

# **Urologic Surgical Associates of Delaware**

## ***Specializing in Robotic Surgery***

### **Vasectomy**

#### **The No Scalpel Approach**

Vasectomy is the process of dividing the vas (the tube that delivers the sperm from the testis to the prostate) in order to prevent conception. It is the most common method of male contraception in this country where about 500,000 vasectomies are done each year. Since vasectomy simply interrupts the delivery of the sperm, it does not change the hormonal function of the testis and so sexual drive and sexual function remain intact. Since most of the semen is composed of fluid from the prostate and seminal vesicles, the semen will look the same. Vasectomy is the safest and most reliable method of permanent male sterilization.

The technique of the No-Scalpel Vasectomy was developed in 1974 by a Chinese physician, Dr. Li Shunqiang, and has been performed on many millions of men in China. At Urologic Surgical Associates of Delaware, we perform the procedure in the office or an operating room with anesthesia. We inject the scrotal skin and each vas with a local anesthetic. One blade of a sharp forceps or clamp is then used to penetrate the scrotal skin. The tips of the forceps are spread, opening the skin much like spreading apart weaves of fabric. We use a special vas-fixation clamp to encircle and firmly secure the vas. The vas is thus exposed and then lifted out, excised, then sealed closed with cautery and a surgical clip. The skin wound contracts to a few millimeters and usually does not require suturing. Compared to the traditional incisional technique, the No-Scalpel Vasectomy usually takes less time, causes less discomfort and has lower rates of bleeding and infection.

Because the scrotum is a low pressure sac that hangs loose from the abdomen it is more susceptible to bleeding from very small blood vessels than other surgical sites (surgery of the abdomen is less likely to bleed because there is more pressure on the incision compressing the blood vessels and deeper tissues). Therefore it is very important that for the first three days after surgery while these small blood vessels are healing closed you engage in virtually no activities at all. These tiny blood vessels quickly seal themselves with vasospasm and a blood clot (the body's natural way of stopping bleeding) so that they are not actively bleeding during or immediately after surgery. But with no pressure to keep them closed these blood vessels are easily broken open with even minimal activity or straining. For three days after vasectomy don't pick up anything heavy or go walking. Hard work or straining (athletic pursuits or heavy lifting) is not recommended for two weeks. Most patients should wait to have intercourse for a week after the procedure (you should feel no discomfort with intercourse or ejaculation).

Vasectomy does not work to make you sterile immediately. You can check your first semen analysis at 3 months then the second 2 weeks later. If both semen analyses show no sperm then you are sterile. Otherwise, you may need to wait one month and repeat another semen analysis.

Common reasons given for having a vasectomy

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1. You want to enjoy sex without worrying about pregnancy
2. You do not want to have more children than you can care for.
3. Your partner has health problems that might make pregnancy difficult.
4. You do not want to risk passing on a hereditary disease or disability.
5. You and your partner don't want to or can't use other kinds of birth control.
6. You want to save your partner from the surgery involved in having her tubes tied and you want to save the expense.

### Common questions asked and answered about No-Scalpel Vasectomy

1. How can I be sure that I want a vasectomy?  
You must be absolutely sure that you don't want to father a child under any circumstances. You must talk to your partner and it certainly is a good idea to make this decision together, consider other kinds of birth control and talk to friends or relatives who may have had a vasectomy. Think about how you would feel if your partner had an unplanned pregnancy. Talk to your doctor, nurse, or family planning counselor.  
A vasectomy might not be right for you if you are very young or if your current relationship is not permanent. Vasectomy may not be right for you if you are having a vasectomy just to please your partner and you do not really want it, if you are under a lot of stress or if you are counting on being able to reverse the procedure at a later time.
2. How does the vasectomy prevent pregnancy?  
Sperm is made in the man's testicles. The sperm then travels from the testicle through a tube called the vas into the body where it enters the prostate gland. In the prostate, the sperm mixes with seminal fluid. Seminal fluid is fluid that does not contain sperm and is made in the seminal vesicles and prostate. The sperm mixes with seminal fluid in the prostate to make semen. The semen then is ejaculated out the urethra. In a vasectomy the vas is interrupted so that sperm cannot reach the prostate and urethra. Without sperm in the semen a man cannot make his partner pregnant. After vasectomy a man still has an orgasm and ejaculation but the ejaculate is seminal fluid only and does not contain sperm.
3. What is different about a No-Scalpel Vasectomy?  
No-Scalpel Vasectomy is different from a conventional vasectomy in the way that we get to the tubes or vas to block them from passing sperm out of the testicles. An improved method of anesthesia helps make the procedure less painful. In a conventional vasectomy, the physician may make one or two small cuts in the skin with a knife, and the doctor would then use sutures or stitches to close these incisions at the end of the procedure. In the No-Scalpel Vasectomy, instead of making incisions, the doctor makes only tiny punctures into the skin with a special instrument. This same instrument is used to gently stretch the skin opening so that the tubes can be reached easily. The tubes are then blocked, using the same methods as conventional vasectomy, but because of the lack of scalpel technique there is very little bleeding and no stitches are needed to close the tiny opening. This opening will heal quickly with little or no scarring. No-Scalpel Vasectomy was introduced in the United States in 1988 and is now used by many doctors in this country who have mastered the technique.

