

*Invented in 1974 by a Chinese physician, the no-scalpel vasectomy is becoming the most popular new method of birth control.
If you read nothing else, at least read H.*

A. A brief overview:

Please wear a T-shirt to the procedure. After a brief blood pressure and mini-check-up, I'll use an elastic band to hold your penis to your shirt, and then cleanse the entire area with Betadine. A sterile drape is then placed over the site. The right vas is located and moved to the center of the scrotum. The skin is numbed with a small injection. Each vas is then numbed. Each of these injections takes about 10 seconds. Within 1 minute, you should be pain-free. The right vas is then held still with a special clamp and the skin is opened with a special forceps. This forceps is then used to remove the sheath from the vas, and the vas is blocked with a short scar inside the upper piece. The upper and lower sections of the vas are then separated with a scissors and the upper vas is sutured inside the sheath with dissolving suture. The lower vas is sutured outside the sheath. The left side is then done identically. Note that this is called an open-ended vasectomy. No stitches are necessary to close the skin opening. Operating time, start to finish, is usually 10-15 minutes. You should be out our door within a half-hour of entering it.

B. What's to fear?

The most common complications with any vasectomy are generally short-lived and resolve with ice, rest, anti-inflammatories, and time. Long-term safety with NSV is considered excellent, although all of the following are possible:

Mild discomfort : Some men report a mild aching sensation to the scrotum for a few hours to a few days after the procedure.

Mild Bleeding into the scrotum (1/400): which may form a small tender swelling for a few days.

Scrotal Hematoma (1/1000): A major bleed into the scrotum causing a grapefruit size tender scrotum which may take months to heal.

Infection (1/100): May present as redness and tenderness at the healing site opening or non specific tenderness within the scrotum, which may require oral antibiotics. (More serious infection is possible i.e. abscess formation that may require intravenous antibiotics 1/1000).

Epididymitis (1/100): Tender swelling of the epididymis, the tube connecting the vas deferens and the teste.

Sperm granuloma (1/500): A small, potentially uncomfortable, bead-like structure made of leaked sperm that may develop at the site where the tube was cut and blocked.

Post Vasectomy Pain Syndrome (1/1000): A rare complication of a persisting dull ache in the testicle where the inflammation does not settle down. It may resolve on its own or may need another surgical procedure.

Failure (less than 0.1%): Because a doctor has inadequately blocked one or both tubes, or because one or both tubes has rejoined.

Other uncommon complications have been reported. (ref: www.pollockclinics.com/)

I recommend a thorough web search for vasectomy information and side effects. Some sites are more reliable and others are just blog sites where unhappy people are very vocal. Some better sites include http://www.vasweb.com/vasectomy_faqs.html and <http://www.vasectomy-information.com/> which is a more specific site regarding open-ended vasectomies. This site correctly describes sperm granulomas as very uncommon with this open-ended technique. Some sites even incorrectly describe these leaks of sperm as infections. Importantly, I have never seen these as associated with open-ended vasectomies as these leaks need to occur inside the vas sheath to cause pain, and the open-ended procedure moves the lower end of the vas deferens outside the sheath.

C. Why an open-ended No-Scalpel Vasectomy?

A scalpel vasectomy takes twice the time and bleeds more, as it uses two incisions. Traditional vasectomy closes both ends of the vas, causing increased testicle pressure. With no closed testicular end, the open-ended version reduces pain.

D. What about my sex life?

Your sex drive should not be bothered by a vasectomy. You will still have orgasms, and you will still have semen come out when you do. It just won't contain sperm.

E. How effective is it?

It is over 99.9% effective at preventing pregnancy. That makes it more effective than any other method except abstinence.

F. Can it be reversed later?

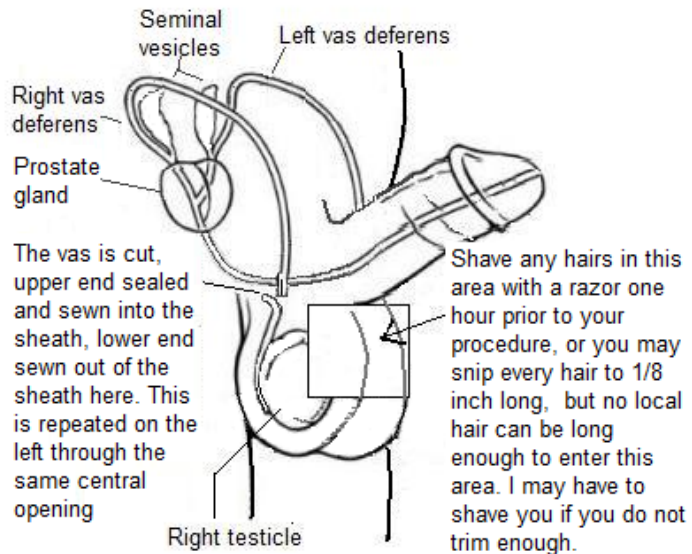
It can be done, but fertility rates diminish as the years pass. Don't have one if you are not sure. Reversal is very expensive and insurance will not cover it.

