VASECTOMY

CONSULTATION INFORMATION

UrologyAustin

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A PERMANENT DECISION

About 500,000 men get a vasectomy every year. A vasectomy is a simple, safe, easy, and inexpensive procedure done in your doctor's office. There are several choices available for contraception, and each couple must choose the method which suits their needs. Temporary and reversible methods of birth control include condoms, spermicides, a diaphragm, IUD, the pill, the patch and Depo-Provera. Permanent methods include tubal ligation and male sterilization by vasectomy. These procedures are generally considered irreversible. There are reversal procedures, but they are not 100% successful. In addition, these reversal procedures are generally not covered by any insurance and can be quite expensive. While no one can predict the future, you must take into consideration the possibility of unforeseen changes in your life or in the lives of your partner and children. A man can bank (i.e. freeze) his sperm before his vasectomy is performed, but it is expensive and most men do not do so.

ANATOMY

Each testis (testicle) is a smooth, oval shaped gland, which rests in the sack like scrotum and is connected by its blood vessels, nerves and vas deferens, which all run in the spermatic cord. The testis contains several long tubes in which sperm are made and channeled into the epididymis, a soft, comma shaped attachment on the top and back of each testis. The testes also have the important function of producing testosterone and other male hormones. These hormones are transported out of the testes through the blood vessels, so this function is not affected by vasectomy which interrupts only the sperm flow. The sperm are produced on the inside of the testicles in specialized rows of cells. The sperm maturation cycle is about 90 days. This means that the sperm that are produced today will not be ready for ejaculation for about three months. The epididymis collects the sperm, which eventually travel through the narrow vas deferens to join the seminal vesicle. Sperm can be stored toward the end of the vas deferens for many weeks before being released during ejaculation. Both left and right seminal vesicles empty through the single prostate gland and out of the penis through the urethra.

Remember that the organs are paired left and right from the testes to the seminal vesicles so both vas deferens must be interrupted for a successful vasectomy.

CONSULTATION

A vasectomy is an outpatient procedure that can be done in the office in greater than 95% of the cases when the anatomy is favorable. On occasion, individuals with certain medical problems or a history of previous scrotal surgery may require vasectomy under a general anesthetic in hospital or in an outpatient setting.

The preoperative consultation will consist of an interview, medical history review, and physician examination. The operation will be described completely to the patient's satisfaction. If both the patient and the physician are in agreement, the vasectomy will be scheduled at their mutual convenience.

THE PROCEDURE

The vasectomy will take about 10- 30 minutes to perform. A local anesthetic is injected into the scrotal skin adjacent to the vas deferens. This affords almost immediate anesthesia. A small incision is made in the scrotum, the vas deferens is exposed, and a small portion is removed. The severed ends are then either tied with suture or cauterized. **The skin incisions are usually closed with one suture, which dissolves in seven to ten days. You may notice a small open gap at the site of the incision after the sutures fall out. This will close up over time. You may notice some firmness in and around the incision site. It will soften, flatten and return to normal within a few weeks.**

RISK INVOLVED WITH THE PROCEDURE

In general, a vasectomy is a very safe procedure with very low risk or complication.

