

Commonwealth Urology

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Vasectomy Information Packet

What Is a Vasectomy?

Vasectomy is a minor surgical procedure in which the two vas deferens—the tubes which transport sperm—are cut to keep the sperm from traveling from the testes to the penis. This is generally accomplished through two small “incisions” in the scrotum. The doctor may perform a vasectomy either in the office or at the hospital on an outpatient basis, depending upon patient preference, comfort level and anatomy.

How Does a Vasectomy Work?

To understand how a vasectomy works, you need to know a bit about how sperm are produced, stored and released by your reproductive system. Sperm (and male hormones) are produced in the testes, which lie inside the scrotum. Sperm are then stored in the epididymis, a coiled tube that lies behind the testicle, where they mature. The sperm are carried from the epididymis to the urethra by the vas deferens. Along the way, the seminal vesicles and prostate gland secrete semen to nourish the sperm and carry them along. It is the vas deferens that is cut during vasectomy. This is the only change in your reproductive system. The testes still produce sperm, but since they have nowhere to go, they die and are absorbed by your body. Your prostate and seminal vesicles still produce fluids, so your semen does not look or feel any different. Your male hormone levels remain the same, so your hair distribution, pitch of your voice and sexual drive do not change. Furthermore, your ability to have erections or orgasms is not affected.

When Is a Vasectomy an Appropriate Choice?

- Before deciding on a vasectomy, you and your partner should have already considered other methods of birth control, including condoms, birth control pills, diaphragm, cervical cap, spermicides, Norplant, females sterilization (tubal ligation), Depo-Provera, IUD and natural family planning. Some of these methods are more effective than others, and all are effective only when used correctly.

- *A vasectomy should be considered irreversible.* Therefore, you and your partner should understand all of the facts and share in the decision. You both must be sure that you don't want any more children. Although the doctor may be able to perform a microsurgical procedure (vasovasostomy) in an attempt to restore fertility following vasectomy, this is not guaranteed to restore your ability to father a child. As an alternative, sperm banks can freeze sperm collected before vasectomy and store it "just in case", although achieving pregnancy with stored sperm is also uncertain.

What Are the Possible Risks and Complications of Vasectomy?

Even with a minor operation like a vasectomy, problems can occur.

- The most common complications during the first few days following a vasectomy are:
 1. Internal bleeding in the scrotum. Symptoms include increasing pain, excessive swelling, a large black-and-blue area or a growing mass.
 2. Infection. Some signs are fever, chills, drainage of pus from the incision site and a very painful incision sight.
- Other complications, though rare, may occur in the first few months after surgery. The most common are:
 1. Sperm granuloma is a lump at the site where the vas deferens is tied off, caused by leaking sperm. The lump usually dissolves by itself, but minor surgery is occasionally required to remove it.
 2. Congestion is a buildup of sperm in the epididymis. It may cause inflammation of the epididymis (epididymitis) and some aching about 3 to 12 weeks after a vasectomy. It usually disappears without treatment.
 3. Sperm antibodies may be formed by the body in response to absorbed sperm. There is no evidence that these antibodies are harmful, but, in large numbers, they make it difficult to become fertile again should you ever change your mind.
 4. Testicular discomfort lasting several years after the procedures occurs very rarely.
 5. Spontaneous return of fertility occurs very rarely. This occurs if the cut ends of the vas deferens reconnect (recanalization). It is usually detected by a semen examination after vasectomy, although it occasionally occurs after the semen examination has been performed.

Can a Vasectomy Cause Health Problems?

Although it has been proposed that sterilization causes prostate cancer, heart disease and other health problems, *there is no conclusive evidence that this is true.*

How Do I Prepare?

- Taking aspirin, ibuprofen or other blood thinners (i.e., coumadin) may cause unnecessary bleeding after your biopsy; this *does not* apply to acetaminophen (Tylenol). Please inform the doctor if you take such medicines, as you will need to avoid taking them for a period of time to be determined by the doctor both before and after the biopsy.
- On the day of your surgery, shower and thoroughly clean your scrotum. In addition, it is preferable that you carefully shave your scrotum.
- If the procedure is to take place in the office, eat a light snack instead of a heavy meal before the vasectomy. If the procedure is to take place in the hospital, follow the anesthesia guidelines provided.
- If the doctor has prescribed a sedative prior to the procedure, then take it as directed.
- Bring a pair of clean cotton briefs or an athletic supporter with you to the doctor's office or hospital.
- Relax—you're in good hands!

What Happens During a Vasectomy?

- You will be asked to undress and lie on the exam table.
- Sterile towels are placed over you to prevent infection.
- The scrotum and surrounding areas are gently washed.
- You are given injections of a local anesthetic in your scrotum; this helps to prevent you from feeling pain during the procedure.
- Once the anesthetic takes effect, one or two small incisions are made in the skin of the scrotum with a scalpel or a pointed clamp (no-scalpel method).
- Each of the vas deferens is lifted through the incision and cut, and a section may be removed. You may feel a "pulling" sensation during the process.
- The two ends are sealed by heat (cauterized) and then tied closed.
- The incisions may be closed with one or more stitches that will gradually dissolve.
- Antibiotic ointment is applied to the incision sites.
- The doctor will suggest that you wear the briefs or athletic supporter that you brought with you.

