Greetings

This booklet is intended to give the man contemplating vasectomy concise information needed to make an informed decision about vasectomy and how to prepare for the procedure if he chooses vasectomy.

We suggest that each man talk with his wife or partner and family physician about family planning and vasectomy. Permanent sterility is a major life decision and should be considered carefully. This process may take time, but it will help you make a decision you can be happy with, both now and in the future.

Family Planning

There are several choices available for contraception. Each couple must choose the method which best suits their needs. Temporary and reversible methods of birth control include condoms, spermicides, diaphragm, IUD, the pill, the patch, and Depo-Provera. Permanent methods include female sterilization by tubal ligation and male sterilization by vasectomy. These procedures are generally considered irreversible. This means only those who have decided not to have more (or any) children should choose permanent sterilization.

While no one can predict the future, you must take into consideration the possibility of unforeseen changes in your life or in the lives of your partner and children. Can you imagine a situation in which you would regret having chosen sterilization? Would you consider adoption? You should also consider the risks and consequences of having an unintended pregnancy while using a reversible method of contraception instead of sterilization.

Vasectomy

Vasectomy is an operation on a man to cause permanent sterility. It works by blocking the transport of sperm from the testicles. Semen released with ejaculation appears normal, but it will not contain sperm cells. Vasectomy does not affect a man’s sex drive or hormones or sexual performance.

Vasectomy is a common operation, performed about 500,000 times annually in the U.S. It is a short procedure that is performed in your doctor’s office or a clinic. The operation takes about 10 minutes, and you may return to light work the next day, but you will need to take it easy for one week. You may still be fertile for several weeks after vasectomy. For this reason, you will use temporary birth control until your semen is tested and shows no more sperm.

Making an Appointment

If you decide on vasectomy, talk with your doctor about who should do the procedure. If you choose DrSnip, you may simply call the clinic at (206) 525-4090 or (800) 636-4090 for an appointment time. We usually schedule the consultation and procedure in one appointment. Plan ahead to arrange your driver, and choose a week when you can comply with the Activity Guidelines. Appointments are available on weekdays and on Saturday mornings. Our receptionist will check on your insurance coverage and let you know.
Preparation

Once you have all the information you need and have made the decision to have a vasectomy, the rest of the preparation is easy:

1) Arrange your driver and plan ahead to restrict activities for one week after vasectomy.

2) Avoid all aspirin and aspirin-containing products (such as Bufferin, Excedrin, Alka Seltzer) for five days before vasectomy. Also stop ibuprofen and other anti-inflammatories two days before vasectomy. You may use Tylenol at any time.

3) Lather and wash the scrotum and groin area well the evening before or day of your vasectomy.

4) The day before, shave or trim away the hair from a two-inch circle on the front of the scrotum, as shown on the diagram on page 2. Or you may choose to leave the shaving to the doctor.

5) Wear a clean pair of snug-fitting briefs or boxer-briefs that give support to the scrotum. You might prefer to wear your bike shorts or a Speedo.

6) Maintain your normal diet on the day of your procedure.

At the Clinic

Plan to arrive at your appointment time, allow one and a half hours at the clinic, and plan to go straight home afterward. We do encourage you to have your spouse or partner accompany you and participate in the consultation. She may also stay with you during the procedure if you wish. In any case, we require, for your safety and comfort, that you have someone to drive you home.

When you arrive and register at the clinic, we will collect the balance of your fee or your insurance deductible and co-pay.

The Consultation

In your personal consultation we will review your health history. Be sure to complete and return the brief health questionnaire, enclosed. We will ask if you have read and understand the contents of this booklet. Your doctor will respond to any questions you have about vasectomy. You will have the opportunity to decline the operation if, for any reason, you have changed your mind.

You will need to sign the Consent form, enclosed. We recommend that your wife or partner also sign the form to indicate her support of your decision and acceptance of sterilization.

Anatomy

Before describing the procedure of vasectomy in detail, we will review, here, the male anatomy. Please refer to the diagram on the preceding page.