What complications can occur?	What treatment is required?
Three or four times out of one thousand, one or both ends of the severed vas deferens will rejoin and **re-canalize.**	These individuals will not be able to attain two negative semen samples after their procedure. Therefore, contraception must be used until a semen sample is determined to be clear of sperm, which usually takes two or three months.
Sperm granuloma, a tender knot in the scrotum where sperm has leaked out of the vas deferens, may develop. Avoiding ejaculation during the first week after vasectomy usually averts this problem, but it can occur at later times as well.	Usually no treatment is required: it resolves spontaneously over time.
A sensitive scar or **neuroma** may form along the vas at the site of vasectomy.	Rarely bothersome enough to require injection with medicine or surgical removal.
Infection of the scrotum: This may cause drainage of yellowish fluid, pain, redness, and heat around the area of incision accompanied by a temperature above 101.5F.	This usually responds to local hygiene and oral antibiotics. Call the office immediately.
Bleeding can occur at the vasectomy site but is usually only enough to cause some bruising of the skin.	Controlled with direct pressure.
Scrotal Hematoma is a large collection of blood inside the scrotum, where a blood vessel has continued to leak. A swelling in the scrotum would occur within 48 hours after the vasectomy.	Please call the office immediately and get instructions from a triage nurse.
Allergic reaction or other unusual reactions to anesthetics or medications can occur even without a history of a drug allergy. These reactions are often serious.	Medications will be prescribed.
Inflammatory reaction in the epididymis or vas deferens is defined as inflammation of the epididymis, the tightly coiled segment of the spermatic duct that connects the efferent duct from the posterior aspect of each testicle to its respective vas deferens.	Please call our office. • In addition to antibiotics (except in viral epididymitis), the mainstays of supportive therapy for acute epididymitis is reduction in physical activity, scrotal support and elevation, Ice packs, Anti-inflammatory agents, Analgesics, including nerve blocks and Sitz baths.
Emotional reactions that could interfere with normal sexual function. Although a vasectomy does not in any way physically impair sexual function, some men report having difficulty achieving and maintaining an erection after undergoing the procedure.	Please call our office.
Impaired blood flow resulting in loss of a testicle. Rarely, the testicles may be injured during a vasectomy as a result of injury to the testicular artery.	Please call our office.
Chronic testicular pain. Occasionally, chronic pain may develop after the vasectomy and be exacerbated by ejaculation. This pain is thought to be the result of back pressure building up in the epididymis and is known as “post vasectomy pain syndrome”.	Please call our office.

COMMON QUESTIONS AND IMPORTANT FACTS ABOUT VASECTOMY

IS VASECTOMY A SURE THING?

Vasectomy is the most effective of all the methods of birth control. It also ranks among the safest and most effective of surgeries. The failure rate for vasectomy is 0.4% or about four out of 1000 men would remain fertile, even several months after the vasectomy. Failure can occur due to reconnection of the cut ends during healing, formation of a new channel through the sperm granuloma, failure to identify and cut the vas, or duplication of the vas on one side. If you follow the post vasectomy instructions and complete your semen analysis within the three months required, and your semen test remained positive, we would repeat the semen analysis after another 20 ejaculates to confirm that no sperm if found.

WILL IT HURT?

Local anesthetic is used if the procedure is performed in the office. Some discomfort may be felt when the local anesthetic is injected or when the tubes are brought into the incision. As with most surgery, there is some discomfort after the operation. There may or may not be a dull aching in the testicle or the abdomen after the anesthetic has worn off. This ache, if it occurs, is usually mild and may be felt from time to time over the first few days, especially with activities such as getting up or moving quickly. There may be a small amount of oozing from the incision for a few days. There is commonly a temporary bruised color on the scrotum after 2-3 days. It will be different for each man. Athletic support, ice pack, and an over the counter analgesic are the best medicine for your discomfort.

WILL VASECTOMY AFFECT MY SEXUAL ACTIVITY?

Your erections, orgasm, and ejaculations will very much be the same. Most men say they have greater sexual pleasure because they no longer have to worry about an unwanted pregnancy. Remember that sterility is not impotence. The hormones that affect masculinity are still made in the testicles. They still flow throughout the body in the blood stream. Ask your doctor when you can resume sexual activity. Remember that you must use another form of birth control until your doctor says you are completely sterile.

WHEN I HAVE AN ORGASM, WILL I STILL EJACULATE?

Yes. The amount of semen a man ejaculates after the vasectomy is only decreased by about 5%. Without a microscope, you could not notice the absence of sperm in the fluid.

WHAT HAPPENS TO THE SPERM AFTER THE VASECTOMY?

The testes continue to produce sperm cells that go through the same life cycle as before. The unused sperm cells are reabsorbed naturally as are other unused or old cells in the body. Sperm antibodies may form to help in the removal process, but these are not harmful to the body.

WHY IS VASECTOMY NOT EFFECTIVE IMMEDIATELY?

