



# Urological Associates, P.C.

of the Iowa and Illinois Quad-Cities Region

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You and your urologist are considering an operation called a **vasectomy**. The operation consists of making two small surgical cuts in the scrotum, cutting and blocking up the tubes that carry sperm. This operation is performed to **sterilize the patient. A man who has been sterilized is unable to make a woman pregnant; he is unable to father a child.** This operation does not ordinarily have any effect on a man's enjoyment of intercourse or his ability to have intercourse. Since most of the ejaculate is produced in the seminal vesicles rather than the testicles most men will not notice any difference in the amount of ejaculate produced.

The vasectomy operation is relatively simple and the vast majority of patients do not have any problem during or after the surgery. The operation is usually done under "**local**" **anesthesia**. This means that the surgeon will inject a medicine into the scrotal sac to "deaden" the skin there. **If you are particularly anxious about surgery of this type, or if you have had a bad experience with pain in the past, and would like to have the surgery done under sedation or anesthesia, you need to inform your urologist.**

**Complications** from vasectomy operations are uncommon, but they do occur. Some of the complications that have occasionally occurred from vasectomy include **infections**, bleeding (**hematoma**), and **damage to the testicles**. These complications could result in scarring, poor-healing wounds, pain and swelling in the scrotal sac and testicles (epididymitis), and prolonged illness. **Sperm granulomas** can form due to the leakage of sperm from the severed tubes. This causes a chronic inflammatory condition resulting in persistent, tender swelling beneath the scrotal skin incision. Infections could conceivably result in abscess formation requiring further surgery to drain the abscess, the loss of a testicle, or leaking of bacteria into the blood (**bacteremia**) which could seriously endanger a patient's long-term health. These serious types of complications are almost unheard of. **Allergic reactions** to one or more of the substances used in the operation to clean or "deaden" the skin are rare, but possible. Very, very rarely allergic reactions have caused death.

You should be advised that the operation is **not immediately effective**. Until the urologist tests your semen after the operation and finds you are sterile, you cannot engage in unprotected intercourse without the risk of making the woman pregnant. Most men are sterile by 6 to 8 weeks after the vasectomy; however, some men take longer and require a repeat semen test after waiting a period of time. Usually vasectomy results in permanent sterility. In a small percentage of patients, the tubes that carry the sperm open up and reconnect again all by themselves (**recanalization**). **This could result in an unexpected and unwanted pregnancy. The failure rate of a vasectomy is estimated to be 1/2000 (0.05%). This is lower than any other form of contraception (tubal ligation, IUD, condoms).**

If you should decide after the operation that you DO want to father a child, you will need to have a **second operation** to reconnect the tubes. This operation is not always successful, so your urologist

cannot guarantee that you can be made fertile again. Because of this, you should assume that the vasectomy will make you permanently unable to father children. If interested, you can bank sperm prior to the procedure.

Although the above complications could arise, they probably will not. However you should be aware of some minor inconveniences and problems that are much more likely to arise. The testes, cord, and scrotal sac will likely become somewhat swollen and uncomfortable. The scrotum may become black and blue due to blood seeping into the scrotal skin. There may be a discharge from the edges of the skin incisions.

Since 1991 there have been a number of articles reporting research studies regarding vasectomy and **prostate cancer**. The most recent and highest quality articles have not found a link. The AUA (American Urological Association) Vasectomy Guidelines Committee concluded in 2012 and reaffirmed in 2015 that there is no association between vasectomy and the eventual development of prostate cancer.

There may be alternatives to this operation available to you such as using condoms, or having your sexual partner use birth control pills or devices, or for her to have a sterilizing operation. However, these alternative methods may carry their own risks of complications and varying degrees of success. **If you have any questions at all, be sure to ask us!**

Finally, this initial consultation visit is very important and is a separate service unrelated to whether you decide to have a vasectomy. It will not be included in a global fee charge for the procedure itself. (The post-vasectomy semen analysis is included in the global charge however, and you will not receive an additional bill for checking to make sure you are sterile). Many insurance companies will not cover this first visit and you may be personally responsible for payment. The consultation is important for your urologist and for you, so that you know what to expect and what not to expect. Prior to your operation you will be asked to sign an operation consent which will state that you understand the possible risks of the vasectomy operation. It will stipulate that you understand what you have read this handout and have asked questions about what you do not understand. Specifically, the form you sign will list the following risks:

**INFLAMMATION OR INFECTION OF TESTICLE(S) OR EPIDIDYMISS (EPIDIDYMITIS);**

**POSSIBLE RE-JOINING OF VAS ENDS RESULTING IN FERTILITY & PREGNANCY (RECANALIZATION); MENTAL DIFFICULTIES; CHRONIC TESTICULAR DISCOMFORT; SPERM GRANULOMA; UNRECOGNIZED LONG-TERM EFFECTS OF VASECTOMY (POSSIBLY CANCER OF THE PROSTATE); LOSS OF THE TESTICLE; ABSCESS FORMATION; BACTEREMIA; PERMANENT LOSS OF FERTILITY; ALLERGIC REACTIONS.**

**THE OPERATION IS NOT IMMEDIATELY EFFECTIVE; YOU ARE CONSIDERED FERTILE UNTIL YOUR SEMEN SPECIMAN IS CHECKED AND YOU ARE NOTIFIED THAT YOU ARE STERILE; ALTERNATIVE THERAPY AND OTHER FORMS OF CONTRACEPTION, MALE OR FEMALE, ARE AVAILABLE.**

**AFTER READING THROUGH THIS HANDOUT, IF YOU DO NOT UNDERSTAND THE ABOVE RISKS, TALK TO YOUR UROLOGIST!**

# Post-Vasectomy Instructions

Date of procedure: \_\_\_\_\_

## **Pre-Op Checklist:**

\_\_\_\_\_ Within two days of your procedure: Shave ALL hair from the front of your scrotum - start from the base of the penis to the bottom of your scrotum.

