

ANCORA MEDICAL PRACTICE

Patients Guide to Non-Scalpel Vasectomy (NSV) & Pre/Post Operative Care



- Quick and simple procedure
- No scalpel involved
- No stitches necessary
- Less painful than scalpel technique
- Only a 1 in 2000 chance of not being sterile

**The procedure is carried out by our GP Partner,
Dr Mubark Jajja who is a qualified vasectomist**

PATIENT'S GUIDE TO HAVING A VASECTOMY

This booklet has been prepared to guide you through your visit to us for your vasectomy and through the immediate post-operative period. If you have any questions that are not answered or if you would like to discuss a special problem, please do not hesitate to telephone.

If you change your mind or wish to postpone your operation, please let us know as soon as possible so that the appointment can be offered to someone else. Please don't just not turn up without letting us know - simply call the surgery to cancel or change your appointment on 01724 842244.

Why Choose Vasectomy?

People ask for vasectomy when they are sure that their family is complete or they do not want children. It is one of the most effective forms of contraception. However, it should always be considered as permanent and so requires very careful thought beforehand. It should be recognised that personal circumstances can change and that reversal operations are not very successful, and it is not funded by the NHS.

Who can have a Vasectomy?

Any man can have a vasectomy regardless of age, or whether they are married, single, divorced, widowed, childless or with a family. If you have a permanent partner, their consent is not legally necessary, but it is recommended that your decision is discussed with her and that she agrees with it.

How effective is Vasectomy?

Vasectomy is over 99.9% effective, but occasionally the operation fails if one or both tubes rejoin, or there may be a double tube on one side. Sexual intercourse can be resumed as soon as you are comfortable, but advised not in the first 10 days.

However it is essential to continue to use contraception until there are no more live sperm in the ejaculation. This will be shown by a sperm test carried out 4 months after the operation.

Am I suitable for Vasectomy?

Anyone can have a vasectomy but some medical conditions may make the procedure more difficult, in particular, **you must let your GP and the surgeon know if you have had any operations in the genital area (including hernias)**, if you have any known abnormality of the uro-genital system (e.g. kidneys, bladder) or if you have had any metallic implants (e.g.. for a broken leg).

There can be sperm in the ejaculated fluid for many months after the operation. You must continue to use contraception until post-operative sperm tests have been carried out and you have at least 1 satisfactory sperm test showing no more live (motile) sperm. You will be given further information about this after the operation and before you go home. We want to ensure you receive the best possible treatment and care while you are with us. We are aiming to improve our services wherever we can and we welcome any comments or suggestions you may have.

You will be having a local anaesthetic; it is a good idea to have a light breakfast before attending. **You should aim to be collected from the surgery by car as you will not be able to drive straight after your operation.**

The surgeon will spend some time talking with you before the operation, to explain details again and to answer any final questions you may have. Your partner is welcome to attend at this time and can stay with you during the operation if you wish. There are no stitches to remove, only a small cut that will heal itself - although it may gape open a little after a few days. You need only to seek medical advice if it **is persistent, excessively smelly or inflamed.**

Vasectomy has no effect on masculinity or on sexual arousal, performance or orgasm. Sperm continues to be produced by the testicles but the passage to the penis is blocked, so they are reabsorbed into the body. It can be reassuring to know that many people who have had a vasectomy say their sex life has improved because the fear of pregnancy has been removed.

Chronic post-vasectomy testicular pain occurs in some men. Most men will suffer a mild degree of testicular discomfort for a few days to weeks afterwards. This generally resolves but may need anti-inflammatory medication (such as ibuprofen) and supportive underwear. The problem may become long term if last for 4 to 6 months at a time, being aggravated by sexual excitement and ejaculation. In a very small percentage of men, the symptoms may be severe enough to warrant reversal of vasectomy or other surgery.

Small lumps/nodules may form around the cut end of either vas deferens (tubes). These arise in most men and are usually painless. They are due to scar tissue, collections of blood or sperm. Rarely they cause long term pain and need to be removed. sometimes years later.

Testicular atrophy can also develop. This is when the testis can shrink in size and stop working. It usually developed due to lack of blood supply to the testis, is extremely rare, but need to be aware of it.

