

## ○ VASECTOMY, THE NO-SCALPEL APPROACH

Vasectomy is the process of dividing the vas (the tube that delivers the sperm from the testis to the prostate) in order to prevent conception. It is the most common method of male contraception in the USA where about 500,000 vasectomies are done each year.

- Vasectomy simply interrupts the delivery of the sperm, it does not change the hormonal function of the testis and sexual drive and ability remain intact. Since most of the semen is composed of fluid from the prostate, the semen will look the same.

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### **Common reasons given for having a vasectomy.**

1. You want to enjoy sex without worrying about pregnancy.
2. You do not want to have more children than you can care for.
3. Your partner has health problems that might make pregnancy difficult.
4. You do not want to risk passing on a hereditary disease or disability.
5. You and your partner don't want to or can't use other kinds of birth control.
6. You want to save your partner from the surgery involved in having her tubes tied and you want to save the expense.

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Vasectomy is thought to be free of known long term side effects, and is considered to be the safest and most reliable method of permanent male sterilization. **All of the urologists in Seattle Urological Associates use the NO-SCALPEL TECHNIQUE.**

The technique of the NO-SCALPEL VASECTOMY was developed in 1974 by a Chinese physician, Dr. Li Shunqiang, and has been performed on over eight million men in China.

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### **What is different about a NO-SCALPEL VASECTOMY?**

NO-SCALPEL-vasectomy is different from a conventional vasectomy in the way that we get to the tubes or vas to block them from passing sperm out of the testicles. An improved method of anesthesia helps make the procedure less painful. In a conventional vasectomy, the physician may make one or two small cuts in the skin with a knife, and the doctor would then use sutures or stitches to close these cuts at the end of the procedure. In the NO-SCALPEL VASECTOMY, instead of making two incisions, the doctor makes only one tiny puncture into the skin with a special instrument. This same instrument is used to gently stretch the skin opening so that the tubes can be reached easily. The tubes are then blocked, using the same methods as conventional vasectomy, but because of the lack of scalpel technique there is very little bleeding and no stitches are needed to close the tiny opening. This opening will heal quickly with little or no scarring. NO-SCALPEL VASECTOMY was introduced in the United States in 1988 and is now used by many doctors in this country who have mastered the technique.

### **Reasons for having a NO-SCALPEL VASECTOMY as compared to conventional vasectomy**

1. No incision with a scalpel--only a small puncture with a sharp probe
2. Usually no stitches
3. Usually a faster procedure
4. Usually a faster recovery
5. Usually less chance of bleeding and other complications
6. Usually less discomfort
7. Just as effective as regular vasectomy

## **COMMON QUESTIONS ASKED AND ANSWERED ABOUT NO-SCALPEL VASECTOMY**

**How can I be sure that I want a vasectomy?**

You must be absolutely sure that you don't want to father a child under any circumstances. You must talk to your partner and it certainly is a good idea to make this decision together, consider other kinds of birth control and talk to friends or relatives who may have had a vasectomy. Think about how you would feel if your partner had an unplanned pregnancy. Talk to your doctor, nurse, or family planning counselor.

A vasectomy might not be right for you if you are very young, if your current relationship is not permanent, if you are having a vasectomy just to please your partner and you do not really want it, you are under a lot of stress or you are counting on being able to reverse the procedure at a later time.

**How does the vasectomy prevent pregnancy?**

Sperm is made in the man's testicles. The sperm then travels from the testicle through a tube called the vas into the body where it enters the prostate gland. In the prostate, the semen is made and here the sperm mixes with the semen. The prostate is connected to the channel in the penis and hence the sperm and semen are ejaculated. In a vasectomy, the vas or tube is blocked so that sperm cannot reach the prostate to mix with the semen. Without sperm in the semen a man cannot make his partner pregnant.

**Will it hurt?**

When the local anesthetic is injected into the skin of the scrotum, you will feel some discomfort, but as soon as it takes effect you should feel no pain or discomfort. Afterwards, you will be sore for a couple of days and may want to take a mild pain killer such as Tylenol, but the discomfort is usually less with the no-scalpel technique because of less trauma or injury to the scrotum and tissues. With most NO-SCALPEL VASECTOMY no skin stitches are used, which often reduces irritation. We will provide you with complete instructions about what to do after surgery.

**How soon can I go back to work?**

You should be able to do routine physical work within 48 hours after your vasectomy, and will be able to do heavy physical labor and exercise within one week.

**Will the vasectomy change me sexually?**

The only thing that will change is that you will not be able to make your partner pregnant. Your body will continue to produce the same hormones that give you your sex drive and maleness. You will make the same amount of semen. Vasectomy will not change your beard, muscles, sex drive, erections, climaxes or your voice. Some men say that without the worry of accidental pregnancy and the bother of other birth control methods, sex is more relaxed and enjoyable than before.

