



You have been booked for a

Bilateral Vasectomy



ROCKHAMPTON
Urology

**ROCKHAMPTON UROLOGY &
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WHAT IS A VASECTOMY?

Vasectomy is a form of birth control for men. It is a minor surgical procedure that it is meant to be permanent that blocks the tubes- the vas deferens- that carry the sperm. It keeps the spermatozoids (the fertile part of the semen) out of semen.

Blocking the vas deferens prevents the release of sperm when you ejaculate. You can still ejaculate during sex, but the fluid doesn't contain any sperm. The lack of sperm in the ejaculate (cum) prevents pregnancy.

Vasectomy is intended to be permanent. Reversing it is difficult and costly. It often doesn't work and causing a pregnancy may not be possible. A man must be certain that he does not want to cause future pregnancies before he chooses this method.

It is highly effective and does not affect sexual performance or masculinity, can increase enjoyment and frequency of sex because there are no worries about pregnancy.

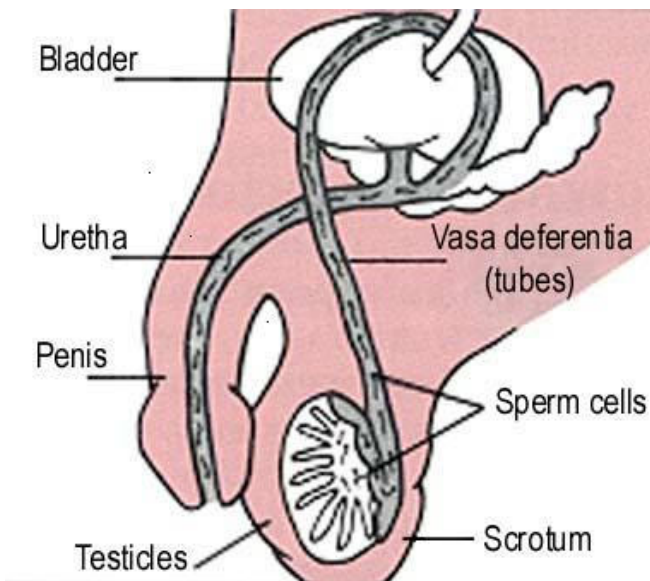
Does not protect against sexually transmitted infections, including HIV.
Use condoms if you feel at risk of STIs, including HIV

There are no health risks or benefits from this procedure.

HOW WILL VASECTOMY AFFECT A MAN?

A man's testes will continue to make sperm (which will be absorbed by the body as un-used sperm cells are normally in men whether they have had a vasectomy). The glands that produce semen will continue to produce it in the same amount. When a man ejaculates, the only difference is that there will be no sperm in the semen.

A vasectomy does not affect production of male hormones. Men should not expect any change in physical traits of masculinity, body strength, sexual drive, erections or climaxes. Without the worry of unplanned pregnancy and the concern of using a temporary contraceptive, some men report increased sexual pleasure.

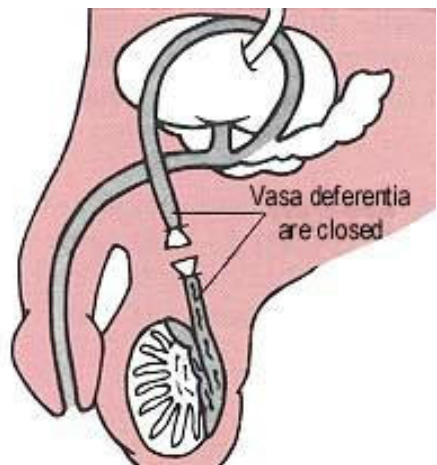


WHO SHOULD CONSIDER UNDERGOING VASECTOMY

Sterilization is suitable for most men and women who are certain that they don't want more children. Vasectomy may be right choice for a couple who have had all the children they want and need a reliable contraceptive. It is particularly suitable for those couples that cannot use or do not want to use other methods of contraception.

Reasons for having a vasectomy may include:

- Completion of desired family size
- Desire for permanent contraception
- Desire to remove the burden of family planning from their partners, and
- Desire to not risk passing on a hereditary disease.



Potential vasectomy clients must be carefully screened both medically and psychologically. Medically, a man with no current local skin infections or genital tract infections, may be a candidate for vasectomy. Some conditions, including severe anaemia, bleeding disorders, and diabetes, may require extra precautions (hospitalizing the man for the operation, for example).

HOW EFFECTIVE IS VASECTOMY?

