

Vasectomy

Definition

Vasectomy is a form of male birth control that cuts the supply of sperm to your semen. Vasectomy is one of the most popular forms of birth control and is more than 99% effective. Although having a vasectomy is permanent, it is also reversible. You should be confident that you no longer want to father children before proceeding with this procedure. Vasectomy is an outpatient surgery with a low risk of complications or side effects. The cost of a vasectomy is far less than the cost of female sterilization (tubal ligation) or the long-term cost of birth control medications for women.

Risks

Vasectomy is a safe procedure with few risks. Occasionally minor complications may occur. These complications include:

- Bruising that is typically self-limiting, painless, and resolves on its own.
- Hematoma, which typically occurs if you resume activity too soon or too much physical exertion.
- Infection which is rare and typically occurs post procedure, day three (3).
- The vas deferens reconnecting, which is the rarest of complications and occurs in 0.04% of cases.

Very rarely **post-vasectomy syndrome** may occur. It causes discomfort and pain in the testicles and scrotum. There are several theories as to why this occurs, but doctors are unsure exactly why it happens. Treatment may include anti-inflammatory medication, or a vasectomy reversal may be attempted.

Studies have found no increased risk for prostate cancer in men who have had a vasectomy.

Preparing for Vasectomy

- Be sure and shave your scrotum, either with an electric shaver or dry shave.
- Wear loose fitting shorts or sweatpants to the office.
- Pick up a jockstrap or tight-fitting underwear to wear following the procedure.
- Have an ice pack or frozen peas to ice on and off for 15 minutes the first few hours at home following the procedure.
- Bring your Valium and Percocet to the procedure and take with water when you check in.
- Come to the procedure hydrated with food on your stomach.

Procedure Description

Sperm is made inside your testicles. After leaving the testicles, sperm travels to a small gland called the **epididymis** where it matures. It travels from here to the penis through a small tube called the **vas deferens**. During a vasectomy, the vas deferens (tube) is cut in two, preventing the sperm from mixing with the semen.

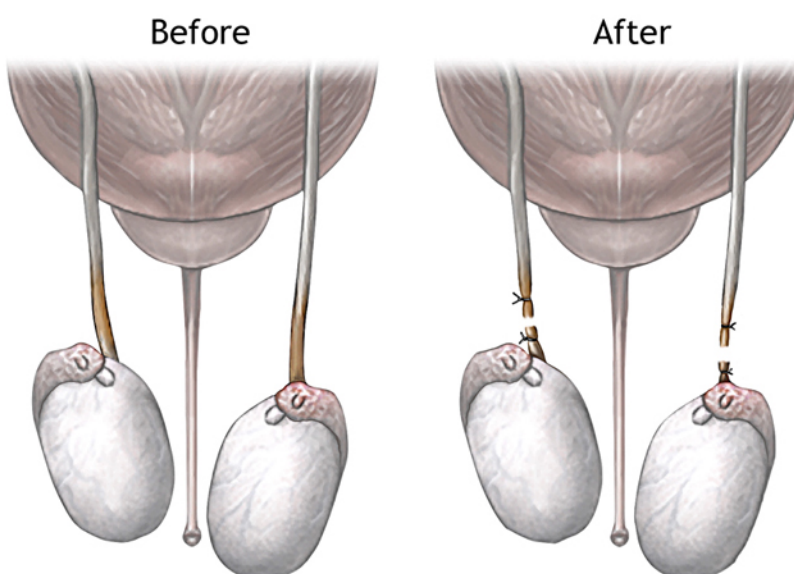
At the beginning of any type of vasectomy procedure, your doctor will numb your **scrotum** (the area around your testicles).

Patients describe this as nearly pain-free.

There are four main procedures for vasectomy:

- **Traditional or Conventional Vasectomy.** After your scrotum is numb, the doctor makes one or two small cuts in the skin of the testicle, finds the vas deferens (tube), gently lifts a small part of it out and cuts it into two. The two ends of the vas deferens are then tied off or **cauterized** (seared to stop bleeding) to close them. They are inserted back in the scrotum, and the incisions are closed with a few stitches.

- **No-Scalpel Vasectomy.** After your scrotum is numb, your doctor locates your vas deferens by touch. A small puncture or hole is made in the scrotum, and the vas deferens (tube) is gently lifted out. It is cut in two and the ends are tied off or cauterized and then placed back inside the scrotum. Because the hole is so small, most patients do not need stitches.