**Will I be sterile right away?**

No. After a vasectomy there are some active sperm left in your system. It may take one to two dozen ejaculations to clear the sperm out downstream from where the vasectomy is performed. You and your partner should use other forms of birth control until we have had a chance to check your semen specimens at least twice to make sure that they are free of sperm.

**Is the NO-SCALPEL VASECTOMY safe?**

Vasectomy in general is safe and simple. Vasectomy is an operation and all surgery has some risk such as bleeding, infection and pain, but serious problems are unusual. There is always a small chance of the tubes rejoining themselves, and this is the reason that sperm checks are necessary. There have been some controversies in the past about the long-term effects of vasectomy, but to our knowledge there are no long-term risks to vasectomy.

### **How long will the NO-SCALPEL VASECTOMY take?**

On average, in my experience, the operation lasts around fifteen minutes. Depending on prep times and a short rest after the vasectomy, you should be out of the office in 45-60 minutes.

### **When can I start having sex again?**

As a rule, we suggest waiting a week before having intercourse. Remember, however, that the vasectomy only divides the vas and has no effect on the sperm that are already beyond that point. IT IS IMPORTANT NOT TO HAVE UNPROTECTED INTERCOURSE UNTIL THE ABSENCE OF SPERM FROM THE EJACULATE HAS BEEN CONFIRMED WITH TWO (2) NEGATIVE SPERM CHECKS TWO WEEKS APART.

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### **Basic Technique**

- After injecting the scrotal skin and each vas with a local anesthetic, we use a special vas-fixation clamp to encircle and firmly secure the vas without penetrating the skin. One blade of a sharp forceps or clamp is then used to penetrate the scrotal skin. The tips of the forceps are spread, opening the skin much like spreading apart the weaves of fabric. The vas is thus exposed and then lifted out and occluded by any of the standard techniques, such as cautery or sutures. The second vas is then brought through the same opening and occluded in a similar fashion. The skin wound contracts to a few millimeters and usually does not require suturing.

Compared to the traditional vasectomy technique with an incision, the NO-SCALPEL VASECTOMY usually takes less time, causes less discomfort and may have lower rates of bleeding and infection. Recovery following the procedure is usually complete in two to three days. Hard work or straining (athletic pursuits or heavy lifting ) is not recommended seven days. Most patients should wait to have intercourse for a week after the procedure (You should feel no discomfort).

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## ○ **VASECTOMY INSTRUCTIONS AND CONSENT**

### **I. Purpose of the operation**

The intent of this operation, known as bilateral partial vasectomy, is to render you sterile (i.e. unable to cause a pregnancy in a female partner). You should also understand that there is only a remote possibility of reversing the state of infertility once achieved.

### **II. Nature of the operation**

The vas deferens are the tubes which conduct sperm from the testicles, and there is ordinarily one tube from each testicle. Bilateral partial vasectomy means dividing and closing each of these tubes and separating the severed ends. A segment may or may not be removed. The skin incisions in your scrotum may be closed with a suture material which will later dissolve as healing occurs.

### **III. Anesthesia for the operation**

The operation will be performed under local anesthesia. The skin of the scrotum and the nerves to the tube to be severed will be numbed by injection of the anesthetic and you will be fully conscious. At least one injection will be given on each side of the scrotum. Sometimes discomfort is experienced in the area of the groin and testicles.

### **IV. After the operation**

You may expect some minor postoperative problems and occasionally some complications. The minor discomforts which frequently occur include: (1) black and blue marks on the scrotum; (2) swelling beneath the incisions; (3) tenderness around the incision sites and testicles; (4) or a discharge from the edges of the skin incisions.

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#### ***Some of the postoperative complications which can occur include:***

1. Epididymitis: painful swelling of the tissues along side the testicles, which might include swelling of the testicles (epididymo-orchitis). The resolution of this inflammatory process, if it occurs, may take several weeks or longer.
2. Sperm Granuloma: persistent tender swelling beneath the skin incision above the testicle. This is commonly due to leakage of sperm from the severed ends of the tubes into the tissues causing an inflammatory reaction.
3. Hematoma: hemorrhage due to undetected bleeding into the scrotal sac. In this instance, the scrotum may become swollen and discolored, and may require a second incision to drain the accumulated blood.
4. Abscess: pus may form within the scrotum and require a second incision so it may be drained.
5. Recanalization: the ends of the vas may rejoin themselves. If sperm are present in the semen later on, the operation would have to be redone.
6. Chronic testes pain: Rarely, some men complain of increased sensitivity and even pain in one or both testicles. Many theories exist as to its origin but none are proven.

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#### **Post vasectomy semen analysis instructions.**

Semen must be delivered to our office within 24 hours of ejaculation (night before is okay). Semen older than 24 hours may be difficult to interpret. The first specimen should be brought in after 12 ejaculations and each specimen should be 2 weeks apart. You will need two consecutive negative specimens to be considered sterile. You should continue to use whatever contraception you and your partner are using until we tell you that you are sterile.

