

# NO-SCALPEL VASECTOMY:

## Simplified Method to Stress-Free Intimacy

The vas deferens is the tube that delivers sperm from the testicle to the prostate. Vasectomy is the process of dividing the vas in order to prevent pregnancy. It is the most common method of male contraception in the US, where about 500,000 vasectomies are performed each year. Since vasectomy simply interrupts the delivery of sperm, it does not change the hormonal function of the testis. Sexual drive and ability remain intact. Since most of the semen is composed of fluid from the prostate, the semen grossly looks the same even after vasectomy. Vasectomy causes sterility, 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.

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The technique of no-scalpel vasectomy was developed in 1974 by a Chinese physician, Dr. Li Shungiang, and has been performed for millions of men. This technique has become very popular in the United States since it was introduced here about ten years ago. The procedure is performed in the office with a local anesthetic or (if desired) in the hospital with IV sedation. Most insurance companies pay for the procedure regardless of where it is performed.

How does the vasectomy prevent pregnancy? Sperm are made in the testicles and travel from the testicle through the vas tube into the prostate gland. Seminal fluid is made in the prostate and seminal vesicles. Sperm traveling within the vas tubes mix with seminal fluid within the prostate. The prostate is connected to the urine channel near the penis and hence the sperm and seminal fluid are expelled together during ejaculation. With vasectomy, the vas tube is completely cut and clipped or suture ligated so that sperm are prevented from reaching the prostate to mix with the seminal fluid. Without sperm in the seminal fluid, a man cannot make a woman pregnant.

... no knife is used.

No-scalpel vasectomy is different from a conventional vasectomy in that no knife is used. In order to gain access to the vas tube, a tiny puncture is made in the scrotum with a specialized instrument. The entire procedure lasts about 15-30 minutes, after which a scrotal support is applied and patients go home. Pain medications are supplied for possible discomfort, which may or may not occur after going home. Most patients are able to do routine work within 48 hours and heavier physical labor within two weeks. Of course, there are exceptions; for instance, some patients experience little if any discomfort and return to work the day following the procedure, while others occasionally experience more prolonged discomfort.

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Vasectomy does not change anything sexually. The only thing that will change is that a patient will not be able to make his partner pregnant. Men continue to produce the same hormones that drive libido. Penile erections are unchanged and men produced the same amount of semen fluid. Vasectomy will not change beard, muscles, sex drive, erections, climax or voice. In fact, many men say that without the worry of pregnancy and the bother of other birth control methods, intercourse is more enjoyable.

... safe and simple.

Vasectomy in general is safe and simple. But, as with all medical procedures, it involves minor risks, such as bleeding, infection and pain. Serious problems are very unusual; however, there is always a small chance of the tubes rejoining themselves, and for this reason semen analysis rechecks are necessary after the vasectomy. Questions have been raised about possible links between vasectomy and prostate cancer. However, authors of recent studies found no link to prostate cancer. The physicians at the Urology Center offer prostate cancer screening to all men both before and after vasectomy. Still, most younger men forgo screening until forty to fifty years of age.

As a rule, we suggest waiting one week before having intercourse. Remember, however, the vasectomy only divides the vas and has no effect on the sperm that are already in the vas tube beyond the point at which it was divided. It is thus extremely important to avoid unprotected intercourse until the absence of sperm from the ejaculate has been confirmed by two consecutively negative semen analyses by the doctor.

# Vasectomy Informational Letter and Consent

**Purpose of the Operation:** The intent of this operation, known as bilateral vasectomy/vas ligation with transection, is to render a man permanently sterile/infertile and (unable to cause pregnancy in a female partner). You should also understand there is only a small possibility of surgically reversing the state of infertility, once achieved.

**Nature of the Operation:** The vas deferencia are the tubes which conduct sperm from the testicles to the penis. There is only one tube from each testicle. Bilateral vasectomy means removal of a portion of each vas tube. Vas ligation with transection means dividing and closing (clipping or suturing) each of these tubes without removal of any portion of the tubes. Dr. Watson does not routinely remove any part of the vas tube. A man having this procedure performed may have one or two skin openings, which may be closed with suture material.

