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VASECTOMY INSTRUCTION SHEET

PATIENT: _____ DATE: _____

PREPARATION FOR VASECTOMY (Please initial next to each section to acknowledge)

	Shaving Scrotum - Please shave the area that was indicated during your consultation the night before, or the day of the vasectomy. Don't use an electric razor, hair remover, or aftershave on the scrotum. Bathe after shaving and remove any loose hairs from the scrotum and penis. Wear clean underwear for the vasectomy.
	Athletic Supporter – Bring a suitable sized jock strap with you.
	Consent Form - Bring the signed consent form with you. If a friend or neighbor has not witnessed it, this can be done at the office.
	Meal – A light snack or liquids is preferable to any heavy food before the procedure
	Dress – Wear or bring loose-fitting pants or shorts

POST-VASECTOMY MANAGEMENT (Please initial next to each section to acknowledge)

	Dressing - Dressing should be changed when stained or soiled. Small sterile gauze squares are available at any drug store. They can be removed when the dressing is dry or there is no stain, which usually occurs within a day or so.
	Athletic Supporter - The supporter keeps the scrotum from moving, reduces discomfort, and secures the ice pack in place. It can be worn as long as comfortable, usually a minimum of 48 hours.
	Bathing - You can typically start bathing or showering the day after vasectomy. It is better to avoid rubbing with a towel, and use a pat-like motion to dry the scrotum.
	Healing - The small incision will heal with a minimal scar and will become almost invisible, especially to others.
	Pain - After the local anesthesia wears off (within a few hours), there may be some mild discomfort that varies by person. This may be treated with Advil, or similar pain medication, every four hours. Your doctor may advise crushed ice in a plastic bag inside the supporter and over the dressing. This will provide relief.
	Physical Activity - Bed rest on the day of and day after the vasectomy is recommended. Usually daily activities can be resumed two days after the vasectomy unless vigorous physical activity or exercise is involved. Then the general guide is to avoid these activities for one week.
	Sexual Activity - Sexual activity can begin in one week. The first few ejaculations can cause a dull ache in the testicles but this gradually disappears. Living sperm still reside in the vas, and other sexual organs. Until this storehouse of sperm is eliminated by repeated ejaculations, contraceptive precautions are absolutely necessary. A semen sample is requested approximately eight weeks following the procedure. Please schedule an appointment to bring in a specimen. You must bring in the specimen within one hour of collection.

YOU CANNOT BE CONSIDERED STERILE UNTIL NO SPERM ARE SEEN IN THE SEMEN SPECIMEN.

I am aware that I will be responsible for any co-insurance, co-payment, and any deductible not met. This will be collected by **cash, Visa, Mastercard, American Express, or Discover** at the time of my scheduled procedure.

I also consider myself informed that there will be charges for the processing two semen analyses. This fee will be billed to me by the processing laboratory, and I will be responsible for making payment for those services directly to that laboratory.

PATIENT SIGNATURE: _____

WITNESS SIGNATURE: _____

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SHELDON J. FREEDMAN, MD, F.A.C.S
Diplomate American Board of Urology

NO SCALPEL VASECTOMY

Vasectomy is a male sterilization procedure that works in preventing pregnancy by blocking each vas deferens, thereby stopping the passage of semen. A vasectomy should be considered a permanent means of voluntary sterilization. It should be considered as a means of birth control in men who are certain that they do not wish to father any more children.

Vasectomy is not castration, and will ordinarily not cause health problems or affect a man's ability to have erections, sexual activity, or ejaculations. Vasectomy does not affect male hormone production and does not interfere with an individual's masculinity. Sexual problems that do occur are most always due to an emotional reaction to the vasectomy rather than the physical change.

Vasectomy is almost always effective, although worldwide vasectomy failure is felt to occur in 8 out of 1,000 cases. In these instances, either the operation is unsuccessful, or the cut ends of the vas deferens manage to spontaneously reconnect.

Some recent studies have suggested a possible association between vasectomy and a future development of prostate cancer. These studies are felt to be somewhat inconclusive and further studies are underway to address this issue. From a biologic standpoint, however, it does not appear that vasectomy is related to the subsequent development of prostate cancer. The Association of Voluntary contraception and the American Urologic Association thus far have not altered their recommendations regarding vasectomy because of this recent report.