What Should I Do and Might I Expect Afterward?

- If you have been sedated, have someone drive you home.
- The local anesthetic begins to wear off after an hour or so. Any discomfort you feel is usually mild. If you need it, take the pain medication prescribed for you by your doctor. Stay off your feet as much as possible for the first two days to lessen the chance of swelling. An ice pack or bag of frozen peas can help keep swelling down.
- Wear snug cotton briefs or an athletic supporter for support.
- Wait 48 hours before bathing.
- Depending on your occupation, you may return to work on the day following the procedure. In fact, many men prefer to take the day following the vasectomy off.
- There should be no jogging, lifting over 10 pounds, sports activity or straining of any kind for 10-14 days following the procedure and non until you have no groin or scrotal discomfort,
- Sexual activity can commence one week after surgery if there is no significant swelling or discomfort but **REMEMBER YOU MUST USE BIRTH CONTROL UNTIL I CLEAR YOU. YOU ARE NOT STERILE UNTIL I HAVE SEEN TWO SAMPLES OF YOUR SEMEN THAT CONTAINS NO SPERM.**
- For about a week, your scrotum may look bruised and slightly swollen. You may have a small amount of bloody discharge from the incision sites. You may also feel a little pain. These symptoms are *normal*.

Under What Circumstances Should I Call the Doctor?

- If your temperature rises above 101°F.
- If you have nausea, vomiting or shaking chills.
- If you develop a reaction to your medication such as skin rash, nausea or vomiting.
- If you feel that there is internal bleeding in the scrotum.
- If you feel that you are developing an infection.

What About Sex after a Vasectomy?

It is *absolutely essential* that you continue to use some other method of birth control after your vasectomy until the Doctor or the Medical Assistant informs you that your sperm count is zero. To make certain that no sperm is left in your semen, you'll need to have at least two post-operative semen examinations. This is because some sperm remain in the upper part of the reproductive system after a vasectomy, and it takes several weeks and numerous ejaculations before the semen is completely free of sperm. The specimens will be analyzed about six weeks after the vasectomy and again about three months after the vasectomy. You will collect the semen at home (in the specimen cups that were provided by the doctor), and bring it to us no later than 4 hours after collection. After you have been informed that you are sterile, you no longer need another form of birth control.

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Request For Sterilization

I, _____ (Name of Patient) hereby freely and voluntarily request that Dr. John J. Basile/ Dr . Sunil V. Patel and assistants of his choice perform a surgical sterilization procedure upon me, known as bilateral vasectomy (cutting the tubes that carry sperm).

This procedure will be performed at _____. During the procedure, the doctor may perform any other procedure(s) that his professional judgment may dictate necessary during the above procedure. In making this request I act of my own volition and accord and am not under any duress or compulsion from anyone, and hereby represent that I am competent to give consent.

A full and reasonable comprehensive medical explanation of the vasectomy procedure has been provided to me, and discussion of alternative methods of contraception have also been addressed. I completely understand the nature and the consequences of the procedure and that the procedure is intended to result in the termination of my ability to produce children.

In the event that the surgical sterilization procedure is to be performed prior to thirty days from the date of this consent or request, I hereby certify that I have become heretofore a natural or an adoptive parent of a child.

I have given thoughtful consideration to the advisability of the procedure referred to above, and I am fully cognizant of the permanent sterility intended but not guaranteed to result from such a procedure.

Date: _____ Patient's Signature: _____

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Dr. Basile/Patel has spoken to me and explained all aspects of having a vasectomy. Among the things that he explained is that it must be considered a permanent procedure for practical purposes. Aspects of pain, the rare occurrence of extended long-term discomfort in the operative area, formation of sperm granuloma, and the possibility of bleeding both from the wound edge and intrascrotal bleeding, as well as the possibility of an infection and sexual aspects were also discussed. He explained it was most likely that there would be no delayed side effects.

Specifically, he has gone into detail explaining that in spite of a technically excellent vasectomy, recanalization may occur. By that, I understand that a regrowth of the two ends of the vas into continuity such that fertility returns is also a possibility. He has explained that delayed recanalization may occur, whereby the recanalization may occur even months or years after a vasectomy.

I understand that I will not be considered clear until Dr. Basile/Patel has seen two semen specimens that have shown no evidence of sperm.

Dr. Basile/Patel has also made me aware of published papers which raise questions regarding the possibility of a relationship between a vasectomy and prostate cancer.

I have read the above and have been given an opportunity to ask any questions. I give informed consent to the performance of a vasectomy.

Date: _____ Patient's Signature _____

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Consent for a Vasectomy

I, _____ (Name of Patient), hereby freely and voluntarily request and authorize Dr. John J. Basile/ Sunil V. Patel to perform on me the operation known as bilateral vasectomy. In making this request, I am acting under my own free will. My actions are not the result of duress or compulsion from anyone. I am competent and of legal age (18 years of age or older) to make this request.