Each testis (or testicle) is a smooth, oval-shaped gland, which rests in the sack-like scrotum and is connected by its blood vessels, nerves and vas deferens, which all run in the spermatic cord. The testis contains several long tubes in which sperm are made and channeled into the epididymis, a soft, comma-shaped attachment on the top and back of each testis. The testes also have the important function of producing testosterone and other male hormones. These hormones are transported out of the testes through the blood vessels, so this function is not affected by vasectomy, which interrupts only the sperm flow. The epididymis collects the sperm, which eventually travel through the narrow vas deferens, a long, firm tube leading up out of the scrotum and around the bladder to join the seminal vesicle. Sperm are transported through the vas deferens by waves of contraction along the tube. Sperm can be stored toward the end of the vas deferens for many weeks before being released during ejaculation. Both left and right seminal vesicles empty through the single prostate gland and out the penis through the urethra, the tube that also carries urine from the bladder. Remember that the organs are paired—left and right—from the testes to the seminal vesicles, so both vasa deferens must be interrupted for a successful vasectomy.
The No-Needle Vasectomy

As with any common surgery, technique evolves over time. Vasectomy technique has advanced by becoming less and less invasive. Simply put, the less we do, the better our patients do. So now we use no scalpel incision at all, no skin stitches, and not even the usual needle and syringe for anesthesia.

The No-Needle Vasectomy (NNV) was developed in Seattle and published by Dr. Wilson in 1999. It uses a “hypospray” injector, invented by Dr. Ralph Adam, to instantly deliver a tiny stream of lidocaine solution through the skin and into the vas deferens. The numbing effect is instantaneous, faster and more effective than a needle injection. Patients typically describe the sensation as a mild snap, like a rubber band against the skin. So while it is not entirely painless, the hypospray has been widely preferred over a needle among DrSnip NNV patients. In addition to improving patient comfort and relieving anxiety, it also avoids needle damage to blood vessels in the area, averting bruising or bleeding.

The Surgical Procedure

Some men do not care to know all the details of the surgical procedure; you may skip over this section. Others want to know more after reading this summary. We would like to provide you with all the information you need. Please feel free to call us for more information.

**PROCEDURE:** After completing the consultation and the necessary paperwork, we will make you comfortable, reclining on an exam table. Your partner may sit beside you. Your doctor will examine your genital area and ensure that preparation is adequate. He will cleanse the scrotum with a warm antiseptic solution. He will keep you informed and help you relax during the five to ten minute procedure.

The doctor gently locates each vas deferens and administers local anesthetic with one snap of the hypospray into each vas, which numbs the central skin site and both vasa. The left vas deferens is then held just under the skin on the front of the scrotum while a small puncture opening of about 1/8 inch is made in the skin to expose the vas. The vas is delicately separated from the sheath of surrounding tissues and brought out through the opening. It is then cut and sealed using electrocautery, a small electric current that heats the lining of the vas.

The sealing effect of cautery is temporary, but it stimulates formation of a strong scar that blocks the vas. This method has proven to have a high success rate. The two ends of the vas are then separated by a half-inch, and a layer of sheath tissue is closed and tied with an absorbable suture, forming a barrier between the ends. This barrier helps to ensure that when healing is taking place, the ends of the vas will not reunite, allowing sperm to cross. The left vas is then put back in place, and the right vas is located and held where it can be reached through the same central opening. The right vas is cut and sealed, and the sheath closed, just like on the left. The right vas is then put back into place.

No stitches are needed after NNV. The small skin opening will seal closed by itself. Your briefs will hold the gauze dressing in place overnight. After a few minutes you may get dressed and go home. **You are to go directly home to rest until the next day.** You will be given written instructions for your care after vasectomy.
Common Questions and Important Facts about Vasectomy

IS VASECTOMY A “SURE THING”?
Vasectomy is the most effective of all the methods of birth control. It also ranks among the safest and most effective of surgeries. But nothing is perfect, and no surgery is 100% safe or effective. The failure rate for this method of vasectomy has been reported as 0.4%. That is to say, 4 out of 1000 men would remain fertile, even several months after the vasectomy. Failure can occur due to reconnection of the cut ends during healing, formation of a new channel through a sperm granuloma, failure to identify and cut the vas, or duplication of the vas on one side. If repeated semen tests remained positive after several months, we would repeat the vasectomy procedure at no cost to you.

