Wordsley Green Surgery

Patient's Guide

To Non-Scalpel

Vasectomy &

Pre/Post Operative Care

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An Informative Guide to Having a Vasectomy

This is an informative guide to answer some of the questions you may have.

People consider a vasectomy when they are sure their family is complete.
It is one of the most effective forms of contraception.
However, it is a decision that needs a lot of thought and it needs to be recognized that personal circumstances can change, (e.g. a tragedy to existing children, or a new partner in the future).

Reversal operations are not always successful; they are not usually available on the NHS and can be quite costly.

Who can have a vasectomy?

Any man can have a vasectomy regardless of age, or whether they are married, single, divorced, widowed, and childless or have a family. If you have a permanent partner, their consent is not legally necessary. It is recommended however that your decision is discussed with her and that she agrees with it.

How effective is a vasectomy?

A vasectomy is over 99.8% effective; currently 1 in 2,500 may fail.
The operation is a lot easier than a female sterilization, and more effective.

Failure can be due to two reasons:

- There can be an additional tube in one or both sides, in which case the post semen analysis test will be positive at the end of four months.
- Rarely the divided ends of the tubes can rejoin.

Even after the 'all clear' has been given a pregnancy can occur many years later if micro-channels grow between the cut ends

Am I suitable for a vasectomy?

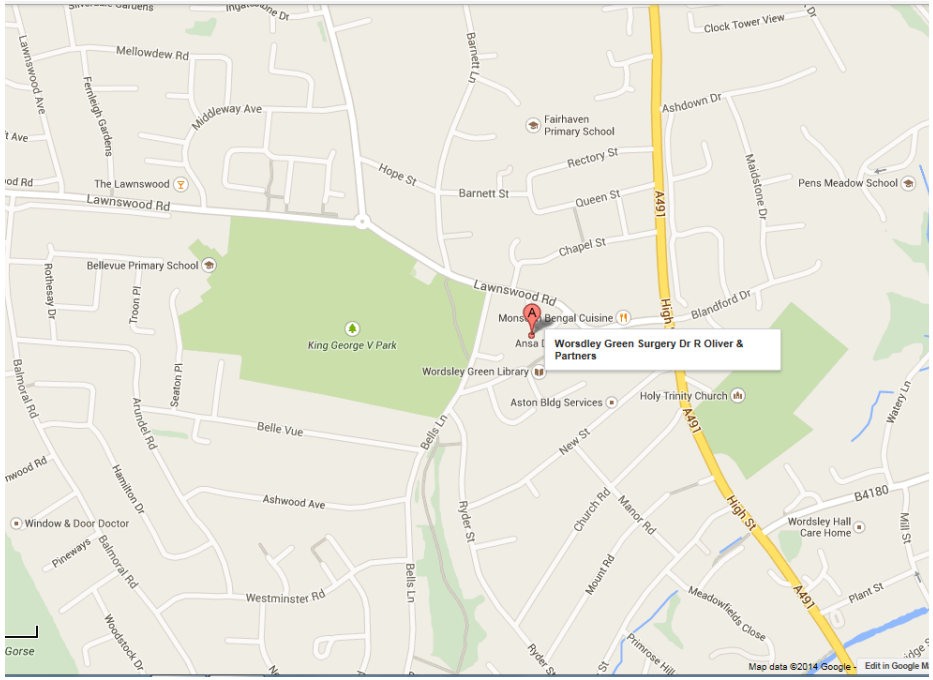
Any man can have a vasectomy but some medical conditions (including severe obesity) may make the procedure more difficult. You must let your GP or surgeon know if you have had any infections or operations in the genital area (including hernias) and if you have any known abnormality of the urogenital system (e.g. kidneys, bladder).

If you are taking anticoagulant medication like Warfarin, or have any allergies (eg latex, local anesthetic), then please ensure that the surgeon is aware at least 1 week before your appointment.

Post-operative

Patient taken into post-op room (to get dressed) and moved to dedicated glass window waiting room and kept under observation.
Hot or cold drink offered.
Asked to complete questionnaire
After next procedure, surgeon returns and asks patient to his room and examine the operated area for any bleeding and given investigation form and sterile bottle for seminal analysis in 4 months.
Explains the documents and what to do if any complications arise. Then patient allowed to leave.