During the vasectomy the vas deferens from each side is cut. The sperm stored downstream in the seminal vesicles can still be ejaculated and cause pregnancy. The system needs to be emptied, which is usually completed after 20-25 ejaculations and at least three months after surgery. If you have a negative semen check once, there is an exceedingly small chance that you will experience a later failure with spontaneous reappearance of sperm in the semen.

CAN I HAVE THE VASECTOMY REVERSED?

Sometimes it is possible to reverse the operation, but there are no guarantees. Vasectomy Reversal is more expensive than the vasectomy and often not covered by your insurance company.

SHOULD I SAVE SPERM BEFORE VASECTOMY?

Commercial sperm banking, freezing sperm for later use, is available for men that would like to consider this option. Please search the internet for options.

WHAT ARE THE LONG TERM EFFECTS OF A VASECTOMY?

About 40% of patients having a vasectomy develop a rise in sperm antibodies for a period of up to six months. This immune reaction is not harmful, and the person having the vasectomy will feel no different. No long term adverse side effects have been proven associated with vasectomies. Studies have not demonstrated that vasectomies play any role in prostate cancer. According to work done at the National Institute of Health, men that have had a vasectomy are not more likely to develop heart disease or prostate cancer than men who have never had a vasectomy. Medical scientists continue to explore the minor changes in the body associated with vasectomies.

HOW WILL I FEEL ABOUT THE OPERATION AFTERWARD?

Almost all men (99.2%) who have had a vasectomy are completely satisfied with the operation afterward. They enjoy the freedom from other contraceptive methods, which can interfere with freedom from worry about an accidental pregnancy and freedom from concern about the effects of the pill or IUD on their partner's health. A small number of men later regret having the operation. This is why it is so important to make the decision carefully, without any outside pressure and without regret. Your satisfaction depends largely upon your own preparation and thoughtful decision making.

WHAT IS THE COST FOR A VASECTOMY?

Depending upon the area of the country, vasectomy charges or cost vary. In general, most insurance companies will cover a very large portion of this cost, leaving a relatively small co-pay or deductible for the patient. Please call your insurance verification department to check your insurance coverage regarding your financial responsibility. **Added cost or billing to your insurance company may include semen analysis from the lab where the semen is taken. If you are a private pay patient, please call our billing department regarding charges for the vasectomy services.**

HOW CAN I SCHEDULE A VASECTOMY?

Depending on your insurance requirements, you may be required to visit your family physician first. The family physician will then refer you to our office with a referral. If you have a PPO, you can visit our office directly. Because insurances are so complicated, we encourage you to call the number listed on your insurance card to verify the process needed to get approval for the vasectomy.

VASECTOMY PREPARATION

Five days before your surgery: Avoid all aspirin and aspirin containing products (Bufferin, Excedrin, Alka Seltzer, Ibuprofen, and any herbal remedies), and blood thinning products for five days before the vasectomy. You may use Tylenol. Arrange to be off from work for two to three days after the vasectomy.

The night before procedure: Please shave the surgical area. Begin 2" above penis and shave downward to include entire scrotum (testicles). **Do not use electric razors or hair removal products. Please shave all shaded areas. The area should be free of stubbles. SOAP AND LATHER THE SCROTUM FOR 10 MINUTES. USE AN ANTIMIRCROBIAL SOAP SUCH AS DIAL SOAP, ETC.**

The day of procedure: Soap the scrotum again for 5 to 10 minutes. Use an antimicrobial soap again. Please bring an **athletic supporter, snug briefs, or biking shorts** to wear after the procedure. The athletic supporter is an added measure to reduce pain and swelling. *Brief and boxer shorts do not provide the same support.*

You may eat and drink as you normally do. Follow the preoperative instructions closely and be sure to bring the required items to the office. The front desk will present you with a consent form to read and sign**. Plan to arrive 30 minutes early should you want to ask your physician for a mild sedative prior to the procedure. Please bring someone with you to drive you home.** You may also be asked to sit in the waiting room for 30 minutes after the procedure as a cautionary measure. The local anesthetic begins to wear off after an hour or so. Any discomfort you feel is often mild and should respond to ice packs.