NO SCALPEL VASECTOMY

SIX REASONS TO HAVE 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 do not want to or can not use other kinds of birth control.
6. You want to save your partner from the surgery involved in having their tubes closed.

HOW CAN I BE SURE A VASECTOMY IS RIGHT FOR ME?

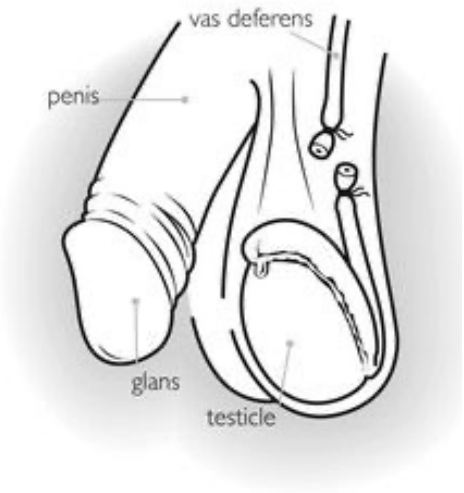
Be sure that you do not want to have another/a child under any circumstances. Talk to your partner. It is a good idea to make the decision together. Consider other kinds of birth control and talk to a friend or relative who has had a vasectomy. Think about how you would feel if your partner had an unplanned pregnancy. A vasectomy might not be right for you if you are very young, your current relationship is not stable, you are having a vasectomy just to please your partner, you are under a lot of stress or you are counting on being able to reverse the procedure later.

HOW DOES A VASECTOMY PREVENT PREGNANCY?

Sperm are made in the testicles and travel through the two tubes in the scrotum (vas deferens) and are stored in two small storage sacs (seminal vesicles) near the prostate. It is from these sacs that the sperm are released, mixed with fluid from the prostate and are ejaculated during climax. In a vasectomy, the tubes (vas deferens) are blocked so the sperm no longer travel to the storage sacs. These sacs run out of sperm over 3-6 months and once they are empty, a person cannot make their partner pregnant.

WHAT DOES THE PROCEDURE INVOLVE?

In a no scalpel vasectomy, a local anesthetic (Lidocaine) is injected into the skin to numb it. This is on the front of the scrotum on the midline. The anesthetic is also placed around each tube (vas deferens) so they become numb as well. A small (less than 1 cm) puncture is made with a surgical instrument in the previously numbed skin. The sheath is then removed from around the vas deferens and two ties are tied tightly around the tube. This prevents sperm from passing through the middle of the tube. Following this, the tube is cut between the ties. Finally, the ends of the vas deferens are cauterized (burnt with a small cautery device). This procedure is then repeated on the other side. Often, but not always, the same skin incision can be used for both vas deferens. There is very little bleeding with the no scalpel technique. No stitches are needed to close the tiny opening in the skin which heals quickly, with minimal scarring.



This technique was developed by a surgeon in China in 1974 and has been used in over 15 million men through China since then. The technique was introduced in North America in 1988 and into Edmonton in 1993.

HOW MUCH PAIN OR DISCOMFORT WILL I HAVE?

Most people state that the only discomfort they felt during the procedure was when the local anesthetic was being put in. This takes about a minute. After this there should be no pain. Once the procedure is complete and the anesthetic wears off over the next hour or two, there may be some mild aching felt over the next several days. You will be given an anti-inflammatory medication, Naproxen, to take prior to and after the procedure as needed for pain.

WHAT COMPLICATIONS CAN OCCUR?

EPIDIDYMITIS – a tender inflammation around the testes that may occur after four or five days

Treatment: Anti-inflammatory medication. Usually subsides within a few days.

BLEEDING – from the skin incision.

Treatment: controlled with direct pressure: pinching the skin

INFECTION – of the scrotum.

Treatment: antibiotic or other treatment. **To reduce your risk of infection, it is very important to not shower for 24 hours post procedure, no baths for at least 7 days afterwards and no hot tubs, lakes, oceans for at least 3 weeks.**

ALLERGIC REACTIONS – or other unusual reaction to anesthetics or medications can occur even without a history of drug allergies. These reactions are very rare.

Treatment: medication

SPERM GRANULOMA – a tender knot in the scrotum where sperm has leaked out of the vas deferens. Avoiding ejaculation during the first week after a vasectomy usually prevents this problem but it can occur at later times as well.

