

Vasectomy

Patient Information

General Information:

Vasectomy is a minor surgical operation that removes a portion of the vas deferens, the tube that carries sperm from the testicles to the seminal vesicles next to the prostate gland, for storage there. This procedure produces sterility (the inability to father children) when carried out on both sides. Vasectomy does not affect sexual function.

To aid in the operation and for the patient's comfort, the patient may be given medication, such as Valium, before the procedure. This works as a sedative (calming and relaxing) and not as a general anesthetic, which puts a patient to sleep. Although, a patient may sleep during the operation, he can be awakened easily.

As with any medical procedure and operation, complications can occur. Even though they are very uncommon, they are listed as follows:

- Bleeding; internal at the vas deferens site or from the skin incision
- Infection; internal or skin
- Formation of a spermatocele (sperm cyst) caused by the sperm leaking from the vas deferens.
- Formation of a granuloma, which is a scar at the site of the severed vas deferens. Rarely, these have to be removed because of pain.
- Allergic reaction to the suture material used.
- Allergic reaction to the medication used for relaxation.
- The procedure may fail, for whatever reason, to achieve the intended goal of sterility.

Preoperative Instructions:

- No aspirin one week before the surgery.
- The night before surgery, wash your scrotum and surrounding area with soap for five (5) minutes.
- Clip the hairs on the scrotum, do not shave.
- Repeat this procedure the morning of the operation
- Please arrive fifteen (15) minutes prior to your appointment time.
- *Make arrangements to have someone drive you home after the operation, especially if you may be under the influence of the preoperative medication.*

The Operation:

After the area (top front of the scrotum) is prepared with surgical soap, a small amount of local anesthetic, xylocaine, is placed into the skin. The vas deferens is isolated and brought up to the surface of the scrotum at which time they are anesthetized, then removed through a hole in the scrotum and severed (cut) and a small piece of each vas is removed. At this time, one end of the severed vas deferens is cauterized and sutured into a thin layer of tissue surrounding the vas.

The vas ends are returned into the scrotum and the incisions are closed with a dissolving suture under the skin. If there is any bleeding at the incision(s), stitches, which have to be removed in about a week, will be placed. The incisions will usually heal rapidly and become almost invisible within one (1) to two (2) weeks.

Most patients find the operation to be essentially without discomfort. Some patients may feel discomfort and a pulling sensation as the vas deferens are anesthetized and lifted out to cut.

Post Operative Instructions:

- It is advisable to stay down the rest of the day and the following two days. An ice bag may help prevent swelling. One can use ice packs for 20 minutes every hour except while sleeping within the first 2 days after the vasectomy.
- It is strongly recommended that one wear a scrotal suspensory for 10 to 14 days after the operation.
- Do not lift heavy objects over 10 pounds for 5 to 7 days.
- Ibuprofen 800 mgs every 6 hours work well for any post operative pain you might experience. If you have any reason why you cannot use Ibuprofen, including stomach problems, take Tylenol 100 mgs every 6 hours.
- If you have any severe pain, bleeding, fever or any other problems that should come to your attention, please call the office, 618-6445.
- Be sure to keep your follow-up appointment. Instructions will be given at this time in regards to follow-up concerning sterility.
- If you have any questions about these instruction and information call me.
- Do not be surprised if your ejaculate contains some blood. It is usually old blood, and nothing to worry about.

Convalescent Information:

- Pain and discomfort will generally disappear within less than one week.
- Sexual activities can be resumed within 7 - 10 days, as soon as pain and discomfort have disappeared. Birth control methods should be continued until you are declared sterile by the examination of your semen sample submitted to this office.

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- Keep the incision clean and dry. It is acceptable to take a shower or bath after the first day. Leave some clean gauze with antibiotic ointment applied at the opening in the scrotum for a day or two.
- Wear your scrotal support for the entire week unless doing so causes you discomfort.
- A slight leakage is normal, and is not the same as steady bleeding. Also, one can become "black and blue" in various degrees involving the scrotum and rarely the surrounding areas. Call me if you notice ongoing bleeding or a swelling bigger than a marble around the opening or in the scrotum. Call me if you get a fever, your scrotum gets very red or you notice any unusual discharge.
- Occasionally, one can develop a small painful lump near the site of the vas separation. This is called a granuloma and usually will disappear.
- Rarely, the ends of the vas can grow back together. This usually happens within the first year. Some studies state the occurrence is 1/750. I suggest that another semen sample be analyzed in approximately one year after the operation. If you ever have a concern about your sterility, all you need to do is to submit a semen sample for analysis.
- Long-term consequences of the operation have not been determined. As of this date, there are none known.

Follow-up:

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 no sooner than 6 weeks or 15 ejaculations (whichever is later), bring in a semen specimen to the office or to the lab as directed. 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 office within 2 hours of collection. A second specimen is often recommended 3 months after surgery.

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

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