G. What other options are there for birth control?

Please do a quick Internet search for Birth Control Options. Compared to tubal ligation, vasectomy is much less invasive, does not increase PMS, and has a lower failure rate. The Essure fallopian tube implant and the hysterosalpingogram to prove it worked are expensive and painful. The IUD (intrauterine device) is less effective and increases the risk of pelvic infections. Birth control pills have nearly the same effectiveness as vasectomy, but are far more expensive, and are hormonal, as is the NuvaRing or the Implanon device. Condoms and foam together are as effective as a vasectomy, but are inconvenient and costly. Either one alone is far less effective. A diaphragm is less effective and brings an increased risk of urinary tract infection. Withdrawal before climax is very ineffective and those who try this are usually called "parents." For all these reasons, it's my feeling that men who have vasectomies are picking the easiest and least expensive permanent birth control option.

H. How do I prepare?

Avoid aspirin or any anti-inflammatory pills for one week before the procedure. It's smart to save alcohol consumption for afterwards, too. All of these increase bleeding. Use of Tylenol or generic acetaminophen is safe. An hour before your vasectomy, use antibacterial soap and water to wash your penis and scrotum. Shave the hair in a two by two-inch path down the front of the scrotum starting at the base of the penis. See drawing below:



Bring a fresh pair of tight fitting jockey-type underwear or jock strap to the procedure. This will help to keep your scrotum still. No boxer shorts, please. If you are a very nervous person, call us for an anti-anxiety prescription if desired. Feel free to bring your phone or MP3 player to occupy your mind.

I. What about afterwards?

You will receive these instructions as you leave the office that day:

Aftercare Instructions PLEASE FOLLOW!

- 1. Tonight, go home and gently remove the Betadine with a washcloth everywhere except right at the surgical site. Apply triple-antibiotic ointment or Vaseline to your gauze and let it fall back on the vasectomy site. Repeat this after each shower/bath. Wear the gauze and jockey shorts until your skin is healed. Do not push ointment into the opening of the surgery site. Just smear it on the gauze.**
- 2. Sit still and do next to nothing for two days. No fishing, horseshoes, skiing, skating, golfing, or anything more strenuous than watching TV. You should move only from the bed to the couch to the table and to the bathroom. Sex may be resumed in one week.**
- 3. Place ice on your scrotum to reduce bleeding, swelling, and pain, for 20 minutes every one to four hours, depending on pain intensity. "Gel Packs" intended to be kept in your freezer in the event of a sprain or zip-lock bags filled with ice work well.**
- 4. Take Aleve liquid gels 1-2 twice a day with food or Ibuprofen 200mg three to four at once three times a day with food for seven days to reduce pain (unless you are allergic or cannot tolerate it). Call me in the extremely rare event this is not enough help for your pain.**

5. Wear snug fitting jockey shorts (not boxers) for 3-4 days, 24 hours a day. These will also hold the 3" x 3" gauze squares against your skin like a bandage, in case there should be any slight leakage of blood. Replace these as needed until all staining of the squares stops (usually 2-3 days). You may shower or bathe 24 hours after your procedure, not before. For the first several days, do not spray a hand-held shower nozzle directly at your scrotum: this could force water through your vasectomy site and into your skin. Just let it trickle down your skin from above.

6. You must prove that this was an effective surgery! There is no extra charge to prove this if you reside locally. After at least 20 ejaculations, or 3 months, whichever comes first, TEXT or call me at 269-615-3423 and we will decide on a Friday evening for you to bring your sample back to this location. Call Jan at 269-580-2340 when you arrive, and she or I will take your sample from you at your car window. I will look at your specimen, and report the results to you by 7 PM most often if I get it at 6:30 PM. Do not refrigerate the specimen, it must be fresh within two to three hours. I will need to see no sperm at all or 0-2 per high power field, non-moving (dead) sperm under the microscope. If there is anything else, you will be asked to repeat the sample after 10 more ejaculations.

7. If you turn in a sample before 3 months, please repeat a post-vas semen check 3 months after the first successful one to ensure that the vas ends are not managing to grow back together. A second plastic container is in your take-home bag for this purpose, but if you have misplaced it a ziplock bag will work fine.

It has been a pleasure performing your no-scalpel vasectomy, thank you for choosing us. If you have any problems please call or TEXT 269-615-3423. This is my personal cell phone. I will return your text/call as soon as I can. If for some reason you do not receive a response quickly, then call Jan at 269-580-2340. If you feel as though your problem is urgent and you cannot reach me, call your Family Physician or go to an emergency room.