

MICHIGAN INSTITUTE OF UROLOGY. P.C. VASECTOMY PATIENT INSTRUCTIONS

Vasectomy is a surgical procedure often performed in your doctor's office that renders one sterile for the purpose of birth control. Under normal circumstances (prior to a vasectomy), sperm develop in the testis and during intercourse travel from the testicles through the vas deferens to the ejaculatory ducts. Here they are mixed with seminal fluid (produced by the seminal vesicles and prostate gland) and are ejaculated through the penis, sperm actually comprises only 5-10 % of the total amount of fluid of each ejaculated specimen. Ejaculation changes very little, if any, after a vasectomy is performed. Other male genital functions including erection and urination also do not change.

The actual procedure takes generally less than 30 minutes in the doctor's office. The scrotal area is cleansed with an antiseptic solution and sterile drapes are placed. A very fast acting local anesthetic is injected into the skin of the sac just below the base of the penis. Through this area, a small single or double incision is made and the vas deferens is located. More local anesthetic is used here to numb the special nerves of the testis and vas. A section of each vas deferens is excised and the cut ends either tied or cauterized. Small dissolvable sutures are then placed in the skin. A small gauze dressing is then placed on the wound following which you may get dressed and go home. The skin sutures generally dissolve and fall out in about 7 to 10 days following the procedure.

The decision to undergo a vasectomy should be well thought out. Other forms of birth control are available and, for all intent and purposes, once the surgery has been declared successful (after the follow-up sperm check), you will be permanently sterile. The chance of recanalization occurring is typically less than 1 in 1000. Any vasectomy, however, can be reversed. This is a long and tedious procedure performed in the hospital, which has a 50-80% chance of success. One should consider the vasectomy procedure to be permanent, realizing that changes in life-style (divorces, death, etc.) may occur. Sperm banking may wish to be considered prior to the vasectomy.

PRE-OPERATIVE INSTRUCTIONS	MEDICATIONS
DO NOT TAKE ASPIRIN OR ASPIRIN PRODUCTS OR ADVIL, MOTRIN, IBUPROFEN FOR 7 DAYS PRIOR TO YOUR SCHEDULED PROCEDURE DATE. (UNLESS SPECIFIC INSTRUCTIONS ARE GIVEN TO YOU BY YOUR PHYSICIAN).	YOU WILL RECEIVE A PRESCRIPTION FOR AN ANTIBIOTIC, TAKE AS DIRECTED. PLAIN TYLENOL ALONG WITH ICE PACKS SHOULD ELIMINATE MOST OF YOUR DISCOMFORT. IF THIS DOES NOT ALLEVIATE YOUR PAIN YOU WILL BE GIVEN A PRESCRIPTION FOR PAIN MEDICATION, TAKE AS DIRECTED.
DAY OF THE VASECTOMY	ACTIVITY
BRING THE SIGNED, WITNESSED, CONSENT FORM TO THE OFFICE. SHAVE THE SCROTAL SAC AREA AS DESCRIBED BY YOUR DOCTOR. WEAR EITHER JOCKEY-TYPE BRIEFS OR BRING A SCROTAL SUPPORT WITH YOU. PLEASE HAVE SOMEONE ACCOMPANY YOU TO THE OFFICE.	YOU ARE ADVISED TO GO DIRECTLY HOME, RESTRICT YOUR ACTIVITIES AND REST FOR THE DAY. APPLY ICE PACK OR COLD COMPRESS TO THE SCROTAL SAC UNTIL YOU RETIRE FOR THE NIGHT. FOR THE NEXT 2 (TWO) WEEKS DO NOT ENGAGE IN ANY HEAVY OR STRENUOUS ACTIVITY.
CONTACT YOUR PHYSICIAN IF YOU HAVE:	YOU CAN SHOWER DAILY—NO TUB BATHS FOR 2 (TWO) WEEKS SEXUAL ACTIVITY CAN BE RESUMED ACCORDING TO YOUR PHYSICIAN'S INSTRUCTIONS.
EXCESSIVE BLEEDING OR UNEXPECTED SWELLING. ANY FOUL OR EXCESSIVE DRAINAGE, EXCESSIVE REDNESS, WARMTH, OR HARDNESS AT THE INCISION SITE. FEVER IN EXCESS OF 100.5 (ORALLY) OR HIGHER.	COMPLICATIONS
FOLLOW UP CARE	<i>COMPLICATIONS OF THE PROCEDURE ARE RARE. THEY MAY INCLUDE THE FOLLOWING: INFECTIONS, LARGE UNEXPECTED SWELLING, EXCESSIVE BLEEDING AND SCROTAL DISCOMFORT. TO DATE NO LONG TERM COMPLICATIONS HAVE BEEN SHOWN TO BE ASSOCIATED WITH VASECTOMIES. THE NATIONAL INSTITUTE OF HEALTH (NIH) HAS STATED THAT VASECTOMY IS NOT ASSOCIATED WITH ANY INCREASE IN PROSTATE CANCER. MEN OVER THE AGE OF 50, AFRICAN AMERICAN MALES, AND THOSE MEN WITH FAMILY HISTORY OF PROSTATE CANCER AT THE AGE OF 40, SHOULD HAVE ANNUAL DIGITAL RECTAL EXAMS (DRE) AS WELL AS BLOOD PROSTATE SPECIFIC ANTIGEN (PSA) LEVELS DRAWN.</i>
IT IS ABSOLUTELY NECESSARY THAT A SPERM COUNT BE OBTAINED 3 MONTHS FOLLOWING THE PROCEDURE. SPERM CAN LIVE IN THE DUCTAL SYSTEM, DOWNSTREAM FROM THE SITE OF THE VASECTOMY FOR A NUMBER OF MONTHS. ADDITIONALLY, FOR UP TO A 3-MONTH PERIOD, THE BODY MAY ATTEMPT TO HEAL OR RECANALIZE THE DUCTS. THE CHANCE OF ONE BECOMING PREGNANT IS VERY RARE; HOWEVER, YOU MAY NOT RELY ON THE VASECTOMY FOR BIRTH CONTROL UNTIL CLEARED BY YOUR DOCTOR.	
MICHIGAN INSTITUTE OF UROLOGY, P.C. policy states that full payment is expected at the time of the procedure. Our billing	

personnel will assist your in dealing with your particular insurance company's program concerning reimbursement for the vasectomy procedure. Removed portions of the vas deferens may be sent to a pathology lab for examination. That laboratory may charge for that examination and that bill is the responsibility of the patient, not the MICHIGAN INSTITUTE OF UROLOGY, P.C.

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