\_\_\_\_\_ After shaving, thoroughly wash the area with soap and water. Then rinse well - all loose hair needs to be removed.

Bring scrotal support (jock strap or tight compression shorts).

Wear loose fitting pants or shorts (sweat pants).

## **Pain Management:**

For the first 5 days, wear a tight-fitting pair of jockey shorts/compression shorts. You need to wear this even when sleeping. The support will help immobilize the scrotum and prevent swelling.

Ice packs are recommended for the first 24 hours. Ice helps not only with pain but also with swelling. You may use an ice pack for 10 minutes every hour. Be careful not to allow frost bite. A bag of peas or corn, which can be refrozen, is acceptable as well.

After the first 48 hours, heat application can be used to help with the pain and swelling. Do not allow your skin to burn.

Over-the-counter pain medication is recommended. Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil, Aleve) can be used as directed on the bottle. Aspirin needs to be avoided.

## **Activity:**

While you do not have any specific activity limitations, we recommend taking the day after off from work. After 48 hours, you may resume normal/everyday activities. In terms of work, please talk to your doctor about restrictions/needed modifications. If you need a note for work, this can be provided.

If you have pain or increased swelling with a certain activity, stop and rest. Use the above management techniques to help with the pain.

You may shower 24 hours after your procedure.

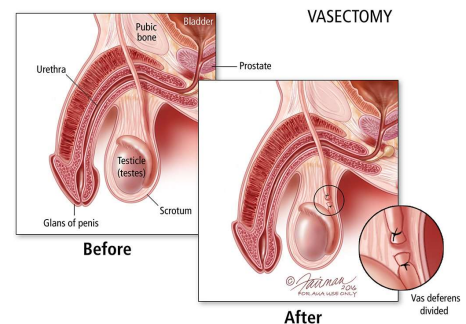
No immersion in water (bath tubs, hot tubs, pools) for seven days after the procedure.

After a week, you may resume sexual activity. However, remember to take precautions against pregnancy until your post eight-week semen sample report has been completed.

## **Wound Care:**

We close the incision(s) with sutures. These sutures dissolve naturally.

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It is important to keep the area clean and dry. When you can shower, no need to scrub the area; just let soapy water run over the incision site. The site does not have to be covered. If you would like, we recommend after patting dry the incision site, apply a small amount of petroleum jelly (such as Vaseline), and cover with an adhesive bandage.

While very uncommon, infection can occur. If you develop signs or symptoms of an infection, please either call the office or head to the emergency room. These include but not limited to: fever, chills, foul smelly pus coming out of the incision site.

Bruising can occur. You may have bruising around the incision site or your entire scrotum. If you bruise, it will start out 'black and blue' and as time progresses, it will become yellow and brown. As with all bruises, your body will reabsorb the blood and the discoloration will disappear.

**Diet:**

Resume normal diet after leaving office. Listen to your body. Do not force yourself to eat.

**Things to watch for:**

If you notice the following, call our office:

Temperature above 101.0F.

Moderate or severe swelling under the incision or involving the scrotum.

Any type of allergic reaction: hives, rash, nausea or vomiting.

If symptoms (such as pain or swelling) have not improved or have gotten worse after 72 hours, please call our office.

**Follow-Up:**

You can bring in a semen sample for analysis anytime eight weeks AND at least 15 ejaculations after your procedure.

The entire sample needs to be collected in any clean container with a lid. It must be at the office within 60 minutes of the collection time.

The specimen can be dropped off at either the Davenport or Moline office. The office does not accept samples within 60 minutes of closing. Please call and check office hours prior to collecting your sample.

The office will contact you within 24 hours to notify you of your results. If you have not heard from the office within that time frame, please call the office and speak to a laboratory tech at extension 3313. After your eight-week sample, if you need/want to drop off another sample, please follow the above guidelines.

Thank you. If you have any questions or concerns, do not hesitate to call the office.

# Vasectomy Payment Policy

## Scheduling Deposit:

A deposit of \$100 is required to schedule your vasectomy appointment.

If you have a copay/co-insurance and/or deductible, the deposit will be applied to your account. If your insurance covers at 100%, the deposit will be refunded.

However, if you do not keep or do not reschedule your appointment within 48 hours of your procedure, your deposit will be forfeited.

## Pre-Payment Notification:

Your co-payment/co-insurance and/or deductible are required to be paid in full prior to the procedure. We will contact your insurance company to determine the amount due. Our billing office will contact you to discuss payment arrangements. After the procedure, we will bill your insurance and any overpayments will be refunded.

If you do not have insurance or it's a non-covered benefit, our billing office will contact you to make payment arrangements. You must pay in full prior to the procedure, which can be done on the day of your procedure upon check-in. You will be charged separately for the office consultation and any related testing prior to your procedure.

We accept cash, check, money order, Visa, Mastercard, and Discover.

I understand a Vasectomy is an **ELECTIVE** procedure and my insurance may or may NOT cover any or part of the fees. I understand this is a legal document and obligates me to pay for services rendered.

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Patient Signature

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Date