The vasectomy will sometimes fail to produce sterility, and this occurs up to four percent of the time, although most studies put the risk much lower. It is your responsibility to have your semen examined and understand that even two negative semen checks are not an absolute

guarantee against future pregnancies due to the remote possibility of recanalization (ends rejoining).

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## **PRE VASECTOMY INSTRUCTIONS**

**All consent forms should be signed by you and your wife and brought to us before the vasectomy can be performed.**

PLEASE REMEMBER:

1. **SHAVE** ALL HAIR FROM THE UPPER SCROTUM. This means just under the penis onto the scrotal sac. The area shaved should measure about 2-3 inches around. **You should do this on the day of the vasectomy. Not the day before.** You may lather the scrotum with soap and water and shave with a safety razor. Do not use depilatory waxes that women use on their legs.
  2. After shaving the area, thoroughly wash the penis and the scrotum, then shower or bathe to remove all loose hairs. If needed, wash the area again just before coming in for your vasectomy.
  3. Bring a scrotal support (jock strap or suspensory, or tight jockey shorts).
  4. Wear loose and comfortable trousers (or sweat pants).
  5. If possible, bring someone who can drive you home.
  6. Refrain from eating or drinking for three hours before your vasectomy.
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## **POST VASECTOMY INSTRUCTIONS**

1. Today's operation does not immediately protect you from getting a woman pregnant. Continue to use some other method of birth control until you have had your semen analyzed twice and have been told that it contains no sperm each time.
2. It is recommended that you wait at least 5 -7 days before resuming sexual activities. You may resume sexual activities then if you are not having any discomfort, but having ejaculations too soon after a vasectomy may increase the chance of minor problems developing or a rejoining of the tubes.
3. Ejaculations help to clear the passage of sperm, but you and your sexual partner must use some other method of birth control until you are told that you may discontinue its use.
4. For two days after the operation, do not do any work that requires heavy lifting, pushing,

straining, etc. You may do light work as soon as you wish, however.

5. Keep the incisions dry for two days following the operation. Thereafter you may resume normal bathing and showering.

6. Some black and blueness (bruising), draining (oozing) from the incision, swelling, or mild tenderness of the scrotum are not unusual. Also, the edges of the incision may pull apart and heal rather slowly, and sometimes a knot may be present which remains for several months. These are all part of the normal healing process and are nothing to worry about.

7. Wear a suspensory or athletic supporter for four or five days, after that only as long as you seem to need it for comfort although.

8. If you have pain or discomfort immediately after the vasectomy, taking 2 Tylenol tablets every 4 hours should provide relief. After the local anesthetic wears off, an ice pack will provide additional comfort and can also prevent swelling if used for several hours at 1/2 hour intervals (1/2 hour on, then 1/2 hour off).

9. If stitches are placed, they do not have to be removed. They are absorbed and drop off by themselves, usually within 10 days, but often taking longer.

10. Post vasectomy semen analysis instructions. Semen must be delivered to our office within 24 hours of ejaculation (night before is okay). Semen older than 24 hours may be difficult to interpret. The first specimen should be brought in after 12 ejaculations and each specimen should be 2 weeks apart. You will need two consecutive negative specimens to be considered sterile. You should continue to use whatever contraception you and your partner are using until we tell you that you are sterile.

SEATTLE UROLOGICAL ASSOCIATES **CONSENT FOR VASECTOMY**

I authorize Wayne D. Weissman, M.D., James P. Gasparich, M.D., Joel D. Lilly, or John S. Mullen, M.D. to perform a bilateral vasectomy on me.

I understand this procedure will include removal of a small portion of each vas through a scrotal incision and then sealing the severed ends.

I understand that this procedure is being performed in an attempt to achieve permanent sterility.

I give consent for the use of an appropriate anesthetic agent and for possible evaluation of any removed tissue by a pathologist.

I understand that with vasectomy a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain (short or long term, from known or unknown causes), sperm granuloma ( a painful bump at the site of the vasectomy), and epididymitis (inflammation or infection of part of the sperm duct system requiring antibiotics and pain medication). Any complication may require further treatment which may include medications, hospitalization and even surgery. Recanalization or re-joining of the vas ends may occur spontaneously in a small percentage of cases creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not to be considered sterile until two consecutive post-operative sperm analyses have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after two negative semen checks is astronomically small.

I understand that the long term effects of vasectomy have been studied extensively. To date, no known diseases have been proven to be caused by vasectomy in humans including prostate cancer or dementia.

I understand that I expect to be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means and in giving my consent to the vasectomy, I have in mind the probability of such a result.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Patient)

**SPOUSE CONSENT TO VASECTOMY**

I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of the operation my husband may be sterile. This fact must be confirmed by post vasectomy sperm analyses.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Spouse)