



IMPORTANT!! PLEASE read this information packet prior to your appointment.
If you have any questions, call us at (817) 784-UANT.

VASECTOMY INFORMATION

This information sheet has been designed to help you understand the details of a vasectomy: the indications for this procedure, the success and failure rates, the alternative forms of contraception, the possible complications, and what to expect during and after the procedure.

WHAT IS A VASECTOMY

A vasectomy is a small surgical procedure designed to permanently block the flow of sperm from the testicles to “the outside”. A vasectomy is indicated in those situations where a couple desires to have no more children, and should always be considered a permanent form of birth control (sterilization). This procedure can be performed in any man except those with severe bleeding problems, and can usually be accomplished in a doctor’s office. Vasectomy is a popular, time honored method of pregnancy prevention because it is simple, safe, highly effective, and relatively inexpensive.

WHAT ARE THE ALTERNATIVES TO A VASECTOMY

The most popular alternative to a vasectomy is female sterilization- a tubal ligation. Unless performed at the same time as another surgical procedure (such as C-Section), tubal ligation requires anesthesia and is more expensive than a vasectomy. Like a vasectomy, tubal ligation is safe and highly effective. Other methods of birth control available in this country include the birth control pill, hormonal implants (Norplant), depot hormone injections (DepoProvera), hormone patches, barrier methods (diaphragm or condom) with spermicide, vaginal sponge, intrauterine device (IUD), and emergency contraception (morning after method). Each method has its own effectiveness, safety and cost; none are quite as effective as permanent sterilization.

HOW EFFECTIVE IS A VASECTOMY

While there are no absolute guarantees in any medical endeavor, most large studies show that vasectomy results in permanent sterilization in over 99% of patients. The pregnancy rate in large studies of vasectomized men is between 0.2% and 0.05%.

HOW DO I PREPARE FOR THE PROCEDURE

It is important to avoid aspirin or other medications that thin the blood for 7 days prior to the procedure. Bathe or shower normally on the day of the procedure and clean the genitals very well. Unless otherwise instructed do not shave your scrotum. Bring an athletic supporter with you to the office, and arrange for someone to drive you home after the procedure. Plan on spending the rest of the day at home resting in a bed or chair.

WHAT IS INVOLVED IN THE ACTUAL PROCEDURE

A no scalpel vasectomy is performed by first anesthetizing the skin of the scrotum with a small shot of lidocaine or other local anesthesia. The medication will cause a small, short burning sensation and then the tissue will be numb. A small incision is then made in the skin, and the vas is lifted up with instruments. A small section is cut out and the cut ends are cauterized. Usually both the right and left vas can be managed through a small hole in the center of the scrotum, and usually no stitches are required to close this very small hole. The entire procedure usually takes 15 minutes.

Your physician may perform a traditional vasectomy. The difference involves the location of the incision, and the method of occlusion- some physicians employ clips or stitches. Some physicians prefer to close the skin with stitches.

WHAT CAN I EXPECT AFTERWARDS

You should plan to go home and rest for 18 hours. A slight amount of aching or discomfort is common, and you will be prescribed a mild pain killer. An ice pack may be helpful for the first 24 hours, and can be achieved with a bag of frozen peas. Bruising of the scrotal skin is common and may take several days to dissipate. Sometimes a small lump may form on one side of the scrotum; this is not a cause for concern, but may take several weeks to completely subside. If you have no or minimal swelling you can resume normal activity the following day. Wear the athletic supporter as needed. You may bathe or shower normally the day following the procedure. Refrain from sexual activity, exercise, or lifting greater than 30 pounds for 1 week. Remember: it takes several ejaculations for the sperm to be completely washed out of the vas, so you are not considered sterile after the vasectomy. **YOU MUST CONTINUE TO USE ANOTHER CONTRACEPTIVE METHOD UNTIL OUR OFFICE HAS TOLD YOU THAT IT IS SAFE TO DO OTHERWISE.**

The current standard for sterility is the absence of sperm from your semen on two occasions, on two separate days. We advise performing the first check no sooner than six weeks following the vasectomy. You will be given instructions for how, where, and when to bring your semen specimen at the time of the procedure.

WHAT ARE THE POTENTIAL COMPLICATIONS

Bleeding in the scrotum is the most common complication and occurs in about 1% of procedures. Other possible complications include infection, a chronic pain syndrome, failure to produce a sterile state resulting in pregnancy, and loss of the testicle. All of these complications occur in less than 1% of cases.

A vasectomy does not affect hormone levels, sexual desire, size of the testicles, erection quality, distribution of body hair, or semen volume significantly. In 1992 a study was published implicating a possible link between vasectomy and prostate cancer. Subsequent well controlled studies have failed to demonstrate any increased risk of prostate cancer in men who have had a vasectomy.

REVERSAL

A vasectomy can be reversed by a technique called vasovasostomy. The overall success rate is that 90% men have sperm in the ejaculate, and 50% achieve pregnancy. Obstruction of the vas for a prolonged period is thought to impair sperm quality.

DOES MY WIFE NEED TO SIGN THE CONSENT FORM?

While not required, we request that your spouse sign the consent form to confirm her understanding that the procedure is intended to result in permanent sterility.

QUESTIONS

If you have any questions that are not addressed by this literature please contact your UANT physician or nurse. Each physician may have slightly different preferences or postoperative instructions.

ATTESTATION

I have read this information, understand its contents, and have been given an opportunity to have all of my questions answered.

Signature

Date

Printed Name

CONSENT FOR VASECTOMY

To the patient: you have the right as a patient to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

I voluntarily request _____ as my physician, and such associates, technical assistants and other health-care providers as they may deem necessary, to treat my condition which has been explained to me as **desiring sterilization**. I understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures: **bilateral vasectomy**.

I understand my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician and such associates, technical assistants and other health-care providers to perform such other procedures which are advisable in their professional judgment. I do / do not consent to the use of blood and blood products as deemed necessary. I understand that certain risks and hazards may result from the transfusion of blood and blood components, including fever; transfusion reaction which may include kidney failure or anemia; heart failure; hepatitis; AIDS (Acquired Immune Deficiency Syndrome); other infections. **I understand that no warranty or guarantee has been made to me as to result or cure.** Just as there may be risks and hazards and continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure:

blood loss, failure to sterilize/produce a sterile state, infection, scrotal hematoma, loss of the testicle, epididymitis, chronic testicular pain syndrome. I understand that any complication may require further treatment, which may include medications, hospitalization, and even surgery. I understand that recanalization or rejoining of the vas ends may occur spontaneously in a small percentage of cases creating a situation in which sterility is not achieved.

I understand anesthesia involves additional risks and hazards but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I realize that anesthesia may have to be changed possibly without explanation to me. I understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage, or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain. I have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non treatment, the procedures to be used, and the risks and hazards involved and I believe that I have sufficient information to give this informed consent

I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in and that I understand its contents.

I consent to the evaluation of any removed tissue by a pathologist.

I understand that I am not considered sterile until two consecutive postoperative semen analyses have confirmed the absence of sperm. I understand and intend that alternate contraception must be used until I have been told by this office that no sperm are present on the specimens.

Patient or legal representative

Date/Time

Witness

Date/Time

SPOUSE CONSENT

I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of this operation my husband may/is intended to be sterile. I understand that this fact must be confirmed by postoperative analyses.

I have had an opportunity to have any questions answered.

Spouse

Date/Time