Vasectomy is 99 percent effective. There is a very small chance that a man's partner will become pregnant after he has had a vasectomy

Vasectomy is not fully effective until 3 months after the procedure. During this time you have to have at least 20 ejaculations and have a negative sperm count in the ejaculate.

You must use condoms or another method for 3 months.

Pregnancies can occur within the first year for several reasons:

- One of the most common causes of failure is unprotected intercourse shortly after vasectomy. A pregnancy may occur if a couple does not use other kind of contraception until the semen is free of sperm. During the first 3 months after the procedure, you do not always use a condom or other method during sex.
- The provider makes a mistake during the procedure (when the tubes are not completely sealed, for instance)
- The cut ends of the tubes reconnected by themselves. This reconnection usually occurs within the first three months after surgery and often follows the development of small lump or nodule where the two ends of the tube were blocked.

CONSENT AND RISKS

A consent form is a legal document, recognizing your willingness to proceed with the intended treatment. You are required to sign a consent form for the operation once you fully understand the reason for the operation and the risk involved.

All the operations have risks associated with them. All risks should be discussed with your doctor. You should understand the procedure and any available alternative treatment discussed.

Your local doctor may also be able to answer your question.

Before you give informed consent, you must understand the following points:

- Temporary contraceptives are also available for you
- Voluntary vasectomy is a surgical procedure
- There are certain risks of the procedure as well as benefits.
- If successful, the procedure will prevent you from ever having any more children
- The procedure is considered permanent and probably cannot be reversed
- You can decide against the procedure at any time before it takes place.

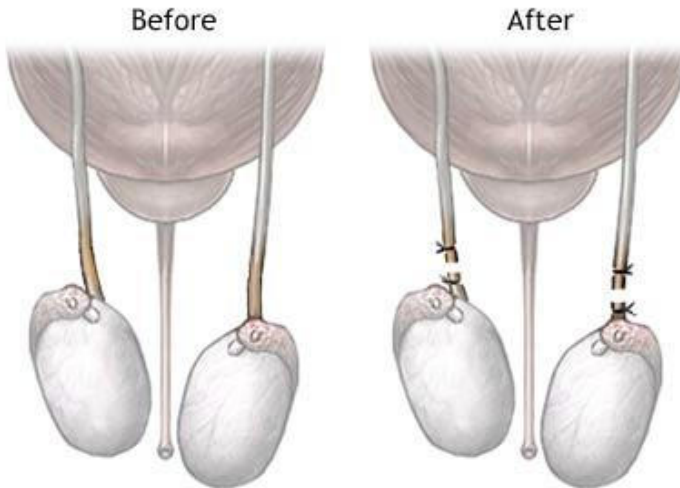
WHAT ARE THE RISKS OF VASECTOMY?

When performed under local anaesthesia and using a strict aseptic technique, vasectomy poses little risk of side effects or complications.

Infection:

Infections are a rare complication following a vasectomy. Antibiotics are not routinely used, but any incision on the body can potentially get infected. There may be some irritation and inflammation at the site of a suture that usually resolves as it dissolves. Superficial infections that may occur usually respond to oral antibiotics and conservative measures.

Infections of the epididymis and testicles can also occur after a vasectomy and will respond to antibiotics.



Haematoma,

Bleeding under the skin that may cause swelling or bruising. It usually clears on its own. Very rarely, a small blood vessel may escape into the scrotum and continue to bleed to form a clot or hematoma. A small clot will be reabsorbed over time. However, a large clot which develops after a vasectomy may cause more swelling and pain in the scrotum and may require a surgical exploration and drainage of the scrotum. This would require hospitalization and general anesthesia to evacuate the hematoma

Adhesion

Very rarely, skin attaches to the tube, or a connection is formed between the tube and skin, a fistula. This may need surgery.

Hydrocoele,

Fluid build-up in the scrotum that may clear on its own. It may need surgery

Spermatic Granuloma,

Swelling caused by leakage of sperm from the tube that usually clears on its own. It may need to be drained.

Pain.

Most men will have a small amount of discomfort in the scrotum/testicle region for a few days to a week following their vasectomy, there are some men who develop a more chronic pain in the genital region (post-vasectomy

syndrome). This may last for a prolonged period, but usually responds to warm tubs and anti-inflammatory medication.

Recanalization,

Rarely, the cut ends of the tubes may grow back together. Pregnancy may occur.

Sexual problems,

Rarely, in about 4 out of 1000 cases decreased sexual desire or inability to have an erection is reported (about 4 out of 100 cases) the most likely causes are emotional. there are no physical causes.