ASPC (Association of Surgeons in Primary Care)



5ml 1% lidocaine vial checked by assistant and surgeon and surgeon draws up into syringe.
Hyfrecator placed into sterile sheath
Genital area cleaned with savlon or equivalent
Sterile towel placed over the genital area.
Right vas palpated and pushed to the midline where marked with pen
Local anaesthetic injected into skin and around right vas.
Ring forceps used to grasp vas through the skin using the 3-finger technique.
Further local anaesthetic injected
Puncture wound with hyfrecator or with haemostat if skin is thick in midline
Sharp forceps used to spread open skin and fascial layers down to vas, vas hooked and a loop drawn out through the skin and grasped with the ring forceps
Further local anaesthetic injected around vas if required.
>1.5cm vas cauterised along its length down to lumen and lumen cauterised; vas transacted
Loop of vas allowed to fall back into the scrotal sac to release any possible tourniquet effect, and then drawn out again to check for haemostasis before finally being released back into the scrotal sac.
Any small areas of bleeding may be cauterised or vicryl thread used to tie vessels (needle always removed)
Similar process for the left vas by simply grasping vas through the skin near the original opening if possible; occasionally intrascrotal technique used by inserting ring forceps through the skin and grasping the vas from inside the scrotal sac.
Left vas cauterised and transacted as for the right.
Sterile dressing applied.
Sterile towel removed, patient allowed to sit up slowly and shown the small skin wound.
If significant bleeding from the skin edges, surgeon can pinch the edges for a few minutes, which will stop any significant bleeding.
Patient requested to hold the sterile dressing with the right hand and assistant helps to put 2(one normal and other tight) underpants before standing up and getting dressed.

The day of your operation.

Please remember that we operate a ‘one-stop clinic, which means that your appointment will be to **have your vasectomy on that day,** and not just to have a discussion. However, if you do wish to have a discussion before your appointment, please contact Dr Kanhaiya on 01384 277591.

Immediately before coming in, please wash the genital area thoroughly with soap and hot water and keep warm. You must shave the genital area. Eat a light meal before arriving at the clinic and bring a dressing gown and two tight pairs of underpants or jockstrap (normal size and one size smaller).

We recommend you to take Ibuprofen (if OK with you) or Paracetamol, 2 hours before scheduled operation time.

Non-Scalpel Vasectomy (NSV). How is it performed?

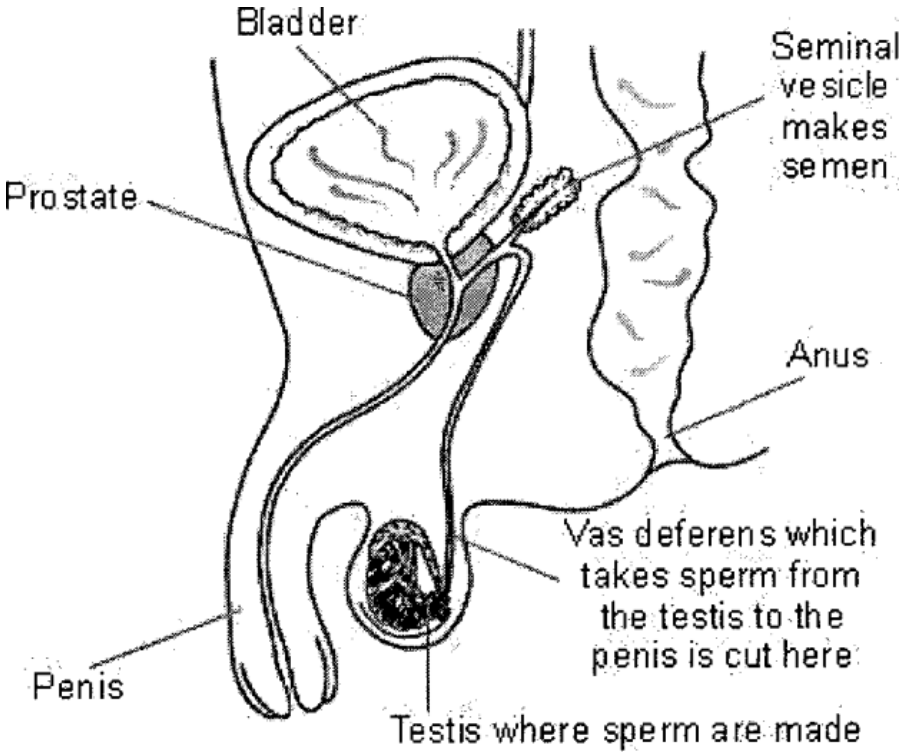
A small local anesthetic injection is given to a small area of skin in the middle of the scrotum. This numbs the area to enable the surgeon to access the vas deferens via a small cut. (The vas deferens is a tube attached to the testes on either side; it transports the sperm to the penis.) With special instruments and a diathermy device both vas deferens are cauterized and cut so the sperm can no longer pass through to the penis. Sperm is still made in the testes, but hit a "dead end", they then die and are dissolved.