**Anesthesia for the Operation:** The operation will be performed under local anesthesia. The skin of the scrotum and the nerves to the vas tubes will be numbed by injection of an anesthetic. Unless you choose to go to sleep for the procedure in a hospital operating room, you will be awake during this procedure. However, you may use a sedative. It is very important that you remain completely relaxed during the vasectomy procedure. The greater your level of anxiety, the greater the pain and possible complications. During the procedure pain is sometimes experienced in the area of the groin, lower abdomen and testicles; however, any discomfort is usually brief.

**Prostate Cancer:** Because some studies have linked vasectomy with prostate cancer, you may choose to undergo prostate cancer screening. The screening is done by examination of the prostate gland via the rectum and by prostate specific antigen (PSA) blood testing. Generally, prostate cancer screening is recommended for all men beginning at 50 years of age. In some special circumstances prostate cancer screening is recommended beginning at age 35-40. These circumstances include men with family histories of prostate cancer and African-American men. Some doctors feel that men should not be screened for prostate cancer at all, because these doctors believe the screening is not useful in decreasing the total number of men who die from this disease. While prostate cancer is the second leading cause of death from cancer, there is no consensus among medical professionals concerning screening. Dr. Watson would be happy to discuss these issues with you, if you wish. Just ask.

If you wish, you may undergo prostate cancer screening before vasectomy, as well as after vasectomy. The risks of screening include finding an elevated PSA (suggesting possible cancer) when cancer is not present. Another risk involves finding a normal/low PSA (suggesting the absence of cancer) when cancer is actually present. An additional risk involves the detection of a form of relatively inactive cancer, for which treatment might not have been rendered and treatment complications might not have occurred, had the cancer not been detected through screening. This amounts to unnecessarily finding nonaggressive cancer. Possible benefits of screening include early detection of prostate cancer so that treatments may be administered with the intent to cure the cancer (as opposed to delayed detection of a more advanced stage of cancer, when cure might be less likely). Occurrence rates of complications of cancer (bone pain, anemia, urinary retention, death from cancer and others), complications of diagnostic procedures (pain, infection, bleeding and others) and complications of cancer treatments (impotence, incontinence, urethral/bladder neck stricture, injury to nearby organs, hot flashes, osteoporosis, breast swelling, breast tenderness and many others) all may be affected in one way or the other by screening.

**IF YOU WANT TO BE SCREENED FOR PROSTATE CANCER YOU MUST ASK DR. WATSON TO DO SO WHEN YOU SEE HIM.** Otherwise, the screening may be performed only if you are of the appropriate age, if you have genetic risk factors or if there are symptoms present that might possibly be related to prostate cancer. If you have questions ask now.

## POSSIBLE COMPLICATIONS

**Epididymitis:** Painful swelling of the tissues alongside the testicles, which might also include swelling of the testicles. The resolution of this inflammatory process may take several weeks or longer.

**Sperm Granuloma:** Persistent tender swelling beneath the skin incision, which is commonly due to leakage of sperm from the severed ends of the tubes into the surrounding tissues causing an inflammatory reaction.

**Hematoma:** Hemorrhage due to undetected bleeding into the scrotal sac. In this circumstance the scrotum may become swollen and discolored and may require a second incision to drain the accumulated blood.

**Abscess:** Pus may form within the scrotum and require a second incision so that it may be drained.

**Recanalization:** The ends of the vas may re-join themselves spontaneously over time. Pregnancy would be possible in this circumstance. Thus, it will be necessary for you to undergo regular semen analyses for years after the vasectomy, in order to assure (as much as possible) that sterility/infertility is maintained.

**Acute or Chronic Testicular Pain:** This pain may require further surgery and may never resolve. The reasons for this are not always known.

**Bleeding:** Although the incidence of significant bleeding is rare, this could potentially require blood transfusion. The risks of blood transfusion include: hepatitis, AIDS (HIV), other blood-borne infections, fever, sepsis (severe infection), shock and death. You may donate your own blood or have someone you know donate for you, so that you might use the donated blood, rather than banked blood. The likelihood that you should require a blood transfusion for this surgery is extremely remote; however, you should notify Dr. Watson to cancel the vasectomy immediately, if you decide that you will not consider blood transfusion, in the event of an emergency.

