

Vasectomy Patient Information



A vasectomy can provide peace of mind if you're finished having children. This outpatient procedure is considered a permanent form of birth control and is a serious decision that should be given thorough consideration.

This packet includes important information and instructions about your vasectomy. Please read this information carefully prior to your procedure. If you have any questions, please contact us.

Vasectomy Overview

HOW A VASECTOMY WORKS

A vasectomy is an outpatient procedure that is done in our office and takes approximately 30 minutes.

When you have a vasectomy, the two vas deferens are cut to keep sperm from traveling from the testes to the penis. This is the only change in your reproductive system. The testes still produce sperm, but since they have nowhere to go, they die and are absorbed by your body. Your prostate and seminal vesicles still produce fluids, so your semen doesn't look or feel any different. Your male hormone level remains the same, so your hair distribution, the pitch of your voice, and your sexual drive does not change.

FACTS

A vasectomy does not affect your ability to have sex.

- Sterilization won't affect your ability to have erections or orgasms and doesn't visibly change your semen.
- There is no conclusive evidence that vasectomy causes health problems such as prostate cancer, heart disease, or other health problems.
- A vasectomy will not solve sexual or marital problems.
- The only aspect of your life that a vasectomy changes is your ability to father a child.

SEX AFTER VASECTOMY

A vasectomy will not affect your sexual functioning. When you start having sex again, you will still have erections and orgasms, and your sexual relations will feel the same as before. If you had a good relationship with your partner before vasectomy, it should not change. Until you are sterile it is absolutely essential that you continue to use some other method of birth control after your vasectomy until a test confirms that your sperm count is zero.

To make sure no sperm are left in your semen, you will have a postoperative semen exam. You should use a mail-in testing kit from Fellow to collect a semen sample in the privacy of your own home. This kit will be available on the day of your procedure. The specimen should be obtained no earlier than 12 weeks after the procedure. (The best specimen should be obtained after at least twenty [20] ejaculations.) If at any point in the future, there is concern about continued sterility additional testing kits can be purchased for testing.

The Vasectomy Procedure

PREPARING FOR YOUR PROCEDURE

To prepare for your vasectomy, it's important to follow these instructions.

- Stop taking aspirin and nonsteroidal anti-inflammatory drugs known as NSAIDS (Advil®, Aleve®, Motrin®, diclofenac, ibuprofen, indomethacin, ketorolac, meloxicam, Midol®, naproxen, Naprosyn) for ten days prior to your procedure. You will also need to hold other blood thinners and anticoagulation, such as Plavix® and Coumadin® but please discuss with your provider prior to stopping these medications.
- Shave the scrotum at least 24 hours prior to the vasectomy and wash with an antibacterial soap the day before, and the day of your procedure.
- Wear or bring a pair of athletic compression shorts or tight-fitting cotton briefs with you on the day of your procedure.
- It is not necessary that you have a driver accompany you on the day of your procedure unless your provider has given you additional medication such as Valium.

DURING THE PROCEDURE

You will be asked to undress from the waist down and lie on the exam table. You will be cleaned with antiseptic soap and covered with sterile drapes to help prevent infection. You are given an injection of a local anesthetic into the skin of your scrotum. This causes a minor discomfort. This anesthetic prevents you from feeling further pain. Once the anesthetic takes effect, one or two tiny incisions are made in the skin of the scrotum with a small instrument or scalpel. Each of the vas deferens is lifted through the incision and cut. There are different techniques that your provider can choose, including ligation, clips, and cautery of the ends. The incision may be closed with two or three absorbable stitches, but it is possible you will not need any stitches. The entire procedure usually takes less than 30 minutes. If sutures were used, you do not need to return to have them removed as they will dissolve after a few weeks.

AFTER YOUR PROCEDURE

The local anesthetic begins to wear off after an hour or so. Any discomfort you feel is usually mild.

HEALING

Once you are home, you can do several things to aid your recovery:

- Stay off your feet as much as possible for the first two-three days to lessen the chance of swelling.
- An ice pack or bag of frozen peas can help keep swelling down (this is especially important for the first 6-8 hours after the procedure). Apply the cold pack for 20 minutes and then alternate it off for 20 minutes over the initial two-three days and as needed after.
- Wear snug cotton briefs or compression shorts for support. An athletic supporter or jock strap can be used, if desired.
- You may shower 24 hours after your procedure.
- Avoid heavy lifting or exercise for at least 5 days after your procedure.

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- Wait one week before having intercourse. Remember that you must use another form of birth control until your doctor says you are completely sterile.

For about a week your scrotum may look bruised and slightly swollen. You may have a small amount of bloody discharge from the incision site. You may also feel some mild discomfort. These symptoms are normal.

POSSIBLE RISKS AND COMPLICATIONS

Before your vasectomy can be performed, you will be asked to read and sign a consent form that states you are aware of the possible risks and complications and that you understand the procedure, though usually successful, is not guaranteed to make you sterile. Be sure that you have all your questions answered before signing this form.

Even with a minor procedure like vasectomy, problems can occur. If you experience any of the following or any other symptoms you are concerned about, call your doctor.

The following complications might occur during the first few days after your procedure:

- **Postoperative Pain** – Some men experience mild discomfort in the scrotum after the procedure. Acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve) will help relieve some of this discomfort. Your provider may also offer Sprix® (ketorolac) nasal spray to relieve any pain. Bedrest and scrotal support are also recommended.
- **Hematoma** – Very rarely, a small blood vessel may leak blood into the scrotum forming a clot. A small clot will probably dissolve with time, but a larger one can be painful and may require reopening of the scrotum and drainage.
- **Infection** – Infections may occur after a vasectomy. Some signs of infection are fever, chills, and redness and swelling around the incision site.

