

Information on Vasectomy

Northwest Urological Clinic

This handout is meant to give you information on the procedure of vasectomy, how to prepare for a vasectomy, what to expect during the vasectomy, what you should do after, what complications may occur, and what are the alternatives to vasectomy.

What is a vasectomy?

As you probably already know, a vasectomy is a minor surgical procedure that renders a man sterile by stopping the flow of sperm from the testicles to the penis. To begin, it helps to have a little knowledge about a man's reproductive anatomy and the terminology we use to describe it. Sperm (or spermatozoa) are small swimming cells made by the testicles. Semen is the fluid that carries the sperm and is what comes out during an ejaculation. The average volume of ejaculate is 2-5cc. Approximately 0.3 cc comes from the testicles. The rest comes from the prostate and seminal vesicles. So most men do not notice a change in the amount of fluid they ejaculate after a vasectomy.

What will happen at my consultation visit for the vasectomy?

During the vasectomy consult, Dr. Myers will obtain your medical history. In addition to assessing your overall health, he will want to know if you have had any prior injuries or surgeries involving your testicles or groin area (such as a hernia repair or orchiopexy), as these may affect the difficulty of the vasectomy. He will also want to know if you have had any problems with prolonged bleeding after past surgeries or cuts and scrapes, or if you bruise easily. This may be a clue to a bleeding disorder that could complicate the vasectomy. Be sure to notify Dr. Myers or his staff if you have experienced any problems with bleeding or bruising in the past.

A general physical exam will be done. In addition, Dr. Myers will examine your penis and testicles, palpating for any abnormalities and checking for hernias.

He will then discuss with you much of the information contained in this handout and ask if you have any questions after reading this material.

After the consultation visit, you can make your appointment before you leave, or call later to schedule the vasectomy.

What do I need to do to prepare for a vasectomy?

Avoid blood thinners.

To minimize the risk of bleeding after the vasectomy, it is very important that you **DO NOT TAKE ANY ASPIRIN OR ASPIRIN-LIKE PRODUCTS** for at least 7 days prior to your procedure. You will be provided a list of medications that thin the blood. The most common are aspirin, ibuprofen (advil, motrin, etc), aleve, nuprin, to name a few. If you need an over-the-counter pain reliever, it is OK to take Tylenol (acetaminophen), which does not thin your blood.

Dress for comfort.

Bring an athletic supporter or briefs.

Please wear comfortable, loose-fitting clothing to your vasectomy appointment. Also, bring either an athletic supporter or briefs to wear after your vasectomy. This will help keep the dressings on your scrotum after you leave the office.

Shaving the scrotum

We ask you to shave your pubic hair from the level of the top of the penis **DOWNWARD** to the bottom of the scrotum. It is important to do the shaving no longer than 12 hours prior to your appointment. Shaving prior to that time interval allows an increase in the number of bacteria on the shaved skin and can increase the risk of infection. So shave with soap and warm water the morning of your vasectomy.

Premedication.

If you feel like you would like something to make you feel less anxious the day of your vasectomy, Dr. Myers may prescribe a sedative like valium. You should take this one hour prior to your appointment time. If you do take a sedative, you will need a driver to and from your vasectomy appointment. Also, if you like, you can bring an iPod or MP3 player to listen to music to take your mind off the procedure.

Now you're ready for your vasectomy!

What happens during the vasectomy?

After checking in, you will be brought to the procedure room where you will undress from the waist down and lie down on the exam table. Dr. Myers will then administer a local anesthetic. This involves a very small needle and a mild amount of burning while the medication is being injected. After these injections (one on each side), you should feel very little for the remainder of the procedure. Dr. Myers will then let the anesthetic take effect by stepping out for a few minutes while the assistant washes your scrotum with an iodine or hibiclens cleaning solution. This will kill the skin bacteria to prevent infection.

After the above prep, Dr. Myers will place sterile towels and begin the procedure by palpating for the vas on the left side. He will inject a little more local anesthetic over the vas then make a very small incision (about 1/8th of an inch). He will remove an inch of the vas and tie both ends. The ends will then be separated after they drop back into the scrotum. This is then repeated on the

right side. These incisions are small enough that they usually do not need to be closed with a stitch. Sterile gauze dressings will then be applied to the scrotum and you will put on your athletic supporter or briefs.

You will be provided a prescription of Vicodin or similar pain medication. You will then be ready to go home.

What should I do after the vasectomy? What should I expect?

It is very important for you to **avoid being active for the first 48 hours** after the vasectomy. You should try to remain lying flat for much of that time, getting up to go to the restroom and to eat meals, and to get up to walk about once an hour or two. Being too active in the first 48 hours can increase the risk of bleeding and swelling.

Use ice packs on the scrotum (on top of the dressings) for the first 48 -72 hours. This markedly reduces pain and swelling. Ice in a zip lock baggie or a bag of frozen peas or corn work well for this.

You should expect some swelling and a little bruising to occur after the vasectomy. Usually, the discomfort from the procedure should begin to diminish 1 to 2 days after the procedure. After this, the discomfort and swelling should gradually improve daily. If you notice a significant increase in pain or swelling after this, please notify our office.

