

## **Cheyenne Urological, PC**

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## **VASECTOMY INFORMATION PACKET**

### **VASECTOMY, THE NO SCALPEL APPROACH**

Vasectomy is the process of dividing the vas deferens or “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 country where about 500,000 vasectomies are done each year. Since vasectomy simply interrupts the delivery of the sperm, it does not change the hormonal function of the testis and sexual drive and ability remains intact. Vasectomy is thought to be free of long term side effects, and is considered to be the safest and most reliable method of permanent male sterilization.

After injection of 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 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 incisional technique, 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 for *seven* days. Most patients should wait to have intercourse for a week after the procedure (you should feel no discomfort).

### **COMMON BENEFITS 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. Avoid expense and surgical complications your partner may be exposed to for a Tubal Ligation.

## VASECTOMY INFORMATION & POSSIBLE COMPLICATIONS

1. 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.

2. 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.

3. 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 an 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.

4. After the operation

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

### OTHER POSSIBLE COMPLICATIONS INCLUDE, BUT ARE NOT LIMITED TO;

- A. **Epididymitis:** Painful swelling of the tissue alongside of the testicles, which might include swelling of the testicles (epididymo-orchitis). The resolution of the inflammatory process, if it occurs, may take several weeks or longer.
- B. **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.
- C. **Hematoma:** Hemorrhage due to undetected bleeding into the scrotal sac. In this instance, the scrotum may become swollen and discolored, which may require a second incision to drain the accumulated blood.
- D. **Abscess:** Pus may form within the scrotum and require a second incision to drain the accumulated infection.
- E. **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.

\*\* You should understand that until you have two consecutive negative sperm checks, you should continue to use other methods of contraception. The vasectomy will sometimes fail to produce sterility, and this occurs up to 4% of the time. Therefore it is *your* responsibility to have your semen examined periodically. Understand that two negative semen checks are not an absolute guarantee against future pregnancies due to the remote possibility of recanalization.

## FREQUENTLY ASKED QUESTIONS 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 procedures at a later time.

### *How does the vasectomy prevent pregnancy?*

Sperm is made in the testicles. The sperm then travels from the testicle through a tube called the vas deferens 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 deferens tube is blocked so the sperm cannot reach the prostate to mix with the semen. Without sperm in the semen, a man cannot make his partner pregnant.

### *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. 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. The same instrument is used to gently stretch the skin opening so that the tubes can be more easily reached. 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 a less chance of bleeding and other complications.
6. Usually less discomfort.
7. Just as effective as regular vasectomy.

### *Will it hurt?*

When the local anesthetic is injected into skin of the scrotum, you will feel some discomfort, but as soon as it takes effect you should feel no pain or discomfort. Afterward 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. Also, there are no stitches in most cases. 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 with 48 hours after your vasectomy, and will be able to do heavy physical labor and exercise within a 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 masculinity. You will make the same amount of semen. Vasectomy will not change your beard, 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 sperm left in your system. It may take a dozen or 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 specimen at least twice to make sure you are free of sperm.

*Is the No-Scalpel vasectomy safe?*

Vasectomy is generally safe and simple. Vasectomy is an operation and all surgeries have some risks 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 long-term effects of vasectomy, but to our knowledge there are no long-term risks of vasectomy.

*How long will the No-Scalpel vasectomy take?*

It depends on the surgeon, but on average the operation lasts about 15-30 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, AT LEAST TWO WEEKS APART.**

## PRE-VASECTOMY INSTRUCTIONS

All consent forms should be signed by you and brought to us *before* the vasectomy can be performed if you are taking narcotic medications for the procedure.

### **Before your vasectomy:**

1. Be sure you have read the vasectomy information provided by our office.
2. DO NOT TAKE ANY NSAIDS at least **5 days** prior to your procedure (i.e. Ibuprofen, Aspirin, Aleve, Motrin, etc...).
3. Take a good soapy bath before coming in for your vasectomy.
4. Shave the scrotal area as this will reduce your chances for post-op infection.
5. Bring an athletic supporter (jock strap) or wear briefs for support after your procedure.
6. Please eat a light meal/snack at least an hour prior to your procedure.
7. DO NOT DRIVE if you are instructed by the physician to take Valium and Vicodin. It is *your* responsibility to find a driver or your procedure may be postponed.
8. If you have any questions, please feel free to ask.

