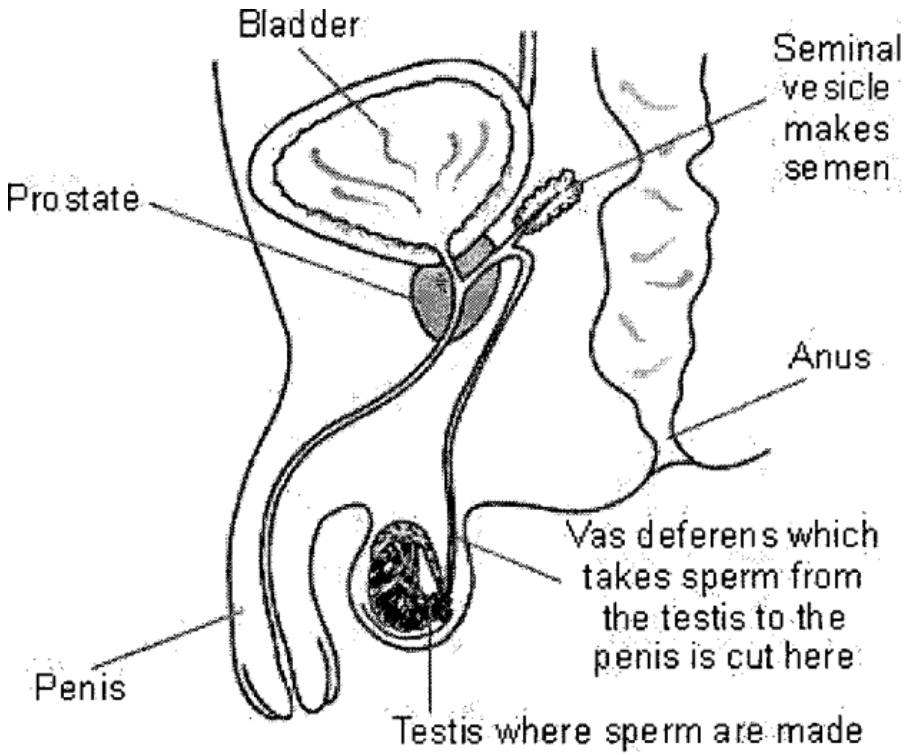

Wordsley Green Surgery

Patient's Guide

To Non-Scalpel

Vasectomy Two Stop Clinic

&

Pre/Post Operative Care

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Introduction—

We are now a two stop clinic. This means that when you call to book your appointment you will be scheduled for a 30 minute consultation with Dr Kanhaiya to discuss the procedure and be examined to make sure the procedure is suitable to be performed in the community. This will give you a chance to ask any questions you may have regarding the procedure and after care. If all goes well at this appointment you will be given a 2 week cooling off period and then the secretary will contact you to arrange your operation. ** You will need to inform your consultant at the time of your pre op if you have a needle phobia or have a history of fainting/becoming unwell at the sight of blood **

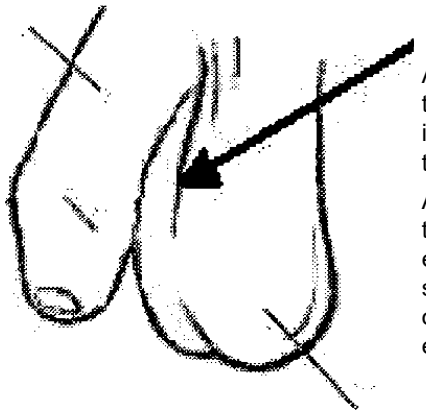
An Informative Guide to Having a Vasectomy

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?

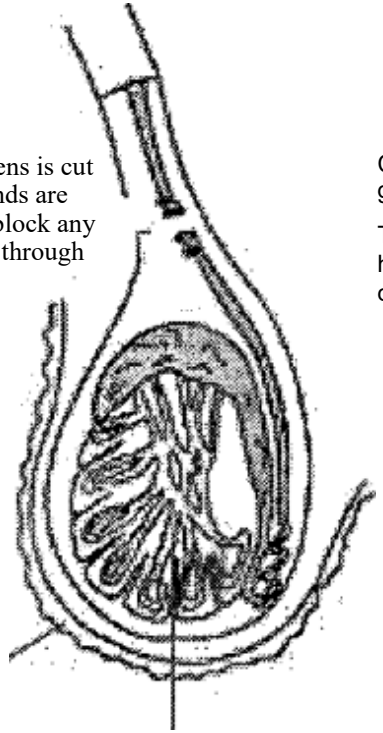
Any man can have a vasectomy regardless of age, or whether they are married, single, divorced, widowed, and childless or have a family. If you have a permanent partner, their consent is not legally necessary. It is recommended however that your decision is discussed with her and that she agrees with it. You should be aware that if you are under 30 year old or not in a stable relationship, you are at a higher risk of regret and requesting a reversal in the future. It is also recommended that if your partner is pregnant, you should consider waiting until the baby is born and at least 6/12 month old before having your vasectomy.

