



## **VASECTOMY**

### **Description of Procedure:**

Vasectomy refers to voluntary or "elective" surgical disruption of the vas deferens to render a man sterile. The vas deferens are the tubes that allow transport of sperm from the testicles to the urethra to be emitted in the ejaculate. The vasectomy typically takes about 20 minutes to complete. Prior to starting the procedure, your scrotum will be cleaned with a sterilizing solution. Local anesthesia will be injected into the area of the scrotum where the procedure is performed. Although you might feel some pressure or mild pain during the procedure, you should not experience any significant pain. In most instances, very small incisions (one centimeter or less) are made on the left and right side of the scrotum. Some surgeons prefer one incision in the middle of the scrotum. Each vas deferens is located, separated from surrounding tissue, and divided. According to the surgeon's preference, a short segment of the tube can be removed as well. The ends are then either tied with suture and/or burned with electrocautery. The ends of the vas deferens are then placed back into the scrotal sac and the incisions are closed. The suture material used on the skin is self-dissolving and will just fall out on its own after 1-2 weeks. It is not necessary to place a dressing over the incision sites, but placing a clean gauze or pad against the scrotum will help to keep your underwear or scrotal support clean.

### **Preparation for Vasectomy**

Prior to your procedure you should:

1. Shave your scrotum at home in the morning prior to coming to the office for your procedure
2. Wear or bring a jock strap or tight underwear to your procedure
3. Have ice or ice substitute (frozen peas) ready at home for after your procedure
4. Stop aspirin, NSAID's 5-7 days prior to your procedure. If you are taking any other blood thinners such as coumadin or Plavix, please contact your primary care provider to discuss stopping these medications prior to the procedure

### **Post Procedure**

Swelling and bruising after the procedure is common and expected and occurs in varying degrees among different patients.

1. You should apply ice to the area as soon as you return home for several hours.
2. You should wear a scrotal support or tight supporting underwear for 7-10 days.

3. We strongly encourage you to take the following day off of work and perhaps more of if your occupation requires strenuous activity or heavy lifting.
4. In the first 24-48hours, it is to your advantage to minimize activity and spend a lot of time lying down. No lifting anything heavier than a TV remote.
5. You may shower on the day following the procedure.
6. You should refrain from exercise for about 2 weeks
7. Sexual activity can be resumed within a few days. **YOU ARE NOT CONSIDERED STERILE UNTIL THERE ARE NO SPERM IN YOUR EJACULATE** (see below)
8. You will need to provide semen analysis 3 and 4 MONTHS after your procedure to confirm that sperm are absent from your ejaculate.

Some patients have almost no discomfort while others are somewhat uncomfortable for a few days to a week. Severe pain is unlikely but possible. We may provide you with a prescription for pain medication but you certainly may take an over the counter medication to which you are not allergic.

### **Expectations of Outcome**

Contrary to what many people believe, you will not be sterile immediately after the procedure. This is because sperm can reside in the area where the vas deferens was cut or further along the pathway in the prostate or seminal vesicles. Until all the sperm have been ejaculated, you may still remain fertile. It often takes anywhere from 10-12 ejaculations following a vasectomy for the sperm to disappear from the ejaculate. To make sure you are infertile, we require that you perform a semen analysis 3 months after the vasectomy to confirm that no sperm are present in the ejaculate. Until you have this done, you should not consider yourself infertile and should take measures to prevent an undesired pregnancy.

Sperm contributions make up only about 1-2%% of the total ejaculate volume. Following a vasectomy, there should be no sperm in your ejaculate and there should be no visible changes to your ejaculate consistency or volume. You should not notice any changes in your sexual drive or erections after a vasectomy. Although a vasectomy may be reversible, it is considered a permanent form of sterilization. Reversal procedures are technically challenging and are about 90% successful in observing sperm again in the ejaculate. Careful consideration should be taken prior to undergoing an elective vasectomy

Call the Washington Urology office at 703-717-4200 once you have done the semen analysis to review the results.



## **Risks and Complications:**

As with any surgical procedure, there are always inherent risks of complications. Some of the complications associated with vasectomy are listed below.

Failure: As mentioned, a vasectomy may fail. This is rare and occurs less than 1% of the time by national average. In immediate failure, the patient never has semen analysis that demonstrates "no sperm". A delayed failure would mean that at one time, there were no, or few sperm but subsequently there were increased sperm again in the ejaculate. There are different reasons for each. Failure requires that the procedure be repeated.

Inability to Complete Procedure: There are rare instances when a patient's anatomy makes it impossible to continue with an intended procedure (in the office) without causing too much discomfort or compromising the success or safety of the procedure. In this instance, we would stop and recommend that the procedure be rescheduled in the hospital with anesthesia.

Hematoma: This is when a small blood vessel continues to ooze or bleed after the procedure is over. The result is greater swelling and bruising. Drainage of a hematoma is very rarely necessary and it almost always resolves over time with rest and compression. If this occurs, it generally happens within the first 24 hours after the procedure.

Infection: Infection is possible in any procedure. Usually, local wound care and antibiotics are all that is necessary. Opening the wound to drain the infection may be necessary if more conservative measures fail.

Chronic Pain: As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. Approximately 1/2000 patients (0.05%) will experience pain that persists. This is rare and would tend to disappear in time. If persistent, further evaluation may be necessary.

**Call Washington Urology at 703-717-4200 with any questions or concerns.**