**Failure of the Vasectomy:** The vasectomy will sometimes fail to produce sterility. This occurs in 1-4 percent of all cases. You must understand that until you have had two consecutively negative semen analyses (sperm checks), you must continue to use other methods of contraception. Failure to follow these instructions may result in an unwanted/unplanned pregnancy. Furthermore, you must be very certain to undergo postoperative semen analyses, until at least two consecutive semen analyses show no sperm at all. Sometimes it takes several weeks or months to clear all of the sperm from within the vas tubes. It is not unusual for Dr. Watson to find sperm in the semen during the first few semen analyses. The first semen analysis, after your vasectomy/vas ligation, should be delivered to Dr. Watson's office only after you have had at least 20 ejaculations. The 20 ejaculations will help clear sperm from the tubes. It will be entirely your responsibility to have your semen examined periodically over the years following the vasectomy, in order to help assure continued sterility/infertility.

## INSTRUCTIONS BEFORE VASECTOMY

1. DRY SHAVE ALL PENIS AND SCROTAL HAIR AND CUT AS LOW AS POSSIBLE (OR SHAVE) ALL OF THE OTHER PUBIC HAIR. Use a safety razor without shaving cream or soap.
2. After dry shaving the area use tape to remove the loose newly cut hair. Then thoroughly wash the penis and scrotum in the shower. If needed, shower again just before coming in for the vasectomy.
3. BRING A LARGE ATHLETIC SUPPORT -- "JOCK STRAP". This is very important. So, please remember to bring this important item.
4. Wear very loose fitting pants.
5. Someone should come with you who can drive you home. You may not drive after this procedure.
6. If you are having the vasectomy performed in the hospital, you should eat or drink nothing at all after midnight, prior to the procedure. Furthermore, you should arrive at the hospital at least two hours before your procedure. Failing to do so might necessitate canceling the procedure, depending upon the hospital's surgery schedule.
7. If you are having the vasectomy performed in the office you should arrive at least 30 minutes early. Also, you may elect to use a sedative prior to the procedure such as Xanax. If so, take one tablet 1-2 hours before the procedure. You may take a second tablet if needed, at least one hour before the procedure. NEVER DRIVE NOR ATTEMPT TO PERFORM ANY SIMILAR ACTIVITY WHICH REQUIRES MENTAL ALERTNESS WHEN TAKING XANAX, SEDATIVES, LORTAB, PAIN MEDICATIONS OR SIMILAR MEDICATIONS.

## INSTRUCTIONS AFTER VASECTOMY

1. This procedure does not immediately protect you from getting a woman pregnant. Continue to use another form of birth control until you have had your semen analyzed twice and you have been told by Dr. Watson or his nurse on two (2) consecutive occasions that the semen contains NO sperm. Never assume that your semen is sperm free.
2. It will be your sole responsibility to assure delivery of as many semen specimens as necessary for examination by Dr. Watson. It will be your sole responsibility to assure that you receive the results of the semen analyses. Never assume that you know the results of your test, without having personally spoken with Dr. Watson or his nurse about the results. **FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN UNPLANNED PREGNANCY.**
3. We advise you to call Dr. Watson's office at (985) 345-5500 or (985) 626-9910 prior to delivering semen specimens in order to make certain that Dr. Watson will be available to perform the analysis. Otherwise, the specimen may be wasted along with your efforts to collect it. Dr. Watson is not in the office every day. No one else will be responsible for analyzing your semen specimens. Only Dr. Watson can and will do so.
4. Sperm are present in the vas tubes at the time of the vasectomy. You should produce 20 ejaculations prior to collecting and delivering the first specimen. Ejaculations help clear the tubes of sperm.
5. Avoid ejaculation and sexual intercourse for at least seven days after the vasectomy. Failure to do so may increase complications including pain and unplanned pregnancy.
6. Keep the incision(s) dry for 48 hours following the procedure. Thereafter, you may resume showering with soap and water. Avoid bathing or sitting in water for one week.
7. It is not necessary to apply cream/ointment to the incision. Only if a blood scab forms on the incision should you use antibiotic ointment to soften the scab prior to washing it off.
8. Some bruising, draining, swelling and tenderness of the scrotum/testicles are common. Sometimes a knot may be present near the incision, which remains for several months. This is the normal healing process. However, if there should be more marked swelling, redness, pus or other concerns, call Dr. Watson or his nurse at (985) 345-5500 or (985) 626-9910.
9. If you should have pain or discomfort immediately after the vasectomy, take 1-2 of the pain tablets provided. Do not drive nor perform similar activities requiring mental alertness while using these pain medications or similar medications. After the local anesthetic wears off, an ice pack will provide additional comfort and may also prevent swelling if used for several hours at half-hour intervals (half-hour on, then half-hour off).
10. If sutures are placed, they do not need to be removed. They are absorbed and drop-off by themselves, usually within three weeks.