The procedure should be almost painless, but most men experience some discomfort that can be felt like pressure or squeezing. Your wife/partner can accompany you throughout the procedure if you wish. The operation itself takes about 15 minutes, after preparation, and you will be asked to wait and rest for about 45 minutes afterwards. Your total stay in the clinic is about 2 hours. You must not drive yourself home, and ideally, should be accompanied

Complications of surgery.

Important early complications that you should be aware of include in the immediate post-operative period:

Bleeding can occur at the time of surgery and sometimes later on.
Infection, swelling and excessive bruising; there is usually little pain but mainly discomfort that usually settles within 7-10 days.
Chronic post-vasectomy pain syndrome, sometimes occurring years later, is also a recognized complication; reported incidence can vary from 1-14% but usually 1-2%, It is very rarely severe perhaps 1in :300) , but may require further medical or surgical treatment.
Additional information can be found at: WWW.ASPC-UK.NET



Standard operation procedure for NSV

Appointments booked through fax from GP, Central clinic, Choose and Book, or directly with patient
Suitability of the operation assessed by the performer.
Information leaflet sent to patient by post with confirmation of booking
Patient list displayed on the system.
Details entered onto computer, and documents prepared and saved on computer

On arrival, booked in at reception.
Patient takes his seat in dedicated waiting room.
Patient information leaflet given to read (again)
Patient (with/without partner) taken into the consultation room for pro-op.
Patient asked about his medical condition, medications previous perineal operation, allergy and paper work checked.
Risk of procedure again discussed with the patient (with or without partner) and asked to sign consent form if not already signed for our file.
Patient examined to feel his both tubes and then marked the midline incision area with non permanent skin marker pen.
Patient taken to change room and asked to take off all clothing and put on disposable dressing gown provided. Patient can use their own dressing gown (one provided by us if they don't have one) on top of the disposable dressing gown
Patient taken (with /without partner) through to operating room.

Operating room

Operating room is kept deliberately warm to relax the vas and scrotal skin.
Assistant (Nurse) has prepared dressing trolley of instruments.
Patient lies on couch on his back.
Assistant tapes penis and places covered hot water bottle over the genital area and put earthing plate under the buttock while surgeon washes / cleans hands and puts on sterile gloves.

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Post-operative Care and Advice.

After approximately 2-3 hours the anesthetic will begin to wear off. Over the counter analgesia may be taken e.g. Paracetamol, Ibuprofen or Co-codamol as per pack instructions.

Use of an icepack on the scrotum for 10-15 minutes at a time, every 2-3 hours for 48 hours may help reduce swelling and discomfort.

Some swelling and bruising on the scrotum and testicles is normal but if it is severe during the first few hours after the operation you should contact the surgeon immediately. If you are unable to contact him please contact a doctor through your own surgery.