Testicular atrophy,

Very rarely.

LONG TERM RISKS

Most medical experts agree that vasectomized men are no more likely than other men to develop heart disease, cancer or other illnesses. However, concerns have been raised recently about the possible relationship between vasectomy and prostate cancer, a common male cancer worldwide.

Several studies have examined this issue with mixed results. These findings are of questionable significance, and the American Board of Urology has refuted these claims. There certainly does not seem to be a marked increase in the incidence of prostate cancer following a vasectomy and we encourage all men to follow the American Cancer Society

recommendations regarding screening for prostate cancer. These include a yearly rectal examination and a blood test called Prostate Specific Antigen (PSA) starting at age 50. If there is a family history of prostate cancer or the man is black, then they recommend screening starting at 40 years.

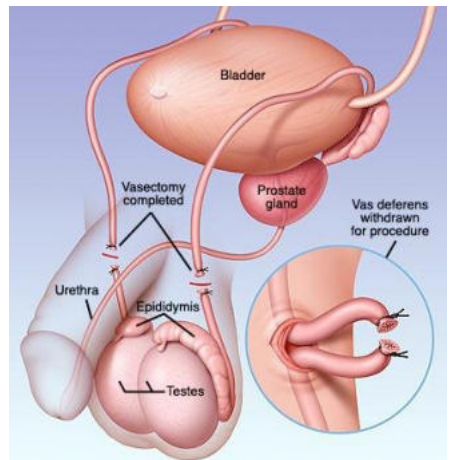
OTHER CHOICES

Counseling Concerning Alternative Methods:

If your objective is merely to space out pregnancies, or if you have even the slightest reason to believe that you might want to have children in the future, then vasectomy will not suit your purpose and should not be considered.

Other methods of birth control that may be used include:

- Oral contraceptive
- Intrauterine device (IUD)
- Diaphragm
- Condom
- Aerosol contraceptive foam
- Contraceptive cream/jelly
- Tubal ligation of female partner. The only other method that is intended to be permanent is sterilization for the woman.



REVERSALS

A vasectomy is a permanent form of sterilization.

However, a vasectomy reversal can be performed if desired.

There is an approximate 60% success rate of reversal, with success being greater if the reversal is performed within 5 years.

YOUR MEDICATION

Some medication can increase the risk of bleeding from surgery. Most of this medication is used for pain relief. Please discuss your medications with your doctor as some may need to be stopped for 1-2 weeks before your procedure.

Some aspirin containing medicines:

ALKA-SETZER	CARDIPRIN	DISPRIN
ASASANTIN	CARTIA	DISPRIN FORTE
ASPALGIN	CODIPHEN	ECORTIN
ASPRIN	CODIS	MORPHALGIN
ASPRO	CODAX	SOLPRIM
ASPRO CLEAR	CODRAL FORTE	SPREN
ASTRIX DLB	ASPRIN	VEGANIN

Blood thinning medications:

Aspirin- Asasantin SR

Enoxaparin sodium – **Clexane**

Dalteparin Sodium – **Fragmin**

Clopidogrel hydrogen sulfate- **Iscover, Plavix**

Dipyridamole – **Persantin**

Ticlopidine hydrochloride-Ticlid, Tilodene, Ticlopidine, Hexal

Warfarin – **Marevan, Coumadin**

Ibuprofen – Brufen, Neurofen

Indomethacin- Arthexin, Indocid

Ketorolac –Toradol

Some medications are taken for blood clotting. These are usually prescribed for people who have developed clots in blood vessels or lungs in the past:

WARFARIN, MAREVAN, COUMADIN, PRADAXA, XARELTO, ELIQUIS

Let your doctor know if you are taking any of these medications well before the procedure.

Some alternative therapy medications such as **fish oils**, Gingko or Glucosamine will also need to be ceased prior to your surgery. Please discuss any alternative medications with your doctor and pharmacist to determine whether they need to be ceased.

Drugs such as Paracetamol, Panadol, Panamax, Panadiene or Panadiene Forte may be taken as alternative for pain relief.

PREPARATION FOR VASECTOMY

Shave the hair of the scrotum with a razor the night before the vasectomy

Bring a scrotal support or brief underwear with you, no boxer short

Bring the signed consent with you at the time of your appointment or be prepared to sign it.