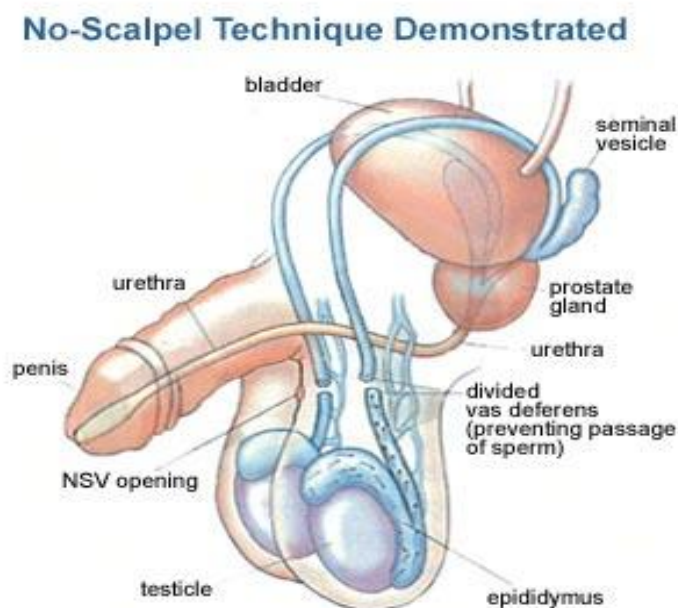
It is vitally important that you continue to take precautions against pregnancy until you have been given the all clear following analysis of the semen specimens which you will be required to provide.

NON-SCALPEL VASECTOMY (NSV)

No-scalpel vasectomy is fast becoming the method of choice and has been carried out on over 20 million men worldwide. It is regarded as the safest technique and results in fewer problems afterwards.

How is the procedure done?

Sperm makes up approximately 5% of the fluid ejaculated at orgasm. The purpose of the operation is to stop the sperm being ejaculated by sealing the tubes (the vas deferens) which carry the sperm from the testicle to the fluid. The fluid originates in glands at the base of the penis and the quantity produced is unaffected by the operation.



The operation takes around 30 minutes, with perhaps 10 minutes before and after for preparation and finishing. You will be given a small injection of warmed local anaesthetic into the skin of the scrotum. A tiny opening is made (rarely, two may be needed) and a piece of the tube leading from each testicle is sealed and cut so that sperm can no longer get through.

POSSIBLE COMPLICATIONS

Mild swelling and discomfort can be common after the procedure in the first few days. Taking Paracetamol and Ibuprofen as well as applying an icepack (e.g. a bag of frozen peas wrapped in a towel) will help reduce the swelling and make you more comfortable. Apply the ice pack for 15 minutes at a time and every hour or two.

Local bruising develops in most men after vasectomy. It is usually localised to the scrotum but can spread to the penis and as far as the groin and thighs. Anti-inflammatory painkillers such as ibuprofen (not to be taken by those with asthma or indigestion/ulcers) can help.

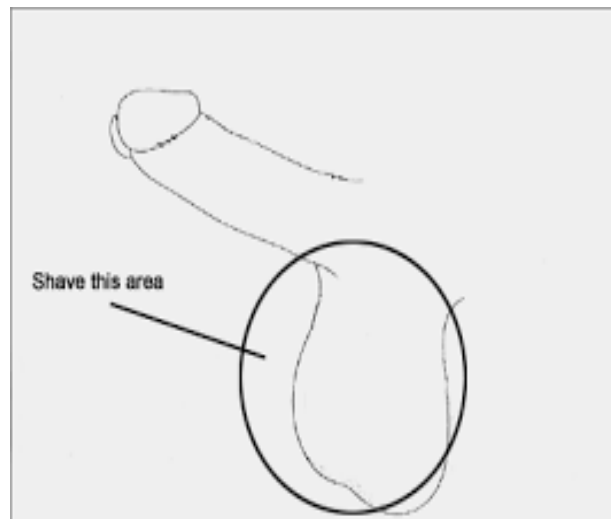
Infection is a risk in any surgery. This might be experienced as flu-like symptoms and/or excessive swelling, tenderness or pain. If you are worried your wound has become infected please contact your GP or myself as soon as possible.

