

## VASECTOMY COUNSELING

If you are thinking of having a vasectomy, there are some important things you should know before the vasectomy is done.\*

- Vasectomy is intended to be a permanent form of contraception. There are options for fertility after vasectomy, but they are not always successful and they are expensive. You should not have a vasectomy unless you and your partner are sure that you do not want to have any more children.
- Vasectomy does not produce immediate sterility. It takes about 8- 16 weeks before you can be sure that you are sterile by having a microscopic examination of your semen.
- Following vasectomy, another form of contraception must be used until sterility is confirmed by the finding of no sperm or at most rare non-moving sperm on a semen analysis. Your doctor will tell you when he or she thinks the post-vasectomy semen analysis should be done.
- Even after sterility is confirmed by examination of the semen , you must understand clearly that vasectomy is not 100% reliable in preventing pregnancy. There is no method of contraception that is 100% certain to prevent pregnancy. Pregnancy occurs in 1 of 2,000 couples even when semen exam after a vasectomy shows no sperm in the semen. The rare pregnancies that occur after vasectomy can occur at any time, even years later.
- A second vasectomy is occasionally necessary when the original vasectomy does not produce sterility. The chance that you will need a second vasectomy is less than 1%.
- Your doctor will inform you about how long you should not have sex after vasectomy.
- Vasectomy does not cause any physical change in sexual performance, function, pleasure, sensation, interest, desire, satisfaction, penile erection, volume of semen or ejaculation.
- The options for fertility after vasectomy include vasectomy reversal and sperm retrieval with in vitro fertilization. These options are not always successful. Overall, about 50% of couples are able to have children with these techniques. Also, before the vasectomy, it is possible to freeze your sperm in a sperm bank. Freezing sperm is expensive, but it gives you a little insurance in case you decide after the vasectomy that you want more children.
- The complications of vasectomy which may occur within about one to two weeks after vasectomy are bleeding and infection. Bleeding usually takes the form of blood oozing from the vasectomy incision or a painful collection of blood under the skin at the vasectomy site (called a hematoma.) Active bleeding usually stops by itself; opening the scrotal skin to control bleeding at the vasectomy incision site is rarely needed. Hematomas (collections of blood) usually get absorbed by the body; occasionally hematomas need to be surgically drained. Infections are usually treated with antibiotics. Rarely an abscess due to infection will require surgical drainage. The risk of these complications is 1-2%.

- Medical journals report that about 1- 2% of men develop significant chronic pain in the scrotal sac after vasectomy. This pain can last for months or years and can even be permanent. Chronic pain in the scrotum after vasectomy is usually treated with non - steroidal anti - inflammatory drugs (NSAIDS), antibiotics or injections of cortisone - like drugs or anesthetic agents. Few men have chronic pain after vasectomy that is severe enough to require additional surgery.
- There are many other permanent and nonpermanent alternatives to vasectomy. You should discuss other options for contraception with your doctor to decide which method is best for you. This information sheet is intended to give you the basic information you should know before you decide to have a vasectomy. Your doctor can provide you with more detailed information if you need it.

\*Counseling information based on: Vasectomy: AUA guideline 2012. The American Urological Association.

# VASECTOMY INFORMED CONSENT FORM

## Benefits of Vasectomy

Vasectomy is considered a minor surgical procedure with low surgical risks. Vasectomy offers a greater than 99% success rate. Most studies show the failure rate of vasectomy is less than or equal to all other methods of contraception except abstinence. Following vasectomy most men report no noticeable difference in sexual function.

## Risks of Vasectomy

**General Risks:** Vasectomy is costly to reverse and in some cases is not reversible and therefore should be considered permanent. Vasectomy offers no protection from sexually transmitted diseases. Vasectomy does not work right away, and at least one semen test will be needed to confirm the vasectomy is working before having unprotected sex.

**Specific Risks:** **Bleeding:** Rare cases of bleeding following vasectomy do occur. The vast majorities of these cases are minor but can prolong recovery. Rarely the bleeding may require surgical drainage in the office or even the operating room. **Infection:** Rare cases of infection occur and could require antibiotic treatment and rarely surgical management. **Sperm granuloma:** A small (pea sized) lump commonly occurs in up to 25-40% of vasectomy patients. These are considered normal after vasectomy but rarely may cause symptoms and require removal. **Failure/Recanalization:** In less than 1% vasectomy men may experience failure of the vasectomy. This may occur "early" in which the vasectomy fails to remove all sperm from the semen. You are therefore required to use alternative birth control until semen analysis is performed and shows no sperm in the semen. Failure can occur "late" in which patients who were proven to have no sperm in the semen re-develop sperm in the semen. **Vasal pain syndrome/epididymitis:** Less than 1% of patients report chronic, intermittent discomfort following vasectomy. The vast majority of these men use occasional ibuprofen for discomfort, but more serious chronic pain has been described after vasectomy. **Anti-sperm antibodies:** Men who undergo vasectomy may develop anti-sperm antibodies that may reduce the chances of vasectomy reversal but are not otherwise thought to cause medical harm.