If the operation is with local anaesthetic, you don't need to be fasted, a light meal several hours before the operation is recommended

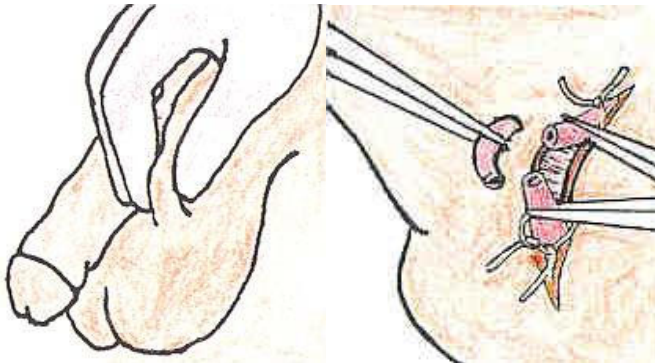
If the operation is under general anaesthetic or sedation, you need to be fasted at least for 6 hours. You need someone to accompany you.

THE DAY OF THE OPERATION

On arrival in theatre, you will be introduced to the theatre staff who will ask you some questions to confirm your identity and the operation you are to have.

HOW IS VASECTOMY DONE?

Vasectomy is done in the theatre. The doctor clean the scrotal area with antiseptic solution, followed by injection of a small amount of local anaesthetic in the middle of the scrotum and to each vas. Each vas is individually dissected and brought out of the scrotal skin. The vas deferens is cut, blocked, tied, diathermies and both ends separated in different planes to avoid the recanalization and then is replaced back in the scrotum.



I usually use a single stitch in the middle of the scrotum, it will dissolve on their own. After the procedure we do a dressing with a coating spray to protect the wound. This coating spray can sting.



DO MEN EXPERIENCE PAIN?

When the local anaesthetic is injected into the skin of the scrotum, a man will feel some discomfort. After the operation, a man is likely to feel sore for a few days, with some swelling or bruising on the scrotal skin around the incisions.

Mild analgesics can be provided for the first few days after vasectomy to relive such discomfort.

AFTER YOUR VASECTOMY

You can go home the same day. If the procedure has been done under sedation, you need someone to drive your home and to observe you for 24 hours.

You may have some pain, swelling and bruising in the area, this is normal. It usually last 2 to 3 days.

Keep your scrotal support and dressing on the next 24 hours.

You should apply an ice bag to the scrotal area during the first evening.



Normal healing of
the vasectomy

You may use paracetamol or ibuprofen for pain. If these are inadequate, call my office or go to your GP for a prescription for the pain. Do not take aspirin, it slows healing.

After 24 hours you may remove the dressing and scrotal support and take a shower. If there is any bleeding or oozing, re-dress the wound. Keep the incision clean and dry.

You may resume sexual activity in 3 days if you are feeling well.

Rest for 2 days, if possible (we tend to do this procedure on Friday afternoon to return to work on Monday).

Strenuous exercise (for example: climbing ladders, riding bicycles, yard work, playing tennis, etc.) should likewise be avoided for three days and nothing that weighs over a few pounds should be lifted. The reason for this is that engaging in these activities sometimes results in complications.

Continue to use some form of contraception until your follow-up semen analysis has been cleared.

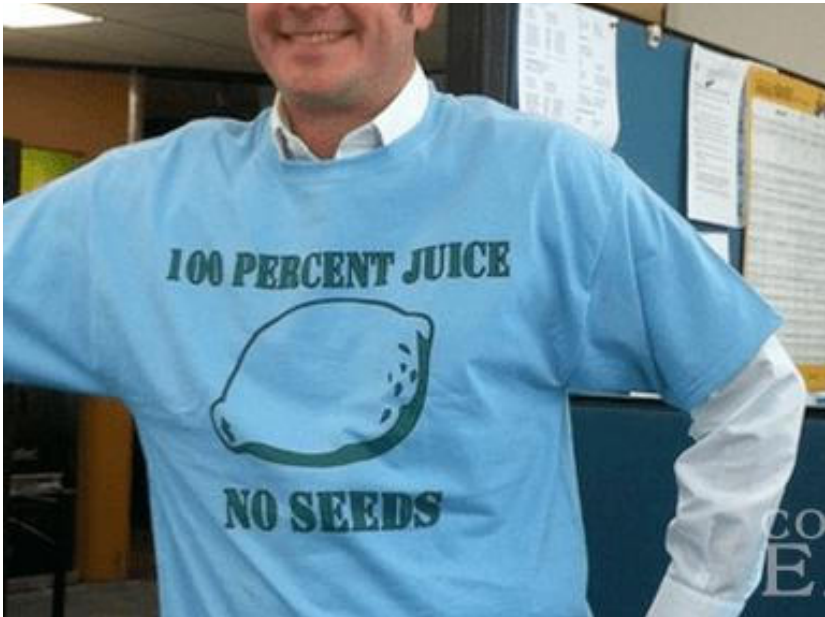
WHEN IS A MAN STERILE?