Special considerations if your partner is over 40—if your partner is in her 40s or above you should also consider the menopause in your decision making. If your partner is nearing the age when her mother went through the menopause or if your partner has menopausal symptoms (reduced frequency of periods, hot flushes, etc) it may be that the vasectomy will not be needed for very long and thus the risks of the procedure may outweigh any benefit. We are happy for a woman to abandon the need for contraception if she is over 50 and has not had a period in 1 year or for women who are between 40 and 50 who have not had a period for 2 full years. When thinking about this bear in mind that the vasectomy does not work immediately and there is at least a 4 month wait until your first test. Additionally if your partner were to consider HRT the safest way of giving HRT is with a progesterone releasing coil that will not only help with menopausal symptoms (in conjunction with a tablet or patch) but will also provide effective contraception – so if your partner thinks she may use HRT please discuss your options more fully with your GP or alternatively call us and request a phone consultation with one of our



A small area of skin in the middle of the scrotum is numbed with an injection of local anesthetic

A small cut is made in the skin. The vas deferens is found under the skin, a short length pulled out and cauterized from each side.



Cauterized to block any sperm getting through

The sperm made in the testis then hit a dead end. They die and get dissolved' into the bloodstream.

The day of your operation.

Immediately before coming in, please wash the genital area thorough with soap and hot water, and keep warm. **You will need to shave the genital area.** Eat a light meal before arriving at the clinic and bring a dressing gown and two tight 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.

Complications of surgery.

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

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 3-20%, it is very rarely severe perhaps 1in :200) , but may require further medical or surgical treatment.

Additional information can be found at: WWW.ASPC-UK.NET

Non-Scalpel / Minimally Invasive Vasectomy (NSV / MIV). How is it performed?

A small local anaesthetic injection (this is a very small needle) 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 on each side through a small cut. (The vas deferens is a tube attached to the testis on either side; it transports the sperm to the penis.) With special instruments a small loop of the vas deferens on each side is brought outside the skin, cauterised 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 some men experience some discomfort that can be felt like pressure or pinching. Your wife/partner may be allowed to accompany you throughout the procedure if you wish. The operation itself takes about 15 minutes, after preparation, and you may be asked to wait and rest for about 20 minutes afterwards. You must not drive yourself home, and ideally, should be accompanied

How effective is a vasectomy?

A vasectomy is over 99.8% effective; currently 1 in 150 may fail initially if one of the tubes joins straight back after the operation (hence the requirement for a test at 4 months). The operation is a lot easier than a female sterilisation, and more effective. Failure can be due to one of two reasons: 1. Very rarely 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 or 2. The divided ends of one of the tubes can re-join. Even after the 'all clear' has been given a pregnancy can still occur many years later if micro channels grow between the cut ends allowing live sperm to get through—this risk of pregnancy is about 1-2000

What are the alternatives to Vasectomy? There is no ‘male pill’ yet. However, it is essential that alternative forms of long□term contraception for your partner have been considered and discussed with your own GP. These are called ‘LARCs’ and include hormonal implants, hormone injections and hormone (Mirena) coils. These are all very effective methods of contraception (risk of pregnancy is only about 1:1000), are ‘reversible’, can have benefits for many women with their periods, and have far fewer potentially serious / severe complications, (LARCs will not suit all women but can easily be stopped or removed if any side effects). Female sterilisation is not routinely available in Dudley, including the Essure device where a metal implant is inserted into the end of each Fallopian tube.

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 10-15minutes at a time 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 some 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 excessive gels, shampoos or talc.

Sexual intercourse can be resumed when comfortable. 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

Post-Vasectomy Semen Analysis.

You will be required to give at least 1 specimen after about 4 months. This is the time when the risk of the tubes rejoining is the greatest.

The secretary will post your paperwork around the 14-16th week post vasectomy. You will have to call the number given to make an appointment to drop your sample off. The results can take 2-5 days to come back to us. You will be informed If your sample is clear or if you need to do another. 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 inter-course/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.

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 apart from your tshirt and put on your 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/total abdominal wall 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.

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 (rarely) 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.

Post-operative

Patient taken into post-op room (to get dressed)
Hot or cold drink offered.
Asked to complete questionnaire
Surgeon/Nurse will 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. (Post Operative Information Booklet) Then patient allowed to leave.