Treatment: usually no treatment is required as this resolves spontaneously

SCROTAL HEMATOMA – a large collection of blood inside the scrotum where a blood vessel has continued to leak. Swelling in the scrotum would occur within 48 hours after a vasectomy.

Treatment: requires immediate treatment and possible surgery to stop the bleeding. Proceed to the ER at the University of Alberta Hospital or the Royal Alexandra Hospital if you are concerned that you have this complication.

SENSITIVE SCAR OR NEUROMA – may form along the vas deferens at the site of vasectomy.

Treatment: anti-inflammatories may be used as needed. Very rarely, injection or surgical removal is indicated.

POST-VASECTOMY PAIN SYNDROME – A feeling of fullness from sperm congestion occurs in up to 6 percent of people after a vasectomy. This is due to stretching of the surface of the testicle (epididymis) from stored sperm cells.

Treatment: The full sensation usually resolves after a few weeks and requires no treatment, but a very small number of people may develop chronic pain which may require vasectomy reversal or other surgery.

Overall, the rate of complications with a conventional vasectomy is 31 per 1000 cases and with a no scalpel vasectomy technique are approximately 4 per 1000 cases.

HOW SOON CAN I GO BACK TO WORK?

I would recommend a minimum of 3 days off work for people who work at sedentary jobs, such as office work etc. For those who perform some minor physical work, including standing, walking, lifting, I would recommend 4 to 5 days off work. Those who perform heavy physical labor should take 7 days off work.

WILL A 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 hormones that make you sexually aroused. A vasectomy will not change your beard, muscles, sex drive, voice, erections, ejaculate or climaxes. Some people 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 always some active sperm left in the storage sacs (seminal vesicles). It takes about thirty ejaculations to clear them as well as three months' time. You and your partner should use some other form of birth control until your tests show that your semen are completely gone. This test is usually done after thirty ejaculations and three months.

WHEN CAN I START HAVING SEX AGAIN?

It is recommended that you wait one week after your vasectomy to resume sexual activity. Remember to use some kind of birth control until your semen test shows that you are sterile (no sperm).

DOES A VASECTOMY CAUSE ANY MEDICAL PROBLEMS?

Vasectomy has been used since the early 1900's and over 15 million people in North America have undergone the procedure. There have been no long-term adverse effects associated with vasectomy. There have been over 8 very large well-run studies and none of them have found any links to cancer, heart disease, etc.

DOES A VASECTOMY EVER FAIL?

Vasectomies are highly effective, with a failure rate of less than 1% to about 2.6%, making it one of the most reliable forms of contraception. Failure most often occurs within the first 3 months due to early recanalization, while late failure is very rare (0.04% - 0.08%). A post-vasectomy semen analysis is crucial to confirm success.

CAN A VASECTOMY BE REVERSED?

Yes, this can be done with the use of microscopic surgery and a skilled and experienced surgeon. This usually requires a day procedure in hospital. The success rate is variable with 40 to 70 % being quoted as the success rate upon completion of surgery. A vasectomy should be considered a permanent operation.

WHAT ARE THE BENEFITS OF NO SCALPEL VASECTOMY VS A TRADITIONAL TECHNIQUE VASECTOMY?

Doctors and patients report that:

♦There is less tissue injury, less bleeding and fewer complications.
♦Less risk of infection.
♦Less discomfort during and after the procedure.
♦Procedure is faster and recovery time shorter
♦There are no stitches in the skin.

IS NO SCALPEL TECHNIQUE EASIER TO REVERSE THAT THE INCISION TECHNIQUE?

No, it is not any easier to reverse than any other vasectomy procedure. All vasectomies should be considered permanent. If you are thinking about reversal, perhaps a vasectomy is not the right procedure for you.

CAN I STORE MY SPERM FOR FUTURE USE?

Yes, there is the availability in the Edmonton area to have sperm stored. If you wish to look into this, please discuss it with your physician.

PREOPERATIVE VASECTOMY INSTRUCTIONS

♦On the night before surgery, **shave the scrotal area**. This includes the front and sides of the scrotum, as well as all the hair around the penis and for an inch above the penis. On the morning of the surgery, shower and wash the scrotal area with soap and water.

♦**Do not eat for two hours prior to surgery.** A few people may feel queasy during the procedure, but this is lessened if there is no food in the stomach.

♦Wear supportive underwear. Avoid wearing loose boxer shorts for the first seven days. A regular pair of jockey or brief underwear will be sufficient.