## CONSENT FOR VASECTOMY

I authorize Dr. Watson to perform bilateral vasectomy/vas ligation with transection on me. I understand this is to include either vasectomy (meaning removal of a small portion of each the vas tubes) or vas ligation with transection (meaning cutting and closing the vas tubes by means of clipping or suturing the ends of the vas tubes) without removal of any portion of the tubes. I understand that this procedure does require opening the skin to some degree.

I give consent for the use of an appropriate anesthetic and I understand that I should not drive nor undertake any similar activity requiring mental alertness after the procedure or after taking medications such as sedatives or pain medications or similar medications. I consent to allow possible pathological evaluation of any removed tissue. However, I understand that pathological evaluation and disposal of any removed tissue is at the sole discretion of Dr. Watson.

I understand that with vasectomy/vas ligation with transection a small percentage of patients will develop complications such as pregnancy, infection, significant swelling and bruising, bleeding, possible need for blood transfusion, noncosmetic/unsightly results, acute pain, chronic pain, permanent pain, sperm granuloma, epididymitis and others. Complications may result in unplanned financial burdens. Complications may require additional treatments including medications, hospitalizations or surgery. I understand my option to donate my own blood or to have someone donate blood for my use, such that I might use such blood instead of banked random unspecified blood. I decline this blood collection option and I consent to the use and transfusion of banked random unspecified donor blood, in the unlikely event that it should be needed. I recognize that recanalization or rejoining of the vas tubes may occur spontaneously in a small percentage of cases creating a situation in which sterility is not achieved and subsequent pregnancy is possible. I understand that this condition may also necessitate additional surgery including repeating the vasectomy procedure.

I understand that I may not consider myself sterile until two (2) consecutive postoperative semen analyses have been performed, confirming the complete absence of sperm within my semen. I understand that it will be my sole responsibility to make certain that the appropriate semen specimens are delivered to Dr. Watson in a timely fashion, as I have been instructed. Furthermore, I understand that it will be my sole responsibility to make certain that I receive the results of the postoperative semen analyses before beginning unprotected sexual intercourse. I understand that I should never assume that I know the results of these analyses without personally speaking with Dr. Watson or his nurse. I understand that I should never simply assume that my semen results are negative (showing no sperm) and I clearly understand my responsibilities in this regard.

I understand that the long-term effects of vasectomy have been studied and some studies suggest a link between vasectomy and prostate cancer. I understand that it is my option to accept or refuse present and future prostate cancer screening from Dr. Watson. I acknowledge that Dr. Watson has informed me of this prostate cancer issue and he has informed me of my options for prostate cancer screening, as well as my option not to have vasectomy performed. I have made an informed decision concerning prostate cancer screening.

I wish to be rendered permanently sterile as the result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means. I now declare again that it is my desire to become permanently sterile and infertile and I do not wish ever to have any child from this point forward. I understand that once this vasectomy/vas ligation and transection of is performed, reversal of this procedure may be impossible.

I have read this entire five (5) page form and all of my questions have been answered personally by Dr. Watson. I am ready to proceed with vasectomy/vas ligation with transection.

SIGNED (patient) \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_