After 48 hours, you can start to **gradually increase your level of activity**. The rule of thumb is "If it hurts, don't do it." By 2 or 3 days after your vasectomy, you should be able to go back to work at a desk job. If you have a job that is more physical (lifting, climbing stairs, standing for long periods), you should plan to take up to a week or possibly two off.

When can I resume sexual activity?

You should refrain from sexual activity for the first week after the vasectomy. After a week, you can try it out. Some men still are a bit tender after a week and need more time to recover before resuming intercourse. Again, if it hurts, don't do it. Wait and try again in a few days.

When can I have unprotected sex?

You will need to use contraception until after you have your semen checked and have been notified there are no longer any sperm. There are sperm "downstream" to where we tie off the vas. These sperm are perfectly capable of causing pregnancy. After 6 - 8 weeks, and after 10 - 15 ejaculations, the sperm are usually gone. However, in a few men, it takes as much as 3 months to clear the downstream sperm. So be sure to use contraception until you are told your semen

sample is clear. At the time of your vasectomy, you will be given a sample container to bring in a semen sample 6 - 8 weeks after your vasectomy. You should bring this to the office but call ahead to make sure that Dr. Myers is in the office that day.

Is the vasectomy permanent?

Yes, it is considered permanent. However, if you later change your mind and want to father more children, a vasectomy reversal can be attempted. You should know that this is not always successful and is very costly and usually not covered by insurance. So make sure you are certain before you undergo vasectomy.

Will the vasectomy affect my ability to get an erection?

No. Vasectomy does not lead to erectile dysfunction. Your ability to get an erection will not be affected. In fact, most couples experience increased enjoyment because they no longer worry about an unwanted pregnancy and can be more spontaneous. Similarly, you should not experience any change in sensation or orgasm. Rarely, some men can have a psychological problem leading to psychogenic E.D. This can be treated by a sex therapist.

I heard that having a vasectomy could cause testicle or prostate cancer. Is that true?

Vasectomy DOES NOT cause any cancer. Older studies that showed a slight increase in hardening of the arteries and male cancers but these studies have since been shown to be flawed, and should not have been published. They did not account for the fact that men who get a vasectomy are generally more health conscious and more likely to get screened for these cancers. After accounting for this difference, no increase in these risks were found.

What are the risks of vasectomy?

Bleeding in the scrotum near the site of the vasectomy occurs in about 3% of men. This is why you are asked to avoid using aspirin or other blood thinners for 7 days prior to the vasectomy. Using ice packs and resting for the first 48 hours after the vasectomy markedly reduces your chance of bleeding and swelling. You should expect some swelling at the site of the vasectomy. If the swelling gets as large or larger than your testicle, you should call the office to notify Dr. Myers' staff immediately.

Infection occurs approximately 3% of the time as well. If you experience worsening pain, increasing redness, increasing swelling, or drainage of pus or clear liquid beyond 2 days after the vasectomy, you may have an infection. You should call if you experience any of these symptoms.

Failure of the vasectomy can occur. In 1 - 2% of men, the two ends of the vas may reconnect on their own. If this happens, sperm will remain in the semen samples you submit and your vasectomy will need to be repeated. Failure (or reconnection) rarely occurs beyond three

months after the vasectomy. This “delayed failure” is usually preceded by a change in the scrotum at the vasectomy site such as increase in pain and/or swelling (see PVPS below).

Post-vasectomy Pain Syndrome (PVPS) occurs in less than 0.5% of men undergoing vasectomy. This is a rare condition where the man experiences pain in the testicles and/or epididymis during sex or physical activities. It can occur months or even years after the vasectomy. Many men get brief episodes of mild testicular discomfort that resolve within a day or two. But in men with PVPS, their pain persists. The cause of this syndrome is not well understood. We will often try conservative treatments like ibuprofen, warm baths, and scrotal support (wearing an athletic supporter), and many experience resolution of the pain. In a few, the pain persists. If conservative measures fail, a vas reversal often cures the pain. If being fertile again is not an option for you, then we can perform an epididymectomy (removal of the epididymis with the vas). This is an outpatient procedure done in the hospital. Having mentioned this potential complication, please understand it is very uncommon.

Sperm granuloma can occur after a vasectomy. This is a nodule that can form at the vasectomy site or in the epididymis. It forms as the body’s reaction to sperm leaking out of the vas or epididymis. This can happen months or even years after a vasectomy. Sperm granulomas occur in a few patients and they are sometimes painful. If you develop a sperm granuloma, you should get another semen check to make sure the vas has not reconnected.

What are the alternative forms of birth control?

For women:

Oral contraceptives (birth control pills)
Diaphragms, cervical caps, sponges. Female condoms
IUD (intrauterine device)
Hormone implants
Essure procedure (obstructing the fallopian tubes internally)
Tubal Ligation (tying the fallopian tubes)

For men:

Vasectomy
Condoms

If you are interested in more information about the forms of contraception for females, you may want to discuss this with your partner’s gynecologist.

To schedule an appointment with Dr. Myers, call our office at 503-223-6223. You will need to schedule a consultation appointment. After that appointment, you may schedule the vasectomy procedure.

Signature

Date