HOW MUCH PAIN OR DISCOMFORT WILL I EXPERIENCE DURING THE PROCEDURE?
This varies with the individual, but most men say the discomfort is quite mild, and that there is no pain after receiving the anesthetic. For some, the idea may be more discomforting than the actual procedure.

WHAT CAN I EXPECT AFTERWARDS?
There may or may not be some dull aching in the testicles or the abdomen after the anesthetic has worn off in about an hour. This ache, if it occurs, is usually mild and may be felt from time to time over the first few days, especially with activities such as getting up or moving quickly. There may be a small amount of oozing from the incision for a few days. There is commonly a temporary bruised color on the scrotum after 2 to 3 days.

SHOULD I PLAN TO Get A RIDE HOME?
Yes, we require, for your safety and comfort, that you have someone else drive you home, since you don’t know exactly how you will feel. Rarely patients get light-headed or faint after even a minor surgical procedure.

WILL MY SEX LIFE BE AFFECTED?
Sex drive, erection, orgasm, and ejaculation are not interfered with by the operation. Vasectomy only blocks the sperm cells from entering the semen. The male sex hormones in the blood do not change. If a man or his partner had negative feelings about vasectomy, like other feelings it could affect sexual performance. However, many men and women have said that the relief from worry about pregnancy has improved their sex lives after vasectomy.

WHEN I HAVE AN ORGASM, WILL I STILL EJACULATE SEMEN?
Yes. The amount of semen a man ejaculates after vasectomy is only decreased by about 5%. Without a microscope, you could not notice the absence of sperm cells in the fluid.

WHAT HAPPENS TO THE SPERM CELLS AFTER VASECTOMY?
The testes continue to produce sperm cells that go through the same life cycle as before. The unused sperm cells are reabsorbed naturally, as are other unused or old cells in the body. Sperm antibodies may form to help in the removal process, but these are not harmful to the body.

WHY IS VASECTOMY NOT EFFECTIVE IMMEDIATELY?
During vasectomy the vas deferens from each side is interrupted in the upper scrotum. The sperm stored "downstream" in the vas deferens can still be ejaculated and cause pregnancy. The system needs to be emptied of stored sperm cells, which can take between 6 weeks and 6 months' time.

CAN I HAVE THE VASECTOMY REVERSED?
With microscopic surgery by a skilled and experienced surgeon, the vas in most cases can be reconnected. This procedure usually requires general anesthesia in the hospital. But even after making this attempt, as many as 50% will not succeed in having children. Vasectomy should be considered a permanent operation.

SHOULD I SAVE SPERM BEFORE VASECTOMY?
Commercial sperm banking --freezing sperm for later use-- is available. The long-term storage of your sperm, along with the procedure of artificial insemination is costly and introduces considerable uncertainty rather than security. If you have any reservation about giving up the ability to father children, you should not have a vasectomy, but should choose another method of birth control.

WHAT IS THE RISK OF COMPLICATIONS?
As with any surgical procedure, complications do occasionally occur. With this vasectomy procedure the risk is about 5%, or 1 in 20 men. Most of these complications are minor and temporary and are easily treated with rest and medication. More serious complications occur in less than 1% of all vasectomies, and less than one in a thousand DrSnip patients.