Vasectomy is a relatively safe procedure that is performed in the physician's office, and in most instances, under local anesthesia. During the actual vasectomy procedure, the scrotum is first cleansed and a local anesthetic is injected into the skin of the scrotum to cause temporary numbness. The paravasal nerve block should prevent any sensation of sharp pain during the procedure.

Once the anesthetic has taken effect, the no scalpel technique is employed to create a small puncture in the mid-portion of the scrotum. The vas deferens, or the sperm carrying tubes, are then gently lifted out of the scrotum. The tubes are divided, cauterized, and permanently sealed. Depending on the surgeon's preference, the segment of each vas deferens that is removed is sent to the lab for confirmation. The puncture site in the scrotum is usually so small that stitches in the skin are not usually required at the completion of the procedure to close the wound. Following the procedure, there will be some swelling around the puncture site and the scrotal skin may be bruised. A scrotal supporter and ice packs are recommended after the procedure. Most men will refrain from heavy physical labor for a period of three to five days after a vasectomy. Most men are able to return to work 72 hours after the procedure has been completed, although this does depend on the type of work performed. In general, most patients will experience some discomfort after the vasectomy procedure which can be controlled with the use of oral analgesics.

On the average, it takes between 10 and 15 ejaculations to clean the sperm remaining in the ducts. Approximately eight to ten weeks after a vasectomy, a semen analysis is ordinarily performed. Most men prefer to wait a few days before attempting to have sexual intercourse due to the discomfort. Sexual activity, however, is permissible once the discomfort subsides. Until two semen analyses are noted to be negative for sperm (approximately 8 to 10 weeks), other forms of contraception should be used. If the semen analysis continues to show sperm for more than three months or 20 ejaculations after a vasectomy, failure is suspected.

The no scalpel technique has been instrumental in decreasing the number of complaints that occur with vasectomy and also reducing the degree of post op discomfort that most patients experience. Complications that occur are

usually minor and easily treated. The surgical risks include a small chance of bleeding, infection and sperm granuloma formation. A sperm granuloma is felt to be an inflammatory response.

In some cases, antibodies against sperm will develop after vasectomy. The antibodies are not felt to cause any medical problems in humans; however, they can be a problem for a man who elects to have a vasectomy reversal procedure. In addition, they can be responsible for the inability for some men to father children after vasovasostomy (vasectomy reversal).

Sperm production continues by the testicles following vasectomy, however, because sperm does not mix with ejaculate fluid, they will generally die and become reabsorbed.

Only approximately 2% of the total seminal fluid in the ejaculate contains sperm. The remaining 98% of the semen that is manufactured by the prostate and seminal vesicles will be unchanged by vasectomy. Most individuals will not notice a difference in ejaculate volume after vasectomy.

It is possible for the cut ends of the vas deferens to spontaneously rejoin following vasectomy. This is called recanalization and is the most common cause of vasectomy failure. When a failure occurs, then another operation is needed to insure sterility.

In some instances, due to the change in marital status or due to change of mind, vasectomy can be reversed in an attempt to restore fertility. Unfortunately, this operation is a very difficult procedure, and the success rate at restoring fertility in most studies is only about 50%. The odds are even lower for men who have had vasectomies years prior to a decision for reversal. A vasovasostomy requires microsurgery, is not covered by most insurance companies, and requires considerable expense and discomfort. There also is no guarantee that following this procedure a man will be able to father a child.

It should be emphasized that vasectomy should only be performed on a man who is certain he does not wish to father any more children. Sperm banking and frozen storage of semen in combination with a vasectomy is not an acceptable temporary contraceptive method.

Male sterilization will not solve serious marital issues or sexual dysfunction. It also should be noted that other contraception methods are currently available. Vasectomy should only be considered by individuals interested in a permanent method of surgical contraception.

Vasectomy, at the present time, is covered by most insurance carriers. However, an individual considering vasectomy should discuss this with his insurance carrier prior to the procedure to make sure that it is covered.

In summary, the no scalpel vasectomy has significantly reduced the complications associated with vasectomy in those individuals desiring permanent male sterilization.

I have read and understand the above information. I also have been informed that there will be charges from an outside laboratory. Your insurance information will be sent to the lab with your specimen but any remaining balance will be your responsibility.

Patient Signature: _____ Date _____

Witness Signature: _____ Date _____

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