Other complications, though rare, may occur in the first few months after your procedure. These are the most common:

- **Sperm granuloma** – Sometimes a lump (called a sperm granuloma) can form at the site where the vas deferens is tied off. It is caused by leaking sperm. Usually, these small lumps cause no problems.
- **Congestion** – Because sperm are still produced after a vasectomy, they can build up in the epididymis and testicle. It may cause inflammation of the epididymis (epididymitis). It usually disappears without treatment but can sometimes require antibiotics and anti-inflammatory medications. It is uncommon to last more than six months.
- **Recanalization** – After vasectomy, at least 20 ejaculations are required to clear viable sperm from the reproductive system; usually it takes a few months before sterility is complete. Failure of vasectomy with spontaneous return of fertility occurs very rarely. This can happen if the cut ends of the vas deferens reconnect (recanalization). Recanalization usually occurs within a few months of your procedure but can occur much later.

AFTER YOU ARE STERILE

After you are told by Fellow (mail-in home testing kit) that you are sterile, you no longer need another form of birth control. You are free to have sex without the fear of an unwanted pregnancy. However, keep in mind that a vasectomy does not protect you from sexually transmitted diseases. If you are not in a mutually monogamous relationship, practice safe sex by using condoms.

Insurance Information

- Vasectomy is an elective procedure.
- Your initial office consultation is NOT included in the charge for the vasectomy.
- The procedure itself requires that 30-45 minutes be set aside in the office schedule. A \$139 deposit will be requested when you make your appointment for the actual vasectomy to hold this time for you. This amount will go toward any amount you may owe as copay, coinsurance, or deductible. **This is non-refundable should you cancel your appointment less than 48 hours prior to your scheduled time or fail to show up.**
- The Urology Group's business office will contact your insurance carrier prior to your appointment to determine your benefits for vasectomy. **You will be responsible to pay any amount not met to date on your deductible and/or any coinsurance, and this amount is due on the day of your vasectomy.***

*This information comes from your Insurance Plan and may be subject to change when the claim is actually filed.

- The sections of vas that are removed at the time of your procedure may be sent to our lab where the Pathologist will identify the specimen. There is a \$71 charge for both the lab and the Pathologist. Insurance will cover these charges at your benefit level.
- You will receive a text message/email from My-Well-Being with your out-of-pocket information. This is not to be considered SPAM and is safe to open. Please open and read your message, as it will contain valuable information regarding your patient responsibility.
- Fellow post-vasectomy semen analysis is not covered by insurance, however we offer it for \$139.
- The charge for a vasectomy and post procedure test is \$2,730. If you do not have any benefits for vasectomy, we do offer a self-pay discount. Please call **513-841-7453** to discuss this option.
- We do not make payment arrangements for this procedure.
- If you have any questions regarding this policy, please call **513-841-7453** (Monday - Friday, 8:30 a.m. - 4 p.m.).

Consent to Non-Therapeutic Sterilization



Consent to Non-Therapeutic Sterilization

I, the undersigned, voluntarily request and authorize Dr. _____ to perform a unilateral and/or bilateral Vasectomy upon me, _____ for elective sterilization.

I understand that the purpose of this procedure is to cause sterility, i.e., the inability to produce children or cause pregnancy in a female partner. I understand that the procedure is intended to be irreversible. Despite the intention and purpose of the procedure, to cause irreversible sterility, to permanently prevent pregnancy in a female partner, the procedure may not have that effect. I may now or in the future heal in such a way that I am not sterile, that I may again produce sperm in ejaculate fluid. I understand that the intended result of sterility is not guaranteed now or in the future.

The following issues have been explained to me regarding the procedure and I understand the possible consequences of each of them.

1. This is a procedure designed to prevent future pregnancies.
2. The treating doctor cannot and will not guarantee that fertility can be re-established once the procedure has been completed.
3. This procedure may not result in sterility.

I have been told the procedure can be associated with known complications, including, but not limited to:

1. Infection
2. Bleeding and hematoma formation
3. Sperm granuloma, a small lump of reactive tissue including sperm that grows on the cut edge of the vas
4. Unexpected reconnection of the cut edge of the vas
5. Reaction to any of the medicines given, especially the local anesthetics
6. Chronic pain at or near the surgical site

I have been advised to submit an ejaculate specimen (the fluid produced by having orgasms). This specimen should be obtained no earlier than 12 weeks after the procedure (the best specimen should be obtained after at least twenty (20) ejaculations). The specimen must not demonstrate any sperm before I can consider that the procedure has caused me to be sterile.

I understand that if the procedure causes sterility, these successful results are expected to be permanent. I have been told that even after the ejaculate specimen is negative there is a remote possibility that the sperm tubes may reopen allowing sperm to get into the specimen. Such an occurrence will defeat the purpose of the procedure.

I understand, further, that all methods of contraception used prior to this procedure should be continued until I am advised that the specimen has no sperm in it. I will not be sterile until after I am informed that this test is negative.

I hereby release Dr. _____ and any other associates from any liability arising out of or connected with the performance or consequences of this procedure.

NAME OF PATIENT (PRINT) _____ DATE: _____

SIGNATURE OF PATIENT

WITNESSED