I understand that bilateral vasectomy means the removal or division of a segment of each vas deferens, each of which conducts sperm. Moreover, the purpose of this operation is to cause me to be sterile; that is, I will be rendered unable to produce children by causing pregnancy in a female partner. Furthermore, by undergoing this operation, I am knowingly expressing my preference for surgical sterilization as a means of contraception over any other known conventional methods.

I agree that I will present specimens of my semen as requested by Dr. Basile/Patel following the operation so that the absence of sperm in the semen can be established. I understand that contraception should not be abandoned until I am advised by Dr. Basile/Patel, or by one of their assistants. The operation is intended to be irreversible, however it may not have this effect; that is, the result of sterility is not guaranteed, and I may not be sterile as a result of the operation. I hereby forever release guaranteed that I may not be sterile as a result of the operation.

I hereby forever release and agree to hold harmless Dr. Basile/Patel from any and all claims arising our of or connected with the performance of this operation.

I have read the provided Vasectomy Information literature that describes the procedure, complications and post-operative suggestions.

Date: _____ Patient or Guardian: _____

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Post Vasectomy Instructions

- 1) Wear your athletic supporter over your underwear for a minimum of 24 hours following the vasectomy.
- 2) Ice should be applied to the scrotal area over the jock strap and not applied directly to the skin.
- 3) You can shower 48 hours after the vasectomy, but you are not to take a bath for seven days.
- 4) Sexual activity can commence one week after surgery if there is no significant swelling or discomfort, but **REMEMBER YOU MUST USE BIRTH CONTROL UNTIL I CLEAR YOU. YOU ARE NOT STERILE UNTIL I HAVE SEEN TWO SAMPLES OF YOUR SEMEN THAT CONTAIN NO SPERM.**
- 5) There should be no jogging, lifting over 10 pounds, sports activity or straining of any kind for 10-14 days following the procedure and none until you have no groin or scrotal discomfort.
- 6) Spend the remainder of the day following your vasectomy in your easy chair or bed.
- 7) It is not unusual to have mild bleeding from the skin edge or the incisions after this procedure. If this occurs, hold pressure for a period of five minutes. This is usually effective in stopping the oozing. It is very common to have a small intermittent discharge from the incision, which will be noticeable on your underwear, until the sutures have completely dissolved. This generally takes between 7 and 18 days to occur.
- 8) If you have any significant bleeding (example, scrotum swells to the size of a softball), you are to contact my office immediately and either myself or the physician on call will respond to your needs.
- 9) It is helpful to apply antibiotic ointment (example, Bacitracin or Neosporin) to the incision sites twice a day until the suture material has dissolved.
- 10) You are to arrange for a follow-up visit with me in 10 to 14 days so that I can inspect the incision and remind you again to bring semen samples every 6 to 12 weeks from the date of the vasectomy until 2 consecutive samples show no sperm. Once I have cleared you, I would be happy to check your semen sample once a year to make sure that you have not re-canalized (that is, had a spontaneous re-hook-up of your vas tube). If this is desired, please call the office to schedule a follow-up appointment and bring your sample in with you (no more than 4 hours old).

I have read above and understand these instructions. I have been given the opportunity to ask Dr. Basile/Patel any questions regarding my after care.

Date: _____ Patient's Signature _____

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I have read and above and understand these instructions. I have been given the opportunity to ask Dr. Basile/Patel any questions regarding my after care.

Date: _____ Patient's Signature: _____

PATIENT'S COPY

Information Regarding Vasectomy Reversals

During a 9-year period, 1,469 men who underwent microsurgical vasectomy reversal procedures were studied at 5 institutions. Of 1,247 men who had first-time procedures sperm were present in the semen, in 865 of 1,012 men (86%) who had postoperative semen analyses, and pregnancy occurred in 421 of 810 couples (52%) for whom information regarding conception was available. Rates of patency (return of sperm to the semen) and pregnancy varied depending on the interval from the vasectomy until its reversal. If the interval had been less than 3 years patency was 97% and pregnancy 76% , 3 to 8 years 88% and 53%, 9 to 14 years 79% and 44% and 15 years or more 71% and 30%. The patency and pregnancy rates were no better after 2-layer microsurgical vasovasostomy than after modified 1-layer microsurgical procedures and they were statistically the same for all patients regardless of the surgeon. When sperm were absent from the intraoperative vas fluid bilaterally and the patient underwent bilateral vasovasostomy rather than vasoepididymostomy, patency occurred in 50 to 83 patients (60%) and pregnancy in 20 to 65 couples (31%) Neither presence nor absence of a sperm granuloma at the vasectomy site nor type of anesthesia affected results. Repeat microsurgical reversal procedures were less successful. A total of 222 repeat operations produced patency in 150 and 199 patients (75%) who had semen analyses and pregnancy was reported in 52 and 120 couples (43%).

Keywords: Vasectomy, Vasovasostomy, sterilization reversal