

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 this 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, sexual drive, and ability to remain intact. Since most of the semen is composed of fluid from the prostate, the semen will look the same. 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.

There are various techniques used to perform a vasectomy. The two used by our physicians are discussed below.

No-scalpel

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.

After injecting the scrotal skin and each vas with a local anesthetic, the scrotal skin is penetrated with sharp forceps. The tips of the forceps are spread apart opening the skin. The vas is thus exposed and then lifted out and occluded by cutting out a small segment, tying with suture and cauterization. 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.

Modified Scalpel

In the traditional vasectomy, each side of the scrotum and each side of the vas are injected with a local anesthetic; a very small incision in each side of the scrotum is made. The vas is exposed, lifted out and a small section is removed. The ends are tied and cauterized. The incision is then closed with self-absorbing sutures. In this office some doctor's do a no-scalpel vas while others do a modification of the scalpel vas. Compared to the traditional incision technique, the No-Scalpel Vasectomy usually takes less time, causes less discomfort, and may have lower rates of bleeding and infection. Recovery following the procedures takes a short while and varies from one individual to the next. Hard work or straining (athletic pursuits or heavy lifting) is not recommended for the first three days after the procedure. After the first three days, activities may be increased as tolerated.

Regardless of which type of vasectomy you have, No-Scalpel or Modified Scalpel, it is important to remember that having a vasectomy does not protect against STD's.

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.

Common questions asked and answered about 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 and/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, if you are under a lot of stress, or if you are counting on being able to reverse the procedure at a later time. You need to consider this procedure as permanently making you sterile.

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.

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 to 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 a scalpel is not used, 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 into the United States in 1998 and is now used by many doctors in this country who have mastered the technique.

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 while and may want to take a mild painkiller such as Tylenol or the pain medication prescribed by your doctor. Attached is a set of complete instructions for what to do after the procedure to reduce pain and discomfort.

How soon can I go back to work?

You should be able to do routine physical work 72 hours after your vasectomy and will be able to do heavy physical labor and exercise after 7-10 days.

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. A 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 over 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 **after 12 weeks post vasectomy** to make sure that it is free of sperm.

Is the 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 vasectomy take?

It depends on your anatomy and the surgeon, but on average the non-scalpel vas operation lasts between twenty and forty minutes and the variation of the non-scalpel vas takes 35–40 minutes.

When can I start having sex again?

As a rule, we suggest waiting one 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 ejaculation has been confirmed by a sperm check done after 12 weeks post vasectomy.

Possible risks associated with having a vasectomy:

1. Hematoma (collection of blood) in the scrotum.
2. Inflammation or infection of the testicle(s) or epididymis.
3. Re-joining of vas ends resulting in fertility and pregnancy.
4. Chronic testicular discomfort or sperm granuloma.
5. Unrecognized long term effect of vasectomy. The long term effects of vasectomy are still uncertain and may be associated with increased risk of prostate cancer.

Common Statistics:

1. Even after the post-vasectomy sample is confirmed negative, vasectomy is not 100% reliable in preventing pregnancy. The risk of pregnancy after vasectomy is approximately 1 in 2,000 for men who have no semen noted post-vasectomy.
2. Repeat vasectomy is necessary in $\leq 1\%$ of vasectomies.

Alternative Therapy: Other forms of contraception



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PRE VASECTOMY INSTRUCTIONS

All consent forms should be signed by you and witnessed by our office staff at the time of consultation.

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. You may lather the scrotum with soap and water and shave with a safety razor. Dr. Ferucci's patients only shave left and right upper/outside scrotum (where the scrotum meets the groin).
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 comfortable pants.
5. Some one needs to drive you home if you have received oral or injectable sedation.
6. Stop aspirin, NSAID's (anti-inflammatories such as ibuprofen, Motrin, Aleve, Advil, etc), and vitamins 5–7 days prior to vasectomy.



