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NO-SCALPEL VASECTOMY INSTRUCTIONS/CONSENT

I. Purpose of the operation

Vasectomy is the process of dividing the vas deferens (the tube carrying sperm from the testicle to the prostate) in order to prevent conception. It is the most common method of male contraception in the U.S. where approximately 50,000 vasectomies are done yearly. Vasectomy prevents a pregnancy by simply interrupting the delivery of the sperm, it does not change the hormonal function of the testis. Sexual drive, ability, and male characteristics remain intact. Vasectomy will not change your beard, muscles, sex drive, erections, orgasms, or voice. Since most of the semen is composed of prostatic fluid, the amount of semen will not change and it will look the same. Some men feel that sex is more enjoyable and relaxed without the worry of an unwanted pregnancy or the bother of other birth control methods. Vasectomy is thought to be the most reliable form of permanent male sterilization.

The intent of this operation, known as a bilateral partial vasectomy, is to render you sterile (unable to cause pregnancy). There is only a 50 to 70% chance of reversing the state of sterility once achieved. You must be sure that you do not want to father a child under any circumstances. It is important to discuss vasectomy with your partner, consider other forms of birth control, talk to friends or relatives who have had the procedure, and make the decision as a couple. Consider what an unplanned pregnancy might mean to you or your partner. Talk to your doctor; a nurse or a family-planning counselor if necessary.

II. Common reasons for having a vasectomy

1. You want to enjoy sex without worrying about pregnancy.
2. You do not want to have more children than you can care for.
3. Your partner has health problems that might make pregnancy difficult.
4. You do not want to risk passing along a hereditary disease or disability.
5. You and your partner cannot, or don't want to, use other forms of birth control.
6. You want to save your partner from the surgery and expense involved in having her tubes tied.

III. When a vasectomy may be the wrong decision

1. If your current relationship is not permanent.
2. If you are doing it just to please your partner and are not certain you really want it.
3. If you are under a lot of stress.
4. If you are counting on being able to reverse the procedure at a later time.

IV. Reasons to choose no-scalpel instead of conventional vasectomy

1. No incision.
2. No stitches.
3. A faster procedure.
4. A faster recovery.
5. Less chance of bleeding and other complications.
6. Less discomfort.
7. As effective as the conventional method.

V. Nature of the operation

The technique of no-scalpel vasectomy was developed in 1974 by a Chinese physician, Dr. Li Shunqiang, and has been performed on over 8 million men in China. No-scalpel vasectomy was introduced in the United States in 1988 and is now used by many physicians who have mastered the technique. The operation takes approximately 15 to 20 minutes and is safe and simple.

Vasectomy is an operation and as such has some risks such as bleeding, infection, and pain but serious problems are unusual. There is always the small chance of the tubes rejoining themselves. That is why semen analyses are necessary. There have been some controversies in the past about the long-term effects of vasectomy, but there are no proven long-term risks.

Sperm is made in the testicles and travels from there through the tube called the vas deferens into the body where it enters the prostate gland. The semen is made in the prostate gland and mixes with the sperm. The prostate is connected to the channel in the penis through which the sperm and semen are ejaculated. In bilateral partial vasectomy, the vas is blocked, by dividing and sealing it, so that sperm cannot reach the prostate gland. Without sperm in the semen, a pregnancy cannot occur.

No-scalpel vasectomy is different from a conventional vasectomy in the approach used to reach each vas deferens and block them from transporting sperm. An improved method of anesthesia helps make the procedure less painful. After injecting the scrotal skin and each vas with a local anesthetic, we use a special vas-fixation clamp to encircle and firmly secure the vas without penetrating the skin. One tip of a sharp curved clamp is used to puncture the scrotal skin in the middle of the scrotum. The tips of the clamp are separated, opening the skin as if spreading the weaves of a fabric. Each vas deferens is

exposed, lifted out, divided and sealed with electrocautery. A segment may or may not be removed. No sutures or clips are used. Because there is no incision there is very little bleeding. The skin wound contracts to a few millimeters in size, does not need sutures, and heals quickly with no scarring.

In a conventional vasectomy the physician may make one or two incisions with a knife, apply clips, suture or electrocautery to seal each vas, and use sutures to close the skin incisions. Compared to the traditional incisional technique, the no-scalpel vasectomy usually takes less time, causes less discomfort because there is less manipulation and trauma to the scrotum and tissues, and may have lower rates of bleeding and infection. Recovery following the procedure is usually complete in about 3 days. Hard work or straining (athletic pursuits, heavy lifting) is not recommended for at least 3 days. Most patients should wait to have intercourse for one week, or until no discomfort is felt when sexually aroused.

It is important that you do NOT have unprotected intercourse until the absence of sperm in the ejaculate has been confirmed with a semen analysis on TWO separate but consecutive occasions.

VI. Anesthesia for the operation

The operation will be performed under local anesthesia. The skin of the scrotum and the nerves to the tubes to be severed will be numbed with injection of an anesthetic such as Lidocaine. You will be fully conscious. At least one injection will be given on each side of the scrotum. Discomfort is experienced in the area of the groin and testicles during the injection but once the anesthetic has taken effect you should feel no pain. You may feel a pulling sensation during the procedure.

VII. After the operation

You will be sore for a few days afterward and may want a mild pain reliever like Tylenol. Complete instructions about what to do during your recovery are included in this packet. You may expect some minor postoperative problems and occasionally some complications. The minor discomforts that frequently occur include:

1. Bruising of the scrotum.
2. Swelling beneath the puncture site.
3. Tenderness around the puncture site and the testicles.
4. Discharge from the puncture site.

