after the operation because the reservoirs may still contain live sperm. **Continue to use another method of birth control** until you have had a sperm count, and have received a statement that sperm are no longer present in the semen.

At 6 weeks or 15 ejaculations (whichever is later), take in a semen specimen to the Lab at Madison Memorial Hospital. Collect it in a clean, small jar, medicine vial, or in a container the doctor provides. To collect the semen, have intercourse and withdraw prior to ejaculation, or stimulate yourself. Take the specimen to the hospital lab within two hours of collection. A second specimen is often recommended three months after surgery.

If you have any concerns about any possible complication or any other questions, please call at once for advice.

Remember: Use another form of contraception until you have had your semen check(s) and your doctor gives the okay that you do not need to use other contraception.

**PATIENT EDUCATION WORKSHEET
VASECTOMY**



1. Anatomy and Procedure

- Lidocaine
- Clamp around vas
- Insert forceps
- Remove 1/4 inch
- Cauterize
- Tissue wall separating ends

2. Complications

- Pain
- Bleeding
- Infection
- Granuloma
- Long-term
- Failure

3. Prep-Day of Surgery

- No aspirin for 10 days
- Clip hair
- Shower after clip
- Take 4 ibuprofen
- Sign permit if not already done
- Jock strap or bikini underwear

4. After Surgery

- Day of: home, feet up, ice, jock
- Day 2: walk, shower, jock
- Day 3: whatever is comfortable

5. Sex

- Week 1 -- 1x at end of week
- Week 2 -- 2x
- **Thereafter**, as desired

6. Follow-up Specimens

- Six weeks (after 15 ejaculations) and three months
- Call the office. Be sure I'm in.
- No need for appointment, just drop off specimen.

7. Costs

- Counseling
- Procedure
- Semen checks
- Follow-up problems for 1 year

VASECTOMY REQUEST FORM

I, _____, the undersigned, request Dr. Michael Packer and the doctor's assistants to perform a vasectomy on me.

It has been explained to me that this operation is intended to result in sterility. I understand that a sterile person is not capable of becoming a parent. I also understand that the operation may not result in sterility and that no guarantee of sterility has been given to me.

I have been told that the operation has possible complications, the most common of which are infection, pain, hematoma (bleeding and bruising), sperm granuloma (a reaction to sperm in the scrotum), reuniting of the channels (failure), and reaction to the local anesthetic.

I voluntarily request the operation, and I understand that if it proves successful, the results will be permanent, and if they are, it will be impossible for me to father children.

I have been advised that, because of the supply of sperm in the reservoir beyond the vasectomy site, I will remain fertile after the procedure until this reservoir is empty. I have been advised to bring a semen sample after at least 15 ejaculations and that a sperm count will be performed on it; if necessary, repeat counts may be advised.

I have read this entire statement and agree to its terms and conditions. I understand the risks, the benefits, the procedure itself, and the alternatives to this operation. I have been given a chance to have all my questions answered.

Patient

Date

Wife, partner (optional)

Witness