The surgical procedure is not always 100 percent effective in preventing pregnancy, because on rare occasions the cut ends of the cord may rejoin. This only occurs at a rate of approximately one to three in every 1000 vasectomies.

Furthermore, a man is not sterile immediately after the operation because there will be some active sperm can survive in the semen from the point where the cords were cut for months. This means that a man can cause a pregnancy until all sperm are out of the semen. ANOTHER FORM OF CONTRACEPTIVE MUST THEREFORE BE USED UNTIL STERILITY

IS ASSURED. To ensure sterility, a specimen of seminal fluid should be brought in for microscopic examination. The specimen must contain no sperm before unprotected intercourse is allowed.

We recommend waiting at least 3 months and approximately 20 to 25 ejaculations prior to bringing your first sample to the lab. We require 2 negative samples for sperm, at least 2 weeks apart prior to clearing you or unprotected intercourse. Occasionally, it may take up to six months or longer to flush out all of the sperm.

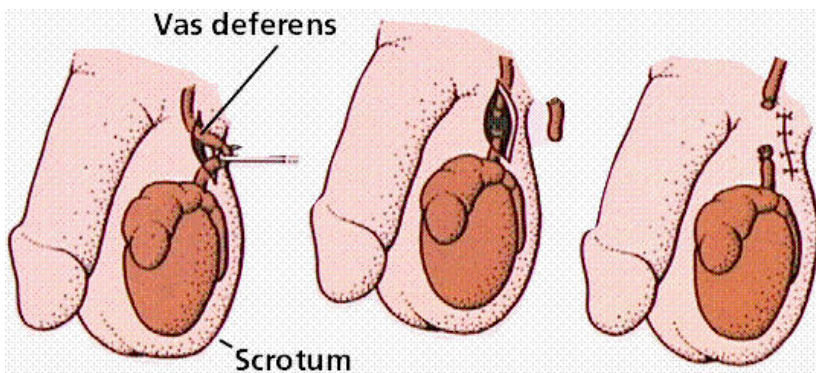


EFFECT AND IMPACT OF STERILISATION:

The purpose of a vasectomy is to prevent sperm from entering the seminal fluid so that the female egg cannot be fertilized after intercourse. Sperm cells continue to be produced in the testes but disintegrate and are reabsorbed.

However, the amount of the fluid discharged during intercourse does not decrease more than 5 to 10 percent after vasectomy. Vasectomy is to be considered a permanent birth control procedure, even though these operations can be reversed if necessary with a subsequent pregnancy rate of approximately 60 percent.

Although a vasectomy must be thought of as producing permanent sterility, the procedure is not always 100 percent effective.



A vasectomy should have no adverse effect on your sex life. Any problems that develop in relation to having sexual intercourse may result from psychological, rather than physical causes. After a vasectomy, a man's

hormones remain normal and there is no noticeable difference in his ejaculate since sperm make up only a tiny part of semen (5 to 10%) Because the sperm cannot come out after the cord is cut, like other dead body cells, the sperm disintegrate and are reabsorbed by the body.

Some men, even knowing these facts, are still anxious about what a vasectomy will do to their sexual performance. These men should not have vasectomies. Worrying about sexual performance is likely to impair a man's ability to have an erection or ejaculate, even though the production of sperm and male hormones continues.

A vasectomy is not the answer to a problem of sexual maladjustment or failing sexual powers. Therefore, if you are getting a vasectomy in hopes of improving your wife's attitude toward sex or to increase your sexual powers, you are likely to be disappointed. On the other hand, freedom from fear of producing unwanted children may improve greatly the mutual enjoyment in your sexual relations.

HOSPITAL DISCHARGE

At the time of discharge, please, ensure that you have been provided with

- A discharge letter and follow-up appointment
- An appointment
- All of your usual (and any new) medications
- Any valuables that were brought in with you
- A medical certificate if required

IN CASE OF PROBLEMS

If you develop any of the following:

- Fever (over 100F)
- Blood or pus coming from the site of the incision
- Bad pain or swelling

NOTIFY THE UROLOGIST OR ATTEND TO THE EMERGENCY
DEPARTMENT



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