## Alternatives to Vasectomy:

Alternatives to vasectomy exist, and have their own risks and benefits. They include, but are not limited to: Barriers including condoms or a diaphragm, spermicide, tubal ligation procedures for female partner, hormonal treatment for female partner, intrauterine device for female partner, and abstinence.

I, the undersigned, have read this consent form and the information sheet provided preoperatively, and I have had the opportunity to ask questions regarding the procedure, and my questions have been answered satisfactorily. I am aware that the practice of medicine and surgery is not an exact science and that there are no guarantees concerning the outcome from this procedure. I request that Dr. Michael Nurzia perform a bilateral vasectomy for the purpose of permanent birth control. I understand that there can be no absolute guarantee that this or any method of birth control will be successful. I understand that alternative contraception must be used until semen analysis shows no sperm. I understand there is a small risk of side effects that may require additional medical treatment and release Dr. Nurzia from liability for such conditions, including time lost from work, salary unearned, and medical expenses incurred to treat such conditions.

Patient Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Date : \_\_\_\_\_

## PREOPERATIVE INSTRUCTIONS FOR VASECTOMY

Prepare for your appointment by arranging your schedule to accommodate two of days of rest followed by 5-7 days of light activity after your vasectomy.

Be sure to have read, understood and signed the consent form.

Do not take aspirin, ibuprofen (Motrin), or naproxen (Aleve) for 7 days prior to the appointment. If minor pain medicine is needed please use acetaminophen (Tylenol).

Shave the front of the testicle area (scrotum) below the penis the at least wo days prior to your appointment (antiseptic may sting when applied to freshly shaven skin).

Wear supportive briefs (NOT BOXERS SHORTS) or a clean jock strap to the appointment.

Bring your payment or insurance card and co-payment.

Request a referral from your doctor if insurance requires you to.

## POST- OPERATIVE INSTRUCTIONS FOR VASECTOMY

### DIET

You may return to your normal diet as soon as you arrive home.

### ACTIVITY

Your physical activity should be restricted the first forty- eight hours. During this time period you should remain relatively inactive, moving about only when necessary. After the first two postoperative days you may return to work but should avoid heavy lifting (anything greater than twenty – five pounds) and also avoid strenuous exercise for the first week after vasectomy. Ask us specifically about your restrictions both for home and work. If needed, we will be happy to write your employer a note.

You should plan to wear a tight pair of jockey shorts or an athletic supporter for the first several days, even while sleeping. This will keep the scrotum immobilized and help prevent swelling.

It is recommended that you wait at least 7 days before resuming sexual activities. You may resume intercourse then if you are not having discomfort. Having ejaculations too soon after a vasectomy may increase the chance of minor problems developing.

### WOUND

Ice packs should be placed on top of your jockey shorts and not in direct contact with your scrotum. Using ice or frozen peas in a zip-lock bag works best and is a good pain reliever as well as helping to reduce any swelling. Ice should be used whenever possible for the first two days. Important note: Commercial freezing products such as 'Blue Ice' or similar are NOT to be used on the skin. These products are much colder than ice and can cause skin damage.

Some bruising or minor oozing from the skin opening, swelling, or mild tenderness of the scrotum are not unusual. It is also not unusual to see occasional blood staining in the semen with the first several ejaculations following a vasectomy.

#### SUTURES

In most cases your skin opening will have one absorbable suture. This will dissolve within the first 2 weeks.

#### BATHING

You may shower 24 hours after surgery. Tub bathing should be restricted until the 7th day.

#### MEDICATION

Aspirin is to be avoided. Tylenol (acetaminophen) for pain relief is acceptable. You may take two extra strength or three regular strength tablets every 6 hours. It is the safest of all the pain relievers. Either ibuprofen (Advil or Motrin) 600mg every eight hours or naproxen (Aleve) two tablets twice daily may be taken instead of Tylenol if you prefer.

#### PROBLEMS YOU SHOULD REPORT TO US

A fever of or greater than 100.5 degrees Fahrenheit, moderate or severe swelling under the skin incision or involving the scrotum or any drug reactions such as hives, a rash, nausea or vomiting should be reported. If there is generalized redness, especially with increasing pain or swelling, let us know. It is not unusual for the scrotum to develop some bruising. In time, this discoloration will disappear. It is not abnormal to have some swelling and minor discomfort after a vasectomy.

#### FOLLOW-UP

No routine follow-up visits are required except for a semen check.

#### SEMEN SAMPLE

You will need to have a semen analysis that shows no sperm before we can be certain that the vasectomy was successful. Your specimen should be brought to the lab approximately 3 months after your vasectomy. Please call the lab beforehand for the exact times. First, wait at least 7 days before having any type of sexual activity or ejaculation. Then use PROTECTED intercourse. Bring to the lab a semen specimen in the container provided to you. With a negative specimen, you are considered sterile. **BRING THE SPECIMEN TO THE LAB, NOT THE OFFICE.**

Remember: Continue to use another method of birth control until you have had your semen analyzed and have been told that it contains no sperm. At times, small amounts of inactive sperm are found (rare nonmotile sperm). If these are found continued protected intercourse is advised and a repeat semen analysis may be ordered. Typically these represent sperm present within you from before the vasectomy which have not yet been eliminated.