♦**Avoid taking Aspirin** a week before and a week after the procedure as this may cause excessive bleeding and bruising. Acetaminophen (Tylenol) or Ibuprofen (Motrin or Advil) is an acceptable analgesic to use.

♦**Take a Naproxen 2 hours prior to the procedure**. This will mean less discomfort for you during and after the procedure. Naproxen should be taken with food so have this with a snack. I do sometimes provide Ativan in addition to the Naproxen. This is a mild sedative to take as well if you are nervous about getting the procedure done. Please let me know if you would like this medication.

♦Please call the office if you have any questions.

♦If you need to cancel or change your vasectomy appointment, please give us as much notice as possible. **You will be charged a $100 'no show fee' if you cancel your vasectomy appointment with less than 24 hours notice.**

POSTOPERATIVE VASECTOMY INSTRUCTIONS

REST: It is important to rest for a few days after your vasectomy. If you are returning to a desk job, three days is all you will need off your feet (being a couch potato). For those who perform some minor physical work, including standing, walking, lifting, I would recommend 4 to 5 days off work. Those who perform heavy physical labor should take 7 days off work. Please also avoid sports and other physical activity for one week post-vasectomy. This reduces the chances of having increased pain once you do return to work.

ICE PACKS: I recommend applying a small ice pack wrapped in a thin towel to the scrotal area for approximately 10 to 15 minutes every hour from 1-2 hours post procedure until the time you go to bed that night. This will help reduce any pain or swelling that may occur the next day.

BATHING: Avoid getting the scrotum and wound area wet for 1 day. The day after your vasectomy, you may shower. Do no bath, swim or submerge yourself in water for one week. Avoid hot tubs, public pools, lakes and oceans for at least thee weeks.

DRESSING: The bandage should be taken off the day after surgery prior to showering. If there is any bleeding from the incision site, then pinch the area between your thumb and forefinger for 5-10 minutes. It is normal to have some discharge for a few days after the procedure.

UNDERWEAR: You should wear snug fitting underwear for at least 7 days after the surgery as this will increase your level of comfort.

SEXUAL ACTIVITY: It is recommended that you do not engage in any sexual activity for 7 days after the procedure. This does affect the rate of healing and complications. Once you do become sexually active, remember that it is not working immediately as birth control and you may need to use an alternative form of contraception until your semen analysis shows no sperm.

SPERM TESTING: After 30 ejaculations and 3 months, bring a semen sample to one of the labs listed on the requisition form. It should be no more than one hour old at the time of arrival at the lab. You will be informed within two weeks as to what the results are. If there are any sperm remaining, you may be asked to repeat the test in a month's time.

PAIN RELIEF: There may be a little pain, bruising and/or swelling where the wound is located. I suggest taking Naproxen 6 hours after your pre-surgery dose. In addition, you can use Tylenol as needed. After the first day or two, most people switch to Acetaminophen or Ibuprofen for pain relief as needed. Avoid Aspirin due to its ability to increase bleeding and bruising.

RETURN TO THE CLINIC OR CALL:

♦If you have a fever within one week of surgery

♦Any pus in the wound

♦If there is pain or swelling around the wound that gets worse or does not go away

♦Excessive bleeding that doesn't settle with compression

♦If your partner misses a period or thinks she is pregnant, it is very important as this may mean the operation has failed and your partner may be pregnant

REQUEST AND CONSENT FOR PERMANENT STERILIZATION BY VASECTOMY

Date:_____

I, _____, **DO HEREBY REQUEST AND CONSENT** to having Dr. Carla Laidlaw and such assistants as she deems necessary perform the following procedure – **BILATERAL VASECTOMY**, using local anesthesia as she deems necessary. The nature and effects of the procedure have been explained to me. I am aware that risks of the procedure include bleeding, scrotal hematoma, infection, post-vasectomy pain, failure of the procedure, sperm granuloma, epididymitis, allergic reaction and sensitive scar.

I have been informed that the intention of the operation is to render me sterile and incapable of future parenthood. I understand that this operation will not be effective for several months and that a negative sperm count should be obtained before other contraceptive precautions are stopped. I understand that vasectomies can sometimes fail and that there is a very small chance that I may become fertile again after some time. I also understand that it may not be possible to reverse the effect of the operation.

SIGNED:_____ (patient)

I confirm that I have explained the procedure and the anesthesia required to the patient in terms, which are in my judgment suited to his understanding.

SIGNED:_____ (physician)