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POST-OPERATIVE INSTRUCTIONS FOR VASECTOMY

DIET:

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

ACTIVITY:

Your physical activity should be restricted the first 72 hours. During that time you should remain relatively inactive, moving about only when necessary. During the first 3 days following surgery you should avoid lifting any heavy objects (anything greater than fifteen pounds), and avoid strenuous exercise. If you work, ask us specifically about your restrictions, both from home and work. We will write a note to your employer if needed.

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

Ice packs should be placed on and off over the scrotum for the first 48 hours. Frozen peas or corn in a Ziploc bag wrapped in a washcloth can be frozen, used, and refrozen. Fifteen minutes on and fifteen minutes off is a reasonable schedule. The ice is a good pain reliever and keeps the swelling down.

WOUND:

In most cases your incision will have no sutures and the wound will seal in 1 or 2 days. Some patients will have absorbable sutures that will dissolve within the first 10–20 days. In either case you can shower safely within 48 hours. If there is generalized redness, especially with increasing pain or swelling, let us know. The scrotum will possibly become “black and blue” as blood in the tissues spread. Sometimes the whole scrotum will turn colors. The black and blue is followed by a yellow and brown color. In time, all this coloration will go away.

HYGIENE:

You may shower 48 hours after surgery. Tub bathing should be avoided until the 7th day.

MEDICATION:

You may take Tylenol (acetaminophen) for pain. It is the safest of all the pain relievers, because it causes no bleeding. Aspirin is to be avoided. Advil (ibuprofen) has some aspirin like effects, but is a stronger pain reliever that can be used if the Tylenol is not working.

PROBLEMS YOU SHOULD REPORT TO US:

- a. Fever of 100.5 degrees F or higher.
- b. Moderate or severe swelling under the skin incision or involving the scrotum.
- c. Drug reactions such as hives, a rash, nausea, or vomiting.

FOLLOW UP:

No-Scalpel: With a no-scalpel, you need NO routine follow-up visits to be examined unless problems arise. You will need to have at least one semen check to make certain there is no sperm remaining and therefore the vasectomy was successful. Obtain the semen **specimen no sooner than 12 weeks after the vasectomy**. BE SURE TO USE ANOTHER FORM OF BIRTH CONTROL (such as a condom) UNTIL YOU HAVE BEEN INFORMED BY OUR OFFICE THAT YOUR SEMEN SAMPLE IS NEGATIVE. If motile sperm are seen in your semen specimen you will need to continue to use another form of birth control and bring another specimen in 4-6 weeks after your first specimen. You will continue to do this until your sample is considered negative.

INSTRUCTIONS FOR COLLECTING SEMEN SPECIMEN:

Call the day before you plan to bring the specimen into the office and make sure the appropriate personnel will be here to evaluate the sample. Collect the semen specimen in the container given to you at the time of your vasectomy, and be sure to label the specimen with your name, the time the specimen was collected, and the date. Bring the specimen to our office in the plastic biohazard bag provided to you.

To collect the semen specimen first wash your hands. Obtain the semen by masturbation. Be sure to collect the entire amount of ejaculate in the container. Replace the lid tightly, and record your name, the date and time on the container. Place the container in the plastic biohazard bag. The specimen needs to be dropped off at our office **within one hour of collection**, so do not collect it too far in advance. If you drop it off after 2 hours of collection, you may be asked to drop off another sample on a different date. The specimen analysis is very time sensitive. Do not let the specimen freeze. It should be kept at room temperature.

You also have the option of ordering a kit which would allow you to do a post vasectomy semen analysis where you mail the specimen in to a licensed laboratory in place of bringing the specimen to our office. Our office will contact you once the lab report is received. The order form for this option will be given to you at the time of your vasectomy.

BE SURE TO WRITE DOWN ANY QUESTIONS YOU MAY HAVE AND BRING THEM TO YOUR CONSULT APPOINTMENT:

Our office hours are 8:30 am to 5 pm Monday through Thursday, 8 am to 4:30 pm on Friday. If you have an emergency after office hours you can reach the doctor on-call by calling our phone number at (907) 563-3103 and speak with the answering service.