WHAT COMPLICATIONS CAN OCCUR?                                      WHAT TREATMENT IS REQUIRED?

| Inflammatory response, tenderness along the vas or around the testis and epididymis may occur after 3 to 5 days, usually just on one side, in one out of 20 patients (5%). | anti-inflammatory medicine, such as Aleve or ibuprofen, usually subsides within a few days |
| Bleeding from the skin incision | controlled with direct pressure |
| Infection of the scrotum (0.1%) | antibiotic or other treatment |
| Sperm granuloma, a tender, inflamed bump in the scrotum, in response to sperm leaking into the tissues. Delaying ejaculation during the first week after vasectomy may reduce the risk, but it can occur spontaneously at any later time. (1.5%) | usually no treatment is required; it resolves spontaneously, over time |
| Scrotal hematoma is a large collection of blood inside the scrotum, where a blood vessel has leaked. A large swelling in the scrotum would be noticeable, usually within 48 hours after vasectomy. (0.1%) | requires immediate treatment with strict bed rest, ice, and elevation. Surgery to stop the bleeding is very rarely necessary. |
| A sensitive scar or neuroma may form along the vas at the site of vasectomy. | rarely bothersome enough to require injection with medicine or surgical removal |
| Allergic reactions or other unusual reactions to anesthetics, medications, or surgery can occur even with no prior history of reaction or drug allergy. These reactions are very rarely serious or life threatening. | medications or rest |

ARE THERE ANY LONG-TERM EFFECTS OF VASECTOMY?
Vasectomy has been in use for a hundred years. Millions of American men depend upon vasectomy for sterilization. No long-term adverse side effects have been proven with vasectomy. Ongoing studies have not demonstrated that vasectomy plays any role in prostate cancer. Medical scientists continue to explore the minor changes in the body associated with vasectomy. While it is possible that there are undiscovered health risks, this small possible risk should be weighed against the benefits of vasectomy and the risks of other methods of contraception.

DOES THE VASECTOMY EVER FAIL LATER?
If you have a negative semen check once, there is an exceedingly small chance (about 1 in 2000) that you will experience a late failure, with spontaneous reappearance of sperm in the semen. You are welcome to bring in a fresh semen specimen for repeat testing at any time that you wish reassurance of sterility.
ARE THERE MEN WHO SHOULD NOT HAVE VASECTOMY?
Yes.
• If a man does not want vasectomy and is having it because he is told he should, he may feel resentment.
• If he is having problems with impotence or sexual fears or an unhappy marriage, it is not likely that vasectomy will help any of these problems.
• If a man is unsure whether or not he is going to want more children, he should not have a vasectomy.
• If a man’s sexual fulfillment or his partner’s satisfaction depend upon his being able to cause pregnancy, then sterilization would probably create a sexual problem for him.

HOW WILL I FEEL ABOUT THE OPERATION AFTERWARDS?
Almost all men (99.2%) who have vasectomy are completely satisfied with the operation afterwards. They enjoy the freedom from other contraceptive methods which can interfere with lovemaking, freedom from worry about an accidental pregnancy, and freedom from concern about the effects of the pill or IUD on their partner’s health. A small number of men later regret having the operation. That is why it is so important to make the decision carefully, without any outside pressure. Your satisfaction depends largely upon your own preparation and thoughtful decision-making.

WHAT ARE MY RESTRICTIONS ON ACTIVITY AFTER VASECTOMY?
The following table illustrates what you should and should not do in the week following vasectomy:

<table>
<thead>
<tr>
<th>SPECIFIC ACTIVITY GUIDELINES TO PREVENT COMPLICATIONS FOLLOWING VASECTOMY</th>
</tr>
</thead>
<tbody>
<tr>
<td>You must go directly home from the clinic after your vasectomy and rest until the next day.</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>YOU MAY DO THIS:</th>
<th>DO NOT DO THIS:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY OF SURGERY</strong></td>
<td>Eat &amp; drink normally</td>
<td>Drive yourself home</td>
</tr>
<tr>
<td></td>
<td>Sit, lie, or recline</td>
<td>Return to work</td>
</tr>
<tr>
<td></td>
<td>Enjoy TV, videos, reading,</td>
<td>Go out to eat or shop</td>
</tr>
<tr>
<td></td>
<td>computer work</td>
<td>Exercise, go for a walk</td>
</tr>
<tr>
<td></td>
<td>Take Aleve, Tylenol, ibuprofen,</td>
<td>Entertain guests or attend</td>
</tr>
<tr>
<td></td>
<td>aspirin</td>
<td>social gathering</td>
</tr>
<tr>
<td></td>
<td>Write love letters</td>
<td>Engage in sexual activity</td>
</tr>
<tr>
<td><strong>NEXT 7 DAYS</strong></td>
<td>Do office or bench work</td>
<td>Heavily exert yourself</td>
</tr>
<tr>
<td></td>
<td>Go walking</td>
<td>Go jogging or golfing</td>
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<tr>
<td></td>
<td>Drive your car</td>
<td>Ride a bike</td>
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<tr>
<td></td>
<td>Lift and carry less than 40 lbs.</td>
<td>Do weight lifting</td>
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<td></td>
<td>Go shopping</td>
<td>Roughhouse with kids</td>
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<td></td>
<td>Take showers</td>
<td>Go swimming, bathing</td>
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<tr>
<td></td>
<td>Do light physical work</td>
<td>Jump or strain</td>
</tr>
<tr>
<td></td>
<td>Have sex gently</td>
<td>Disturb your incision</td>
</tr>
<tr>
<td><strong>AFTER 7 DAYS</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