Some of the postoperative complications that can occur include:

1. Epididymitis:

Painful swelling of the tissues alongside the testicle(s). This could include swelling of the testicle(s) and is called epididymo-orchitis. This inflammatory process, if it occurs, may take several months to resolve.

2. Sperm Granuloma:

Persistent tenderness and swelling under the skin, above the testicle. This is commonly due to leakage of sperm, from the severed ends of the vas, into the tissues causing an inflammatory reaction.

3. **Hematoma:**

Hemorrhage due to undetected bleeding into the scrotal sac. In this instance, the scrotum may become swollen and discolored, and may require an incision to drain accumulated blood.

4. **Abscess:**

Pus may form within the scrotum and require an incision to drain it.

5. **Recanalization:**

The ends of the vas may rejoin themselves. If sperm are present in the semen later on, the operation will need to be repeated.

VIII. Failure of bilateral partial v asectomy

You will need to use another means of contraception until you have two consecutive sperm analyses that show no sperm cells. The vasectomy will sometimes fail to produce sterility; this occurs about 4% of the time. It is your responsibility to have your semen analyzed 6 weeks after the operation, and 2 to 4 weeks after that. If both of these exams are negative you will be cleared. If any sperm cells are apparent, you will be asked to bring semen samples periodically and continue contraceptive measures until two consecutive exams are negative for the presence of sperm. Two negative semen exams are not an absolute guarantee against future pregnancies or recanalization.

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PRE-VASECTOMY INSTRUCTIONS

1. Please bring the consent form, signed by you and your wife, with you to your appointment for vasectomy.
2. BRING OR WEAR A SCROTAL SUPPORTER OR JOCKEY STYLE BRIEFS ON THE DAY OF THE PROCEDURE.
3. Thoroughly wash the penis and scrotum before coming in for your vasectomy.
4. Refrain from eating or drinking for 3 hours before the procedure.
5. Wear comfortable and loose fitting trousers or shorts.
6. If possible, bring someone who can drive you home.

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POST-VASECTOMY INSTRUCTIONS

1. You will not be sterile immediately after the vasectomy. There will be active sperm left in your semen. It may take as many as 15 ejaculations to clear the passage of sperm cells. Continue to use some form of contraception until we have examined two separate semen samples to confirm they are free of sperm and you have been told that you are "cleared".
2. Have ice ready and available for use postoperatively for the first 24 hours. After the anesthetic wears off the ice pack will provide additional comfort and reduce swelling and bleeding if used for 24 hours at ½ hour intervals (½ hour on, ½ hour off):
3. Wear a scrotal supporter or Jockey style briefs as long as necessary for comfort.
4. It is recommended that you wait at least one week before resuming sexual activities. You may resume sexual activities when you experience no discomfort during arousal. Ejaculating too soon after a vasectomy may increase the chance of minor discomfort or bloody ejaculate.
5. Avoid heavy lifting, pushing, straining, etc. for at least 3 days, longer if pain results. You may resume light activities when you feel comfortable doing so. Generally, strenuous activity may be resumed in one week without difficulty.
6. Keep the wound clean and dry. You may shower the morning after the procedure. Do not rub the area but rather cleanse it gently and pat it dry. Normal bathing may be resumed 3 days after the procedure.
7. Some bruising, drainage (oozing), swelling, and mild tenderness are not unusual for as long as 1 or 2 weeks.
7. If you have pain or discomfort immediately after the vasectomy, taking 2 Tylenol tablets every 4 hours should provide relief. Avoid aspirin and ibuprofen for 2 days following the vasectomy.

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CONSENT FOR VASECTOMY

I authorize James R. Bollinger, M.D. to perform a bilateral vasectomy on me.

I understand this includes removal of a small segment of each vas deferens and sealing of the severed ends through a small scrotal incision.

I understand that this procedure is being done in an attempt to achieve permanent sterility.

I give consent for the injection of an appropriate local anesthetic agent.

I understand that a small percentage of patients will develop complications following vasectomy. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment that may include medication, aspiration, hospitalization, and/or surgery. Recanalization of the vas ends may occur spontaneously in a small percentage of cases (approx. 1 in 2000), creating a situation where sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not to be considered sterile until two consecutive semen analyses have confirmed that absence of sperm. I understand that contraception must be used until I have been told that I have been cleared. I understand that the chance of delayed recanalization after two negative semen checks is extremely low.

I understand that the long-term effects of vasectomy have been studied extensively in the past 20 years. One study has suggested a slight increase in prostate cancer but this has not been found in other larger studies. To date, no known diseases or processes are thought to be caused by vasectomy.

I understand that I expect to be sterile as a result of this operation, although no such result is guaranteed 100%. I understand what the term sterility means and in giving my consent to the vasectomy, I anticipate such a result.

SIGNED _____ DATE _____
(Patient-_____)

SPOUSAL CONSENT TO VASECTOMY

I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that the purpose of the operation is to achieve sterility for my husband. This fact must be confirmed by post-vasectomy semen analyses.

SPOUSE _____ DATE _____
(Name-_____)

Vasal segments are routinely sent to an independent laboratory for examination. I understand that the laboratory will bill my insurance/me for this service.

I agree / do not agree to laboratory examination of vasal tissue. (pt. initials) _____