

02/02/2016

*Center For Urology / Dr. Abraham Woods, M.D.
106 Boston Avenue
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VASECTOMY INSTRUCTIONS AND CONSENT

I. Purpose of the operation

The intent of this operation, known as bilateral partial vasectomy, is to render you sterile (i.e. unable to cause a pregnancy in a female partner). You should also understand that there is only a remote possibility of reversing the state of infertility once achieved.

II. Nature of the operation

The vas deferens are the tubes which conduct sperm from the testicles, and there is ordinarily one tube from each testicle. Bilateral partial vasectomy means dividing and closing each of these tubes and separating the severed ends. A segment may or may not be removed. The skin incisions in your scrotum may be closed with a suture material which will later dissolve as healing occurs.

III. Anesthesia for the operation

The operation will be performed under local anesthesia. The skin of the scrotum, and the nerves to the tube to be severed will be numbed by injection of the anesthetic and you will be fully conscious. At least one injection will be given on each side of the scrotum. Sometimes discomfort is experienced in the area of the groin and testicles.

IV. After the operation

You may expect some minor postoperative problems and occasionally some complications. The minor discomforts which frequently occur include: (1) black and blue marks on the scrotum; (2) swelling beneath the incisions; (3) tenderness around the incision sites and testicles; (4) or a discharge from the edges of the skin incisions.

Some of the postoperative complications which can occur include:

- 1. Epididymitis:** painful swelling of the tissues along side the testicles, which might include swelling of the testicles (epididymo-orchitis). The resolution of this inflammatory process, if it occurs, may take several weeks or longer.
- 2. Sperm Granuloma:** persistent tender swelling beneath the skin incision above the testicle. This is commonly due to leakage of sperm from the severed ends of the tubes 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 a second incision to drain the accumulated blood.
- 4. Abscess:** pus may form within the scrotum and require a second incision so it may be drained.
- 5. Recanalization:** the ends of the vas may rejoin themselves. If sperm are present in the semen later on, the operation would have to be redone.

V. Failure of bilateral partial vasectomy

You should understand that until you have had two consecutive negative sperm checks, you will continue to use other methods of contraception. The vasectomy will sometimes fail to produce sterility, and this occurs up to four percent of the time. Therefore, it is your responsibility to have your semen examined periodically, and understand that two negative semen checks are not an absolute guarantee against future pregnancies due to the remote possibility of recanalization.

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VASECTOMY INSTRUCTIONS

All consent forms should be signed by you and your wife and brought to us before the vasectomy can be performed.

PLEASE REMEMBER:

1. SHAVE ALL HAIR FROM THE UPPER SCROTUM. This means just under the penis onto the sac about 2-3 inches. You should do this on the day of the vasectomy. You may lather the scrotum with soap and water and shave with a safety razor.
2. After shaving the area, thoroughly wash the penis and the scrotum, then shower or bathe to remove all loose hairs. If needed, wash the area again just before coming in for your vasectomy.
3. Bring a scrotal support (jock strap or suspensory, or tight jockey shorts).
4. Wear comfortable trousers.
5. If possible, bring someone who can drive you home.
6. Refrain from eating or drinking for three hours before your vasectomy.

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POST VASECTOMY INSTRUCTIONS

1. Today's operation does not immediately protect you from getting a woman pregnant. Continue to use some other method of birth control until you have had your semen analyzed twice and have been told that it contains no sperm each time.
2. It is recommended that you wait at least 3 days before resuming sexual activities. You may resume sexual activities then if you are not having any discomfort, but having ejaculations too soon after a vasectomy may increase the chance of minor problems developing or a rejoining of the tubes.
3. Ejaculations help to clear the passage of sperm, but you and your sexual partner must use some other method of birth control until you are told that you may discontinue its use.
4. For two days after the operation, do not do any work that requires heavy lifting, pushing, straining, etc. You may do light work as soon as you wish, however.
5. Keep the incisions dry for two days following the operation. Thereafter you may resume normal bathing.
6. Some black and blueness (bruising), draining (oozing) from the incision, swelling, or mild tenderness of the scrotum are not unusual. Also, the edges of the incision may pull apart and heal rather slowly, and sometimes a knot may be present which remains for several months. These are all part of the normal healing process and are nothing to worry about.
7. Wear a suspensory or athletic supporter only as long as you seem to need it for comfort.
8. If you have pain or discomfort immediately after the vasectomy, taking 2 Tylenol tablets every 4 hours should provide relief. After the local anesthetic wears off, an ice pack will provide additional comfort and can also prevent swelling if used for several hours at 1/2 hour intervals (1/2 hour on, then 1/2 hour off).
9. If stitches are placed, they do not have to be removed. They are absorbed and drop off by themselves, usually within 10 days, but often taking longer.

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CONSENT FOR VASECTOMY

I authorize Abraham L. Woods, M.D. to perform a bilateral vasectomy on me.

I understand this to include removal of a small portion of each vas through a scrotal incision and then sealing the severed ends.

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

I give consent for the use of an appropriate anesthetic and for possible pathological evaluation of any removed tissue.

I understand that with vasectomy a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment which may include medications, hospitalization and even surgery. Recanalization or re-joining of the vas ends may occur spontaneously in a small percentage of cases creating a situation in which sterility is not achieved. This condition may necessitate re-performing the vasectomy.

I understand that I am not to be considered sterile until two consecutive postoperative sperm analyses have confirmed the absence of sperm. I understand that contraception will be used until I am given clearance.

I understand that the long term effects of vasectomy have been studied extensively in the past 12-15 years. One recent small study suggested a slight increase in prostate cancer but this was not found in other larger studies. To date, no known diseases or processes are thought to be caused by vasectomy in humans.

I understand that I that I expect to be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means, and in giving my consent to the vasectomy, I have in mind the probability of such a result.

SIGNED _____ DATE _____
(Patient)

WITNESS _____

SPOUSE CONSENT TO VASECTOMY

I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of the operation my husband may be sterile. This fact must be confirmed by post vasectomy sperm analyses.

SIGNED _____ DATE _____
(Spouse)