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4. Will it hurt?  
We use local anesthetic injected into the skin of the scrotum. There is some discomfort, but as soon as the local anesthetic takes effect you should feel very comfortable. Afterwards, you will be sore for a couple of days and may want to take a mild pain killer such as Tylenol. Also, there are no stitches in most cases.
5. How soon can I go back to work?  
You should plan to do virtually no activity for three days then light activity for two weeks.
6. Will the vasectomy change me sexually?  
The only thing that will change is that you will not be able to make your partner pregnant. Your body will continue to produce the same hormones that give you your sex drive. You will make the same amount of seminal fluid (ejaculate). Vasectomy will not change your beard, muscles, sex drive, erections, climaxes or your voice. Some men say that without the worry of accidental pregnancy and the bother of other birth control methods, sex is more relaxed and enjoyable than before.
7. Will I be sterile right away?  
No. After a vasectomy there are some active sperm left in your system. It may take several months to clear the sperm out downstream from where the vasectomy is performed. You and your partner should use other forms of birth control until you have had a chance to check your semen specimens at least twice to make sure that they are free of sperm.
8. Is the No-Scalpel Vasectomy safe?  
Vasectomy in general is safe and simple. Vasectomy is an operation and all surgery has some risk such as bleeding, infection and pain, but serious problems are unusual. There is always a small chance of a vasectomy not working, and this is the reason that sperm checks are necessary. With any surgery, including vasectomy, there is a small risk of long-term pain at the surgical site. This is very uncommon.
9. How long will the No-Scalpel Vasectomy take?  
On average, the operation lasts between twenty to thirty minutes.
10. When can I start having sex again?  
As a rule, we suggest waiting a week before having intercourse. Remember, however, that the vasectomy only divides the vas and has no effect on the sperm that are already beyond that point. It is important not to have unprotected intercourse until the absence of sperm from the ejaculate has been confirmed with two (2) negative sperm checks at least two weeks apart. The first sperm check can be done 3 months after the procedure.

#### Pre-Operative Instructions for Vasectomy:

You should thoroughly shave the scrotum the day prior to vasectomy. Refrain from taking any blood thinning agents for 10 days prior to the procedure. Tylenol is okay but do not use Motrin or Advil (Ibuprofen) or Aspirin products.

#### Post-Operative Instructions for Vasectomy

Diet: You may return to your normal diet as soon as you arrive home.

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**Activity:** Your physical activity should be very restricted the first seventy-two hours. During that time you should remain relatively inactive, moving about only when necessary. During the first 14 days following surgery you should avoid lifting any heavy objects (anything greater than fifteen pounds), and avoid strenuous exercise. You could work at a sedentary job during this time but not a physically demanding job. We will write a note to your employer if needed.

You should plan to wear a snug pair of jockey shorts or an athletic support for the first 4-5 days, even to sleep. This will keep the scrotum immobilized to some degree and keep the swelling down.

Ice packs or a bag of frozen peas should be placed over the scrotum for the first 48 hours, on and off. Frozen peas or frozen corn in a Ziploc bag can be frozen, used and re-frozen. Fifteen minutes on and 15 minutes off is a reasonable schedule. The ice is a good pain reliever and keeps the swelling down.

**Wound:** In most cases your incision will have no sutures and the wound will seal closed in 1 or 2 days. Some patients will have absorbable sutures that will dissolve within the first 10-20 days. In either case you can shower safely within 48 hours. You can swim and bathe in a tub after 7 days. If there is generalized redness, especially with increasing pain or swelling, let us know. The scrotum will possibly get "black and blue" as blood in the tissues spread. Sometimes the whole scrotum will turn colors. The black and blue is followed by a yellow and brown color. In time, all this coloration will go away.

**Medication:** You may take Tylenol (acetaminophen) for pain. It is the safest of all the pain relievers, in that it causes no bleeding. Aspirin, Advil and Motrin (ibuprofen) may prolong bleeding so Tylenol is the preferred pain medication choice. But ibuprofen can be used if Tylenol is not effective for your pain.

**Problems you should report to us:**

- a. Fever of 101.5 degrees Fahrenheit or higher.
- b. Drug reactions such as hives, a rash, nausea or vomiting.

**Follow-up:** You need no routine follow-up visits to have us examine you unless problems arise. You will need to have two semen analyses however to make certain that the vasectomy was successful. First, wait 7 days before having any type of sexual activity or ejaculation. Then use PROTECTED intercourse until you have confirmed by two separate semen analysis that show that you have no sperm in your ejaculate. You can bring in your first specimen to the lab 3 months after the procedure. You should have at least ten (10) ejaculations after vasectomy before bringing in your first semen analysis. Call us to make arrangements with a lab near you. You can use the prescriptions and specimen cups in the vasectomy package from our office to make these arrangements directly with your local lab. If the specimen shows no sperm, then wait two weeks and bring in another specimen. With two negative specimens, you should be sterile permanently.

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