The wound can occasionally bleed. Some men experience a small blood loss from the wound, while a few lose quite a lot. If you are worried and need to stop the bleeding you can do so by squeezing firmly the wound edges between thumb and finger for five minutes. If this fails to arrest the bleeding please contact myself, your GP or, out of hours, your local GP co-operative or A&E immediately.

In some cases, a small blood vessel within the scrotum may bleed after vasectomy. This can occur several days after the operation and is often the result of over-strenuous activity. This may lead to the scrotum filling with blood clot (haematoma). In such cases the scrotum will become painful and very swollen. **Should this occur you should contact your GP immediately.**

BEFORE YOUR OPERATION

You **MUST** shave your scrotum as shown in the diagram below at least the day before the operation is due. Immediately before coming for the procedure, please wash the genital area thoroughly with soap and hot water. Eat a light meal before arriving at the surgery. Your wife / partner is welcome to attend with you for any part or all of the consultation / operation.



AFTERCARE - Important information relating to post-operative care following your operation.

Following a local anaesthetic you can leave the surgery after a short rest. **You should not drive yourself but arrange for someone to collect you or use a taxi.** It is normal for you to experience some discomfort during the first few days and occasionally some swelling develops. **It is advised to plan to relax at home for at least 3 days before undertaking any office based work or 1 week for heavy manual labour.**

We also advise that you avoid strenuous exercise, heavy lifting or driving long distances for 1-2 weeks. Avoid contact sports and jogging for two weeks and avoid cycling or horse riding for 3-4 weeks. It is recommended not to fly for 7 days after the procedure. To minimize swelling and discomfort, it is advisable to wear tight fitting underpants, swimming trunks or a jock strap (please bring with you on day of your operation). You should continue to wear these day and night for about one week.

An hour or two after the operation, when the local anaesthetic wears off, you will normally have some discomfort or mild pain. You can take any usual painkillers such as Paracetamol, Ibuprofen or Co-codamol in normal dosages, which are all available from Pharmacies without a prescription.

We advise that you place an ice pack on the scrotum for 10-15 minutes every 1-2 hours for the first day to reduce swelling and discomfort.

Remember to place a clean tea towel (or similar) between the ice pack and the skin. Some swelling and bruising of the scrotum and testicles is normal but if it is severe during the first few hours after the operation, you should contact your own GP surgery or myself.

After the procedure care should be taken with bathing for about 7 seven days. Although the operation area may be slightly bloodstained, it is better not to wash for 24 hours. It is then best not to soak in a bath but to have showers, letting the water run over the area. If you do not have a shower, then kneel in a bath and sponge water over the area. Do not use excessive soap or shampoos and do not use talc.

Post-vasectomy Semen Analysis

You will be required to give at least one specimen after about 4 months. The greatest risk of rejoining of the tubes is in the first 3-4 months after the operation. Sperm can live for up to 70 days or longer and will still be released for a variable length of time after the operation when you ejaculate. In order to empty the 'reservoir' of live sperm with in this period of time it is recommended that you have intercourse / ejaculate on average 3 times a week. Sometimes it is found that even with this frequency of intercourse, some men take longer to clear their 'reservoir' of live sperm and you should not worry if you are asked for further specimens.

Traditional advice has been to obtain 2 completely clear semen tests before stating that a person is infertile. However, new evidence and guidelines may confirm that 1 fresh sample at 4 months that is completely clear of live motile sperm is sufficient but for now it is recommended that you follow the recommendations contained in the laboratory reports of the semen samples regarding any need for further testing.

UNTIL YOU HAVE RECEIVED CONFIRMATION FROM US, YOU SHOULD CONTINUE TO TAKE CONTRACEPTIVE PRECAUTIONS.

No assurance that you have become infertile can be given without these tests. No responsibility will be accepted for failure of the operation if the required semen specimens are not submitted for analysis at the appropriate times. The date for your semen specimen collection will be approximately 12-14 weeks after your operation.

You will be provided with semen analysis kits (including sample pot, request form and full instructions on what to do next) on the day of your operation to take away with you, and a reminder letter will be sent to you nearer the time. We will send the results of your semen analysis to you and your own GP, whom you should contact if you have any queries.