- **Open-Ended Vasectomy.** First, a traditional or a no-scalpel method is used to access the vas deferens. After this tube has been cut, the lower part of it is left open. Only the upper part that runs into the penis is closed. Some research shows that leaving the lower part of the tube open may reduce any swelling and discomfort after a vasectomy.
- **Clip Vasectomy.** First, the vas deferens is located, the skin opened, and the vas deferens is gently lifted out of the scrotum. During clip vasectomy, the vas deferens is not cut or cauterized. A small clip, approximately the size of a grain of rice is attached to the vas deferens. The clip closes off the vas deferens and prevents sperm from passing through this tubular structure. The wound is then closed.

After Vasectomy

- Have someone drive you home.
- Apply ice to the area to reduce discomfort and swelling.
- Rest for the next two days.
- Wait to resume normal sexual activity for seven (7) days, but you may return to work as soon as the next day.
- Heavy physical activity may resume one (1) week following the procedure.

Follow-up Instructions

Vasectomy is not immediately effective. You need to use alternate birth control for two months or at least twelve ejaculations, whichever comes first.

You will need a **semen analysis**. This is a test to count the number of sperm in your semen. Once your sperm count is zero, it is safe to discontinue use of additional birth control.

For the first day or two after vasectomy you may experience mild discomfort in your scrotum or abdomen. Over-the-counter medications such as Tylenol or Advil should help, or use the additional Percocet prescribed, as directed.

Immediately following vasectomy, there is a slight risk of bleeding into your scrotum. Contact your doctor if you experience:

- Significant swelling in your scrotum.
- Intense pain.
- Fever.
- Redness in the scrotum.

Day one (1) through seven (7) following the vasectomy:

- The first 48 hours, no heavy lifting or strenuous exercise.
- If you are not taking narcotics, light activities such as walking or driving an automobile is okay.
- You may shower 24 hours after the procedure.
- No bath, hot tub or swimming for seven (7) days.
- By day seven (7), most men feel comfortable resuming normal activity.

For more information:

American Urological Association
<http://www.urologyhealth.org>

**VASECTOMY
PRE-OP INSTRUCTIONS**

Patient: _____

Appointment: _____ **Time:** _____

Instructions:

- 1) Shower and wash the scrotal area thoroughly
- 2) Dry Shave the scrotal area
- 3) Bring a scrotal support (jock-strap) to wear home after the procedure
- 4) Be prepared to take a least 48 hours to relax - avoiding any strenuous activity - following your procedure.
- 5) Bring your preoperative pain medications to the visit and take once you have checked in.

Chris B. Threatt, M.D.
801 Brewster Ave, Suite 240
Redwood City, CA 94063
Phone: 650-465-6038
Fax: 650-362-9440

POST OPERATIVE ORDERS FOR VASECTOMY

1. Wear jock strap for two (2) days.
2. Ice 15 minutes on and off, indirectly to scrotum first day. Keep dressing dry.
3. May shower in 24 hours.
4. No bath, hot tub or swimming for seven (7) days.
5. Tylenol or Percocet, as needed per perscription, for pain.
6. No heavy lifting or straining for 48 hours.
7. If any bleeding into the scrotum is noticed, call our office.
(A small amount of blood may be noticed on the dressing as some of the skin incision is left open)
8. Call the office if any of the following symptoms develop:
 - a) FEVER
 - b) CHILLS
 - c) A BURNING SENSATION IN THE AREA OF SURGERY
 - d) EXCESSIVE IRRITATION IN THE AREA OF SURGERY
 - e) BLEEDING IN THE AREA OF SURGERY
9. You may resume sex after one with with contraception.
10. Bring a semen specimen to the **lab 8 weeks** following your vasectomy **AND** again at **12 weeks** following your procedure for post-vasectomy sperm analysis:

Week of: (1) _____, and (2) _____

REMEMBER: YOU ARE CONSIDERED FERTILE UNTIL THE FINAL SPERM COUNT IS DONE AND YOU HAVE RECEIVED THE CLEARANCE FROM OUR OFFICE.

I have read and understand the above instructions.

Signature _____ **Date** _____

Please Print Name: _____

I am the responsible person who will be transporting _____ following the Vasectomy Procedure.

Signature _____ Date _____

Chris Threatt, MD INC
801 Brewster Ave., Suite 240
Redwood City, CA 94063
Phone (650) 465-6038
Fax (650) 362-9440

Physician's Surgical Procedure Disclosure and Patient's Consent

TO THE PATIENT: You have the right to be informed about your condition and the recommended surgical, medical, or diagnostic procedure so that you may decide whether or not to undergo the procedure after knowing the risks involved and any treatment alternatives available to you. This information is not meant to alarm you; it is an effort to make you better informed so that you may give or withhold your consent to the procedure. If you do not understand any of the information provided, ask your physician to explain it to you. You may have additional consent discussions regarding: anesthesia, the administration of blood or blood products, certain medications, or additional persons involved in the procedure you are consenting to.