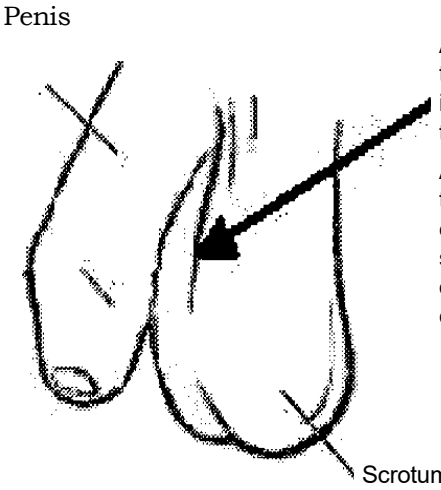
To minimize discomfort or swelling it is advised that you wear two pairs of tight fitting underwear, swimming trunks or jockstrap. (Bring it with you on day of procedure, as well as a dressing gown.)

You should arrange for someone to drive you home and to be with you for the rest of the day. It is sensible to plan to relax at home for a few days, and should avoid any strenuous exercise, heavy lifting or driving long (>1hour) distances for 1-2 weeks.

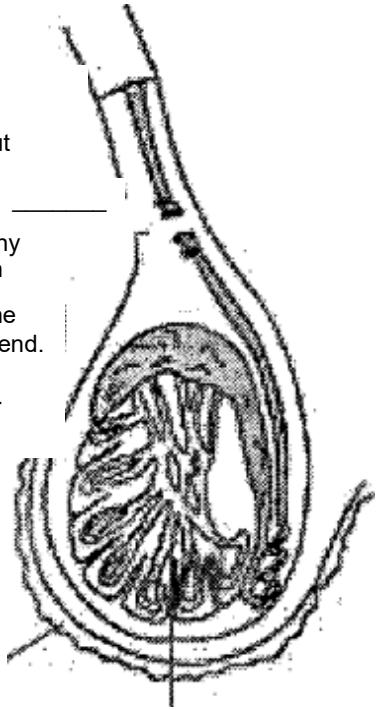
After the procedure care should be taken with bathing for about 7 days, Even though the scrotum may be bloodstained, it is best not to wash for the first 24 hours. It is advisable not to soak in the bath, but to have showers. Do not use soap, shower gels, shampoos or talc.

Sexual intercourse can be resumed when comfortable but we advise to avoid sexual intercourse if possible for a week. It is essential to continue to use contraception until there are no more live sperm in the ejaculation. Vasectomy has no known effect on masculinity, or on sexual arousal, performance or orgasm.

Where the tubes have been cauterized and cut some scar tissue will form. This may be felt as a slightly lumpy, sometimes tender, area just above the testicle. This is quite normal, but if you do become concerned about any unusual lumps see your GP. There are no stitches to remove, there is only a small cut that will heal itself although may gape open a little and cause a slight blood stained discharge. You need only to seek medical advice if it is persistent, excessively smelly or inflamed. You may also see slight blood-staining the first few times you ejaculate.



Vasectomy



Post-Vasectomy Semen Analysis.

You will be required to give at least 1 specimen after about 3 months. This is the time when the risk of the tubes rejoining is the greatest.

Before your discharge, the surgeon will provide you a sample bottle and investigation form for semen analysis test. The surgeon should receive the results a few days later and you will then receive a letter informing you about the result outcome. You may receive a letter after 4 months after your operation to remind you about the test if surgeon has not already received your result.

Sperm can live up to 70 days or longer and will be released for a variable length of time after the operation when you ejaculate. In order to empty the reservoir of live sperm, it is recommended that you have intercourse/ejaculate on average 3 times a week. Sometimes it is found that even with this frequency of intercourse, some men take longer to clear 'reservoir' of live sperm, and you should not worry if you are asked for further specimens.

Traditional advice has been to obtain 2 completely clear semen tests before stating that a person is infertile.

UNTIL YOU HAVE WRITTEN CONFIRMATION YOU SHOULD CONTINUE TO TAKE CONTRACEPTION PRECAUTIONS.

No assurance that you have become infertile can be given without these tests and no responsibility will be accepted for failure of the operation if the required semen specimens are not submitted for analysis at the appropriate times.