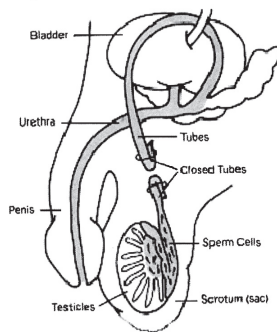


What is a vasectomy?

Vasectomy is the interruption of sperm delivery from both testicles into the ejaculate to achieve permanent contraception. As sperm contribute very little to the total ejaculate volume, there is no noted change in the ejaculate after vasectomy. After successful vasectomy, there are no sperm in the ejaculate resulting in permanent infertility and birth control. As a large number of sperm reside in the delivery system, after stopping sperm delivery by vasectomy, it may take twenty or more ejaculations to clear the system of sperm and achieve safe sexual activity without other contraceptives. After vasectomy, until tested semen specimens document clearance of all sperm in the ejaculate, contraceptives must be used or unwanted pregnancy could occur.



WILL I BE DIFFERENT AFTER VASECTOMY?

The ejaculate will be essentially the same as most of the volume comes from the seminal vesicles and prostate. Your male and other hormones will not change and

your sexual performance will not be altered. Some men may note improvement in sexual performance due to lack of anxiety over the risks of pregnancy while a few may note decline due to anxiety or pain. We suggest you wait until quite comfortable to ensure your first sexual encounter after vasectomy is relaxed and pain free.

WHAT OTHER CHOICES DO WE HAVE?

There are many options for birth control including hormonal therapy (BC pills, patches or shots), condoms or a diaphragm, tubal ligation, an IUD, rhythm timing, agents that kill sperm using the vaginal sponge and abstinence. There are many factors, some that are couple specific, that go into deciding what choice is best for both of you.

No method is perfect and none are without risk except abstinence. While vasectomy has a failure rate of a fraction of one percent, oral contraceptives and the IUD have low failure rates of 1-3%, condoms 10-12%, diaphragm with spermicides 18%, rhythm timing or the vaginal sponge 20% and no method 85%.

WHAT CAN GO WRONG?

Vasectomy requires the division or total obstruction of the sperm duct (vas deferens) from each testicle to prevent delivery of sperm in the ejaculate. This requires one or two small incisions to accomplish. Due to the very limited dissection, bleeding and infection are infrequent but can cause swelling possibly delaying return to work or other activities. After vasectomy sperm continues to be made by the testicles but cannot leave which may result in antibodies to your own sperm, an allergic response of no known significance. Occasionally sperm leak from the tied duct causing a tender collection (sperm granuloma) or less frequently (<2 men/1000) a reconnection to the other end of the sperm duct causing failure and continued delivery of sperm in the ejaculate. Your hormones and sexual drive and interest should not change. Vasectomy prevents delivery of sperm in the ejaculate but affords no protection to acquiring sexually transmitted disease from sexual activity.

CAN IT BE REVERSED?

Yes, reversal of vasectomy can be accomplished by microsurgery. This surgery is not always successful and is quite expensive. If insurance paid for the vasectomy, it usually will not pay for vasectomy reversal, which is many times more expensive. Thus vasectomy should not be considered if only temporary rather than permanent contraception is desired.

SO WHAT DO I DO? WHAT HAPPENS? HOW LONG DOES IT TAKE?

Preparation for vasectomy is simple. For a week or longer before vasectomy wash your scrotum twice with soap and water during your showers to ensure your deep skin and pores are cleaner resulting in a lower risk of infection. No special soap is needed. Bring a snug underwear for support as gentle immobilization after surgery will decrease your pain. To avoid bleeding which can cause painful swelling or infection, stop aspirin, Advil, Motrin, Aleve, or other antiinflammatory agents for 7-10 days before the procedure.

The procedure may be done through one or two skin openings made either by puncture and stretching (no scalpel technique) or short incisions. Local anesthesia in the immediate area will remove pain though movement may still be felt. The time spent will vary with the ease of mobilizing and isolating the sperm ducts, which varies with each individual. With Vas clips a couple minutes are saved but at a significant added cost to you. Most procedures will be done in 20-30 minutes.

Applying ice in a plastic bag wrapped with a towel (20 minutes on, then 20 minutes off for the first 4-6 hours after surgery) may decrease your swelling and pain. Some swelling may, however, develop and bleeding could turn the scrotum or base of the penis black or blue. Pain medication such as Tylenol or Advil may be needed. Pain is usually not severe. Resumption of work is determined by your level of pain and the type of job you have. If pain is unusually severe requiring narcotic pain medications, your judgement may be impaired. You must then refrain from work or driving. Try to avoid heavy lifting or straining the first two or three days. The small stitches in your scrotum will dissolve and come out on their own. Work can usually be resumed in 2-3 days while a longer period of 7-10 days is suggested before resuming sex to be certain you experience no pain or discomfort.

WHEN WILL THE PROCEDURE BE DECLARED SUCCESSFUL?

After you have submitted two semen specimens and both are found to contain no sperm, you will be allowed to have sex with no contraceptive. This may take up to thirty ejaculations to achieve and hence often is not achieved for several months after the procedure.

STILL GOT QUESTIONS?

Bring them up at your consultation or before the procedure. We want you to understand and be informed.