

GENERAL SURGERY & ENDOSCOPY

 604-391-2000  604-393-9779

PREPARATION FOR YOUR VASECTOMY

Date of Procedure: _____

Location of your procedure: AMBULATORY CARE at Chilliwack Hospital

Arrival Time: _____

Procedure Time: _____

1. Your procedure has been scheduled. Cancellations within **72 hours** of the procedure or failure to show will be subject to a **\$200 re-booking fee**.
2. Please provide any required insurance or workplace forms to the office ahead of the procedure. A fee will be required for their completion.
3. Stop taking any blood thinner medications (eg. Warfarin, Rivaroxaban, Dabigatran, Clopidogrel, Ticagrelor, etc.) as discussed with your surgeon. No NSAIDS (eg. ibuprofen, naproxen) for 1 week prior to the procedure.
4. Please closely trim or shave the underside of the penis and front wall of the scrotum the day before the procedure.

****Not performing this task may result in the cancellation of your procedure and a re-booking fee will apply.***
5. Do not drink any alcohol or use any recreational drugs for at least 24 hours before the procedure.
6. On the day of your procedure:
 - Please wash thoroughly with soap and water,
 - Wear comfortable clothing and tight fitting underwear,
 - Report to Ambulatory Care at Chilliwack General Hospital **30 minutes before** your scheduled procedure time.
7. Your procedure will be done under a local anesthetic. No fasting is required. Please eat breakfast on the day of the procedure to prevent fainting.
8. You may drive yourself home from the hospital after your procedure.

WHAT TO EXPECT AFTER YOUR VASECTOMY

1. You likely will experience soreness after your procedure. We recommend you rest for the remainder of the day. It may feel like you have been kicked in the nuts or abdomen. That's because the testes originate from the abdomen as an embryo and share the same nerve supply. This can last, on average, for about 7 days.
2. A little bleeding from the wound is normal. Use gauze to protect the wound until it has stopped.
3. You may take a shower the next day. Avoid bath tubs, hot tubs and swimming pools for 1 week until the small openings in the scrotum are sealed.
4. Book your semen analysis by calling Lifelabs as soon as possible. Tell them you need a semen analysis 3 months from the day of your procedure or later.
5. For the first 48 hours, ice the area regularly. Take 2 extra-strength acetaminophen every 4-6 hours. We do not recommend you take Ibuprofen.
6. After 48 hours, take 2 tablets of 200mg Ibuprofen (400mg total) every 6 hours if you are having any discomfort as this will reduce the post-surgical inflammation. If you have kidney problems, please let us know as you shouldn't be taking ibuprofen.
7. No sex or ejaculation for 7 days. This avoids disrupting the surgical site. Blood in the semen within the first month or two after a vasectomy is normal and not a cause for concern.
8. For the first week, avoid any physical labour or vigorous exercise. After one week, you may gradually return to your usual activity.
9. At 3 months, conduct your semen analysis! You are required to call Lifelabs IN ADVANCE to book your test. Continue birth control until your test result is reviewed.
10. You will need to achieve 20 ejaculations within the first three months of your vasectomy to flush out the existing sperm in your reproductive tract. If a small number of sperm are still present in your semen analysis, further testing may be required.
11. If at any point you have concerns, please contact our office. A follow up appointment can be arranged as needed.

SURGERY OVERVIEW - NO SCALPEL VASECTOMY

A vasectomy is considered a permanent method of birth control. A vasectomy prevents the release of sperm when a man ejaculates.

During a vasectomy, the vas deferens from each testicle is divided and sealed. This prevents sperm from mixing with the semen that is ejaculated from the penis. An egg cannot be fertilized when there are no sperm in the semen. The testicles continue to produce sperm, but the sperm are reabsorbed by the body. (This also happens to sperm that are not ejaculated after a while, regardless of whether you have had a vasectomy.) Because the tubes are blocked before the seminal vesicles and prostate, you still ejaculate about the same amount of fluid.

A vasectomy has no hormonal implications. Your testosterone, produced by the testicles, is circulated by the blood system and does not involve the vas deferens.

It usually takes several months after a vasectomy for all remaining sperm to be ejaculated or reabsorbed. You must use another method of birth control until you have a semen sample tested for confirmation of infertility. Otherwise, you can still get your partner pregnant.

Surgery to reconnect the vas deferens (vasectomy reversal) is available, but the reversal procedure is difficult. Sometimes a doctor can remove sperm from the testicle in men who have had a vasectomy or a reversal that didn't work. The sperm can then be used for in vitro fertilization. Both vasectomy reversal and sperm retrieval can be expensive, may not be covered by your provincial health plan or private health insurance, and may not always work.

WHAT HAPPENS

During a vasectomy:

- Your testicles and scrotum are cleaned with an antiseptic and possibly shaved.
- Each vas deferens is located by touch.
- A local anesthetic is injected into the area.
- Your doctor makes one or two small openings in your scrotum. Through an opening, the two vas deferens tubes are cut. Electrocautery will be used to seal the ends with heat. A layer of tissue is used to keep the two ends separate which is called fascial interposition.
- The vas deferens is then replaced inside the scrotum.
- An open ended method is used to reduce the risk of sperm build up in the vas deferens and minimize the chances of increase post vasectomy pain/discomfort.
- The procedure takes about 10 to 15 minutes.
- **No-scalpel vasectomy** is a technique that uses a small clamp with pointed ends. Instead of using a scalpel to cut the skin, the clamp is poked through the skin of the scrotum and then the vas deferens is pulled through the small hole to the outside. The benefits of this procedure include less bleeding, a smaller hole in the skin, and fewer complications. No-scalpel vasectomy is as effective as traditional vasectomy (Roncari D, 2011).

WHY IT IS DONE

A vasectomy is a permanent method of birth control. Only consider this method when you are sure that you do not want to have a child in the future.

HOW WELL IT WORKS

Vasectomy is a very effective (99.85%) birth control method. Only 1 to 2 women out of 1,000 will have an unplanned pregnancy in the first year after their partners have had a vasectomy (Trussell J, 2011).

RISKS & COMPLICATIONS

There are no life-threatening complications associated with a no-scalpel vasectomy. The minor complications that can arise are generally short-lived and resolve with ice, rest, anti-inflammatories and time. Long term safety with no-scalpel vasectomies is considered excellent, although all the following are possible:

Mild Discomfort: You are likely to experience a mild aching sensation to the scrotum for a few days after the procedure.

Mild Bleeding into the Scrotum (1/400): You may form a small tender swelling for a few days with bruising on the skin

Scrotal Hematoma (1/2000): A major bleed into the scrotum causing a grapefruit sized tender scrotum that takes a couple of months to heal.

Infection (1/2000): May present as redness and tenderness at the healing site opening or non specific tenderness within the scrotum, which may require oral antibiotics.

Epididymitis (1/500): Tender swelling of the tube connecting the vas deferens and testes.

Sperm Granuloma (1/500): A small, potentially uncomfortable, lump that is formed due to inflammation from sperm exiting the cut end of the vas deferens.

Post Vasectomy Pain Syndrome (1/1000): A rare complication of a persisting dull ache in the testicle where the inflammation does not settle down. It may resolve on its own or another procedure may be required.

Failure (1/1000): If the vas deferens has been inadequately blocked or has rejoined.

There have been cases, though extremely rare, reported in literature of men who have had a vasectomy becoming virile again after many years.

1. Healthwise, S. (2017, March 14). Vasectomy Surgery Overview. Retrieved and modified June 4, 2018, from <https://www.healthlinkbc.ca/health-topics/hw7265>