## POST-OPERATIVE INSTRUCTIONS

### **DIET:**

You may return to your normal diet as soon as you arrive home.

### **ACTIVITY:**

Your physical activity should be restricted the first 48 hours. During that time, you should remain relatively inactive, moving about only when necessary. During the first 7 days following surgery, you should avoid lifting any heavy objects (anything greater than 15 pounds) and avoid strenuous exercise. If you work, ask us specifically about your restrictions. We will write a note to your employer if needed.

You should plan to wear a tight pair of briefs or an athletic supporter for the first 4-5 days, even to sleep. This will keep the scrotum immobilized to some degree and keep swelling down.

Ice packs, frozen peas or frozen corn should be placed on and off over the scrotum for the first 48 hours. A reasonable schedule is 15 minutes on and 15 minutes off. The ice is a good pain reliever and keeps the swelling down.

### **WOUND:**

For those who have the No-Scalpel vasectomy, you will have no suture and the wound will seal in 1-2 days. Some patients will have absorbable sutures that will dissolve within the first 10-20 days. In either case, you can safely shower within 48 hours. If there is generalized redness, especially with increasing pain or swelling, let us know. The scrotum will possibly get "black and blue" as blood in the tissues spreads. Sometimes the whole scrotum will bruise. The "black and blue" is followed by a yellow and brown color. In time, all this discoloration will go away.

### **HYGIENE:**

You may shower 48 hours after surgery. Tub bathing should be restricted until the 7<sup>th</sup> day.

### **PAIN CONTROL:**

You may take Tylenol (acetaminophen) for pain. Aspirin is to be avoided. Advil/Motrin (ibuprofen) has some aspirin-like side effects but it is a stronger pain reliever that can be used if the Tylenol is not working. You are welcome, of course, to use the pain medication that your physician has prescribed for you. If none of the above suggestions are working, please call.

## **CALL TO REPORT THE FOLLOWING PROBLEMS:**

1. Fever above 101 degrees Fahrenheit
2. Moderate or severe swelling under the skin incision or involving the scrotum.
3. Drug reactions such as hives, a rash, nausea or vomiting.
4. Foul-smelling or pus-like discharge from the incision.

## **INSTRUCTIONS FOR FOLLOW-UP APPOINTMENT**

You will be instructed to have a post-op check in our office 1 week after your procedure with our physician assistant. After your appointment, you will need to have 2 semen analyses to make certain that the vasectomy was successful.

- A. Wait 7 days before having any type of sexual activity or ejaculation.
- B. Birth control of some form should be used until your physician has told you otherwise.
- C. Bring in a semen analysis as instructed below.

## **POST-VASECTOMY SEMEN ANALYSIS INSTRUCTIONS**

1. Please call first to be sure there is a provider in the office to look at your specimen.
2. Collect your semen specimen in the appropriate container (this must be collected through masturbation).
3. LABEL the container with your name, date of birth and phone number.
4. Your "fresh" specimen needs to be brought into our office within **2 HOURS** of collection.
5. We will notify you of the results and give you any further instructions after the provider has looked at the specimen.

Thank you and please call with ANY questions!

## **STUDIES REGARDING VASECTOMY AND PROSTATE CANCER**

If you have questions or concerns regarding any link between vasectomy and prostate cancer, we have provided some information below that may be helpful:

1. "Vasectomy may increase risk of aggressive prostate cancer"  
<http://news.harvard.edu/gazette/story/2014/07/vasectomy-may-increase-risk-of-aggressive-prostate-cancer/>
2. "Vasectomy and Risk of Prostate Cancer"  
<http://jama.jamanetwork.com/article.aspx?articleid=195032>
3. "AUA Responds To Study Linking Vasectomy With Prostate Cancer"  
<http://www.lauanet.org/press-media/vasectomy-with-prostate-cancer.cfm>