

Consultants in Urology, Inc.

Steven M. Colagiovanni, M.D

L. Eric Olsson, M.D.

1524 Atwood Ave., Suite 322

Johnston, Rhode Island 02919

(401) 331-7400

Offices in Johnston, Lincoln, and Warwick

No-Scalpel Vasectomy



no-scalpel vasectomy

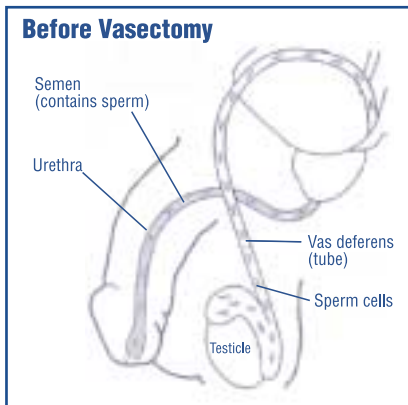


Table 1

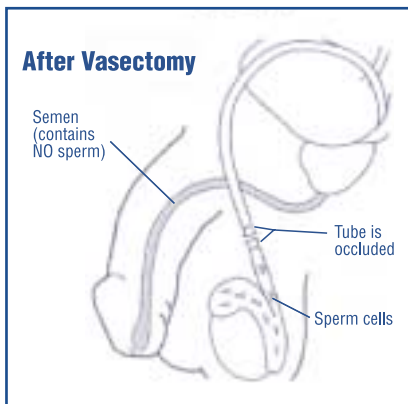


Table 2

The no-scalpel vasectomy is a minor surgical procedure used by urologic surgeons to make a man sterile. It is one of the most popular forms of contraception in the United States (approximately 500,000 being performed each year) and worldwide, and is regarded as safe, simple and highly effective (over 99%). It is the least expensive permanent procedure that ensures sterility. It was developed in 1974 in China.

To understand what happens during a no-scalpel vasectomy procedure, first review this diagram to see how the male anatomy normally functions (**Table 1**).

The testicles produce sperm that travel through a pair of tubes called vas deferens. These are easily felt through the scrotal skin, like firm spaghetti sized tubes on either side of the penis. These tubes carry sperm from the testicles out through the penis.

The no-scalpel vasectomy procedure simply interrupts the flow of sperm by cutting the vas deferens and blocking their ends (**Table 2**).

ADVANTAGES OF NO-SCALPEL VASECTOMY

- Smaller incision is made
- A faster procedure
- Shorter recovery time
- Less post-operative pain, swelling, less discomfort
- And just as effective

MAKING A PERMANENT DECISION

When your family is full, or you have chosen not to father a child, vasectomy offers a permanent, safe and free choice in birth control. But is vasectomy for every man or every couple?

There are some general ground rules to consider first, as well as emotional and family concerns to discuss with your partner and physician. While the law may not require that you have the consent of your wife or partner, vasectomy, as any contraceptive choice is best discussed and decided as a couple.

A SERIOUS DECISION NOT TO BE MADE LIGHTLY OR ALONE

A couple should first explore all birth control methods available – both the positive and negative aspects – and discuss their feelings and thoughts about each, before sharing their concerns and choice with their doctor.

You should be absolutely certain that you do not want to father a child later under any circumstances, even if there are significant changes in your future. While a vasectomy can sometimes be reversed, you should assume that it might not be possible to change your mind later.

Experience suggests that you should not get a vasectomy to please someone else. The decision to father a child is yours and your partner's – and no one else's. If you have concerns about the stability of your current relationship or your decision not to father a child in the future, vasectomy may not be right for you at this time.

If you and your partner are experiencing sexual problems, fears, an unhappy relationship or just having difficulty communicating with each other about birth control options, it may not be a good time to decide about a vasectomy.

Vasectomy will not solve marital or sexual problems. But it can help you enjoy sexual relations more – free from the worry of unwanted pregnancy. And it can be the right choice if the female partner does not want or cannot take birth control or use other forms of contraception.

WHO ARE THE BEST CANDIDATES FOR VASECTOMY?

Because this is a personal decision, there are no absolute rules, and the best answer lies in being informed. However, here are some suggestions to consider as to who is a good candidate:

- Men and their partners, who are seriously committed to not having more children now, or in the future.
- Men for whom other forms of contraception are not safe alternatives for themselves or their spouse or partner.
- Men who want to enjoy sex without the fear of unwanted pregnancy.
- Men who want to take the responsibility for contraception.
- Before making a decision, discuss these and all related issues with your spouse or partner, and seek the advice of your physician.



Table 3

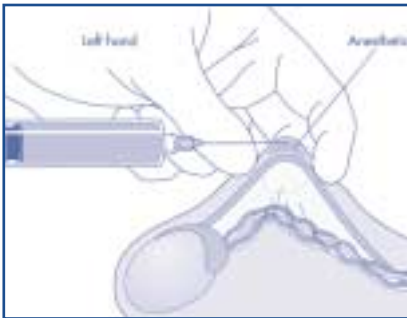


Table 4



Table 5

PREPARING FOR YOUR VASECTOMY

Do not use any aspirin products or non steroidal anti-inflammatory drugs (like MOTRIN®, ADVIL®, ALEVE®, etc.) for 1 week prior to the surgery, or use any alcoholic beverages for 2 days prior to the surgery.

The day of the surgery, thoroughly wash the penis and scrotum. Shave the scrotum starting at the base of the penis. Bring a fresh pair of tight-fitting white jockey-type underpants or an athletic supporter with you to the procedure. This will help to support your scrotum and reduce discomfort. Arrange in advance for someone to drive you to and from the procedure.