1. **DIAGNOSIS:** I (we) voluntarily request my physician, Chris Threatt MD and technical assistants, to treat my **CONDITION:** Desired sterility (inability to get a woman pregnant).

2. **PROCEDURE(S):** I (we) understand that the following surgical procedure(s) is planned for me on or about (month) _____ (day) _____ (year) _____. I voluntarily consent to and authorize this (these) **PROCEDURE(S)** for the following purpose(s): Procedure (Vasectomy)

Proposed Benefit(s):

This procedure will prevent you from getting a woman pregnant.

Procedure Anatomical Location:

Vas.

3. **MATERIAL RISKS:** Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks related to the performance of the surgical, medical and/or diagnostic procedure(s) planned for me, including:

- * Blood in ejaculate (fluid from penis during orgasm). This may last for a period of time after procedure.
- * Pain, numbness, swelling, weakness or scarring where tissue is cut.
- * Reversing this procedure may be difficult or impossible.
- * Swelling of the penis and/or scrotum.
- * Abnormal collection of blood in an area.
- * Epididymitis. This is inflammation of the epididymis (a curved tube on top of the testicle that holds sperm). *
- Infection of the wound.
- * Long-term pain.
- * Pain or discomfort during sex.
- * Reaction to local anesthesia or other medicines given during or after the procedure.
- * Granuloma.
- * Reconnection of the tubes that carry sperm from the testicles to the penis. This means you may be able to get a woman pregnant.

Additional material risks of surgical, medical and/or diagnostic procedure(s) include: death, cardiac arrest, brain damage, disfiguring scar, paralysis or partial paralysis, loss or loss of function a limb or organ, blood clots in veins or lungs, severe loss of blood, allergic reaction, and infection.

4. ALTERNATIVES TO PROCEDURE: The following practical alternatives to this procedure have been discussed with me:

- * Abstinence.
- * Various forms of female birth control.
- * Using condoms during sex.
- * You may choose not to have this procedure.

5. CONSENT TO TREATMENT OF UNFORESEEN CONDITIONS: I (we) understand that my physician may encounter or discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and associated technical assistants, and other health care providers to perform such other procedures which are advisable in their professional judgment.

CONSENT:

I (we) have been given sufficient opportunity to ask questions about my condition, alternative treatments, risks of treatment, the procedures to be used, and the risks and hazards involved. All of my questions have been answered to my satisfaction, and I (we) have sufficient information to give this informed consent. I hereby consent to the procedure described above.

I (we) certify that this form has been fully explained to me (us), and that I (we) have read it, or have had it read to me (us), that the blank spaces have been filled in and that I (we) understand its contents.

Signature of Patient or Legally Responsible Person

Date: _____
Time: _____ (AM/PM)

Printed Name of Patient or Legally Responsible Person

Signature of Witness (Include Position / Title)

Printed Name of Witness

To Be Completed By Physician After Patient Consent Completed:

I certify that the procedure(s) described above, including the risks, possible complications, anticipated results, alternative treatment options, including non-treatment, have been explained by me to the patient or his or her legal representative before the patient or his/her legal representative consented.

Treating Physician

Date: _____
Time: _____ (AM/PM)

CONSENT FORM PM 330

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from Dr. Chris Threatt. When I first asked for the information, I was told that the decision to be sterilized is completely up to me.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a Vasectomy.

The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on [Date].

Last name grid

First name grid and M.I. box

hereby consent of my own free will to be sterilized by Dr. Chris Threatt

method called Vasectomy

My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services.
Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature of individual to be sterilized Date: [Date]

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent.

form in [Language] language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Signature of Interpreter Date: [Date]

STATEMENT OF PERSON OBTAINING CONSENT

Before [Signature] signed the consent form, I explained to him/her the nature of the sterilization operation Vasectomy

the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at anytime and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent Date: [Date]

Chris Threatt, MD INC

Name of Facility where patient was counseled 801 Brewster Ave, Suite 240 Redwood City, CA 94063

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

[Signature] on [Date]

I explained to him/her the nature of the

sterilization operation Vasectomy

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A [] Premature delivery date: [Date] Individual's expected date of delivery: [Date] (Must be 30 days from date of patient's signature).

B [] Emergency abdominal surgery; describe circumstances: [Text]

Signature of Physician performing surgery Date: [Date]