there are no restrictions on activities.
After Vasectomy Instructions

1. **Have someone drive you home today.** Do not drive for at least two hours after surgery. Rest, and avoid getting up unnecessarily. **Tomorrow** you may return to driving, normal activities, and light duty work.

2. **Wear snug-fitting briefs** for protection and comfort during the first week. Leave the gauze in place until tomorrow then discard it.

3. **Avoid touching or disturbing the incision.** If you notice bleeding from the incision, then firmly pinch the skin between gauze for ten minutes. Do NOT apply antiseptic or band-aids. Icing is usually not recommended.

4. **For seven days avoid strenuous activity,** such as running, jumping, or jarring, as in sports, even skiing or golf. **Also avoid straining** to lift, reach, or squat. These actions might cause bleeding inside the scrotum. **Request light duty if your work is physical.** Remember, “Prevention is the best remedy.”

5. **Avoid sexual stimulation for a couple days.** Gentle sexual activity that does not disturb the incision is allowed after the first couple days, **BUT YOU MUST USE SOME OTHER METHOD OF BIRTH CONTROL** until your semen is tested negative for sperm. It is normal to notice **blood or a brown color in the semen** during the first few weeks.

6. You should expect only mild discomfort for a few days. You may take Tylenol and ibuprofen or Aleve, if needed. An **anti-inflammatory regimen** is often recommended if there is persistent achy pain:
   - Aleve 220 mg, 2 tablets with breakfast, 1 with lunch, and 2 with dinner, each day for 7 days, or
   - Ibuprofen 200 mg, 3 tablets four times a day with meals for 7 days
   - Patients with a history of ulcers or kidney disorder or intolerance to anti-inflammatory drugs should avoid these regimens. Call the clinic for advice.

   If you are having severe pain, or need stronger pain medication, please call the clinic (see below).

7. A painless **bruise or black-and-blue color** might appear around the scrotum and the base of the penis on the second or third day. It is harmless and will fade over several days.

8. If you develop a large bluish lump inside the scrotum the size of a golf ball, in the first two days, it may be a hematoma (blood accumulation). It is important to treat this complication early, so call the clinic day or night (see below).

9. On each side of your scrotum, the vas deferens will develop a BB to pea-size nodule where the vasectomy was done. This scar is normal and permanent. Initially it will be tender if you pinch it, (so stop pinching it!) The tenderness will resolve within a few months.

10. If you have any questions or concerns about how you are healing, if you have excessive pain or swelling, bleeding, or redness or pus around the incision with a fever, please call the clinic for advice.

11. Remember that you must complete a **test of success.** The test is to be scheduled at the clinic at no additional charge. Please follow the “VASECTOMY TEST INSTRUCTIONS” you received. Should you wish assurance against late failure, repeat semen tests are available at future times at no charge.

To reach the clinic, call 206.525.4090, 24 hours/day. You may leave a message after hours.

**IF YOUR PROBLEM IS URGENT AND REQUIRES THE DOCTOR’S ATTENTION BEFORE THE OFFICE REOPENS,** you may follow the instructions to page the doctor.