VASECTOMY OPERATION

Come to the office in a relaxed frame of mind. Being “uptight” can cause the scrotum muscles to draw the testicle close to the abdomen and may make it difficult to grasp the vas deferens.

After reclining on the surgery table, an antiseptic solution is used to paint the scrotum and reduce skin bacteria. The operative area is isolated by sterile towels. A local anesthetic is injected with a fine needle and a slight stinging sensation may be experienced. Rarely, general anesthesia may be necessary. **(Table 3 and 4).**

After anesthetizing the skin, the doctor feels for the tubes and holds them with a small clamp. **(Table 5 and 6).** The tubes are then blocked using the same methods as a conventional vasectomy. The vas deferens is then pulled up into the incision. **(Table 7A and 7B).** You may experience a tug or pulling sensation in the scrotum or groin when the vas is being worked on. The vas deferens is divided, and a segment of the vas is removed. The ends are sealed by suturing ties and cauterized. **(Table 8A–9).** The divided vas deferens is then replaced in the scrotum. **(Table 10A and 10B).** A suture may or may not be needed to close the tiny opening, which heals quickly, with no scar.

The same procedure will be done on the other side.

A small dressing is applied to the incisions to protect the clothes from the tissue spotting. **(Table 11).** The total time of vasectomy varies from 15 to 45 minutes, depending upon the circumstances.

POST-VASECTOMY MANAGEMENT

Go directly home and rest; elevate your feet. Plan to stay off your feet as much as possible for a couple of days.

You will likely be prescribed an analgesic (pain pill) to control the pain after the local anesthetic wears off.

Apply an ice pack to the scrotum in 30 minute intervals during the first 24 hours after the procedure to ease swelling.

Wear snug cotton briefs or an athletic supporter to help support the scrotum for the first week or two.

Your semen will be collected (usually at home) and examined under a microscope in the lab approximately four or five weeks after your surgery, or right after your first post surgery appointment.

Contact your doctor if you experience fever and chills, increasing pain, drainage (sign of infection), a growing mass (sign of internal bleeding or infection), or other concerns.

Dressing

The dressing should be changed when stained or soiled. Small sterile gauze squares are available at the drug store. They can be removed when the dressing is dry or there is no stain, which usually occurs within one to two days.

Athletic supporter

The supporter keeps the scrotum from moving in order to reduce discomfort. It can be worn as long as comfortable.

Bathing

Bathing or showering can start the day after vasectomy. It is better to avoid rubbing with a towel, instead 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.

Bruising

Black and blue discoloration is common due to bleeding of the small vessels within the skin. There is usually no discomfort and the color will fade within a week.



Table 6



Table 7 A

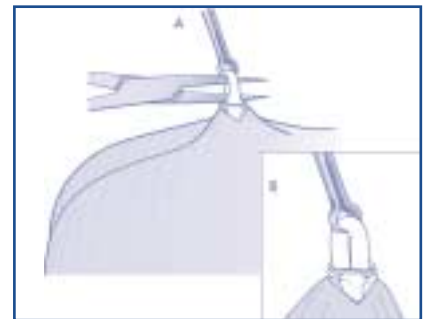


Table 7 B



Table 8 A



Table 8 B



Table 8 C



Table 8 D

Pain

After the local anesthesia wears off in a couple hours, there may be mild discomfort, which varies according to each person. This may be treated with simple pain medicine. Shaved ice in a plastic bag can be placed over the supporter and dressing and can provide relief for several hours at a time.

Physical Activity

Rest on the day of vasectomy is recommended. Usual daily activities may be resumed the day after vasectomy. Avoid vigorous physical activity (i.e., jogging, bicycling, etc.) for 10 days.

Swelling

It is ordinary to experience some degree of swelling from the incision after vasectomy. Usually this swelling subsides within a few days.

Sexual Activities

Sexual activity can begin after 5 days when scrotal swelling and tenderness starts to subside. **Contraceptive precautions are ABSOLUTELY NECESSARY until you achieve a zero sperm count.**

COMPLICATIONS

Complications can occur with any kind of surgery. Complications with vasectomy are uncommon, usually not serious and are caused by an infection, a possibility with any kind of incision.

Bleeding into the skin during the surgery may cause bruises that will soon clear up. Occasionally, a hematoma (a lump with bruising) develops, which may require medical attention.

Sperm may leak from the tubes and cause a small lump, known as a granuloma, under the skin near the site of the operation in about 18% of patients. Sperm granulomas may persist as a small lump and if bothersome may be treated surgically.

Rarely, an infection may develop that will require treatment.

Very rarely, the cut ends of the vas grow back together, a process called recanalization. This can occur at any time after the surgery and may allow pregnancy to occur. This is usually associated with swelling at the site of the divided section of the vas deferens.

Very rare, the operation can fail, but it happens in fewer than two of every 1,000 cases.

IN SUMMARY

- * Be prepared to ask a lot of questions; informed decision is best.
- * Always discuss your issues with your doctor.
- * A vasectomy is a simple, safe and highly effective procedure.
- * The No-Scalpel method is often favored over the traditional vasectomy.
- * Results are not immediate; it may be weeks before sterility is complete.
- * Vasectomy does not change your ability to have an erection or enjoy sex.
- * The procedure is safe, risks are low, and complications are rare.
- * A vasectomy should be considered permanent and may not be able to be reversed later.



Table 9



Table 10 A



Table 10 B



Table 11

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