

## **No-Scalpel/No Needle Vasectomy Information**

### **FIRST CONSIDERATIONS**

Vasectomy should be considered permanent and irreversible. Don't be fooled by claims of reversible vasectomies...there is no such thing. If you attempt to reverse your vasectomy within the first three years of having it done, you have about a 70% chance of success (this falls considerably after ten years). The reason for this is simple. It may be possible to rejoin the tubes (the vas deferens) but the sperm that go through may be infertile. Most men, after vasectomy, develop immunity, or antibodies, to sperm. This is not a concern from the point of view of general health. But it means that the body may inactivate the sperm as they are produced, making successful reversal difficult.

Men under the age of 30, who opt for vasectomy, are statistically 12 times more likely to undergo reversal surgery...a 3-hour operation under general anaesthetic with a painful recovery costing many thousands of dollars and with no guarantee of success! Those with children under 4-6 months of age may want to consider waiting before proceeding to vasectomy. The risk of sudden infant death syndrome (SIDS) is greatest under this age. Obviously natural conception is the best method. However it is possible to freeze semen prior to vasectomy (for a fee) for those with infants or men who have no children.

The bottom line is this: if you are in doubt about whether you want to have any more children, don't have a vasectomy. Your partner may wish to consider other forms of contraception.

A vasectomy has no bearing on sexual function. Your ability to obtain and maintain an erection is unchanged. When you ejaculate after vasectomy there will be an equivalent amount of semen that comes out. If there are problems in your sexual relations, however, work them out before you have a vasectomy. It could only magnify problems psychologically.

You will be asked about any medical conditions, bleeding problems and allergies to medication or anaesthetics. It is your responsibility to make certain that the doctor is aware of the presence of any of these.

### **NO-SCALPEL VASECTOMY**

No-Scalpel Vasectomy can be done in the doctor's office. No knife is needed. Using a special no-needle 'freezing' technique called jet injection, the doctor numbs the area. This method of local anaesthesia, or freezing, works with air pressure and does not require a needle. The sensation is like a little pop, not unlike a small rubber band against the skin. A tiny hole is made with a special instrument and stretched open just enough to lift out the tube (vas deferens) on each side. The vas is cut and one end is cauterized. One of the ends is then tucked back into its sleeve, or sheath, which is then closed. The testicles continue to produce sperm for the rest of your life. After a vasectomy, however, the sperm are broken down and reabsorbed by the body.

The No-Scalpel No-Needle Vasectomy is faster, safer and more comfortable than conventional techniques. The surgery itself takes about 5-10 minutes. Add another 5

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minutes for the sterile preparation and you are in and out of the 'operating' room in about 15 minutes (of course the doctor will keep you for 15 minutes afterwards before letting you leave). The risks of bleeding and infection, the most common complications of vasectomy, are much less than with conventional vasectomy. The anaesthetic (freezing) technique causes less discomfort because a needle is not necessary and the numbing effect with jet injection is more profound. Recovery time is usually faster and less painful because the procedure itself is less traumatic.

### **RISKS**

Most men report feeling a bruised sensation for a few days to a week following surgery. Actual bruising is normal. Sperm granuloma is an expected outcome of vasectomy surgery. A tiny pea-sized lump forms at the cut end of the vas deferens (the tube carrying sperm from the testicle) naturally sealing the canal. This little lump shrinks over time and is usually undetectable by one year after your surgery. Do not touch or examine this as it will cause complications. The risk of epididymitis (tender swelling of the epididymis - the part of the vas that joins to the testicle) is about 6/1000. The risk of hematoma (bleeding) and infection are low (about four in a thousand). Serious complications requiring hospitalization are about 1/1000. There is a rare long-term complication of vasectomy, post-vasectomy pain syndrome, a kind of chronic ache in the testicle. Treatment may require reversal of the vasectomy. It is rare, occurring in 1 in 10,000 vasectomies. The risk of cancer (prostate or otherwise) has been investigated for many years. Most experts agree that vasectomy does not cause cancer or cancer of the prostate or any other disease. There are no guarantees, of course, that we aren't going to find something at some point in the future, so each man must decide for himself what he is comfortable with.

### **PREPARING FOR YOUR VASECTOMY**

(Re-read this section the day before your surgery!) If you can, avoid the use of A.S.A. (or Aspirin®) in the week before, and alcohol the day of, your vasectomy. Don't worry if you normally use this medication for a medical condition...in that case please take it as prescribed. Shave the penis, the scrotum and the adjacent areas the day before with the razor provided in the kit. With this razor you shave dry...no shaving cream, no soap, no water. It removes all the hair without hurting you. If in doubt about how much to take off, take off more. Some men have used depilatory (Neet®) cream: experience has shown that this causes painful sensitivity in many cases. On the day of the procedure take a shower and scrub the scrotum well with soap and clean beneath the foreskin (if you are uncircumcised)...if the scrotum is very tight, take a hot bath. Don't use powder or talcum on the scrotum. Wear the scrotal support (over your underwear) into the clinic, do not bring it in a bag. Don't bring your 'Vasectomy Kit'. Make sure you wear old clothing because the iodine used to prepare you may stain; wear a T-shirt because you want to avoid being over-heated. Have a little something to eat, don't arrive with an empty stomach. Take the prescribed diazepam (Valium®) one hour prior to the appointment

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(the doctor may also suggest that you take 50 mg of Gravol® if you get queasy with medical things). Arrive 15 minutes early (if you are late, your appointment will be cancelled and you will be charged). Arrange for a lift home 30 minutes after your appointment time (you will be asked to remain at the clinic for about 15 minutes after the procedure.) You cannot drive yourself home. In all, expect to be there for approximately 45 minutes. If you have a special work absence form to be completed by the doctor, this is the time to bring it.

***Please do not bring any children with you to your appointment. Our waiting room is small and we ask this in consideration of our other patients and for your own safety.***

### **AFTER THE VASECTOMY**

The tiny opening will, in most cases, be sealed with a special surgical skin adhesive (2-octyl cyanoacrylate). The advantages to having this 'glue' is that it seals the wound, stops the bleeding, can help reduce the risk of infection and allows you to shower immediately. The doctor applies it once after the vasectomy and it falls off on its own after a few days to a week. There is no need for you to do anything more with it other than to keep some gauze pads over the area for extra cushioning for the first 2 days. (IMPORTANT: Do not apply ointment once skin glue has been applied - ointment removes this glue prematurely!). You may also notice a little blood in the semen the first few times you ejaculate. You may shower (no swimming or bathing for one week), but do not pull or scratch the wound while it is healing.

Rest at home after your surgery. Do not lift anything (especially children of ANY age) and avoid strenuous work or exercise (including golf, shopping, swimming, hockey...you get the idea) for the first 7 days. If in doubt about what you can and can't do, don't do it! The better care you take of yourself in the days following your vasectomy, the less risk of major complications. You don't have to lie in bed...sitting behind a computer is just fine and you may return to work, if you sit behind a desk, as early as the day after the surgery. Walk as little as possible in the first week. Place an ice pack on the scrotum (over the support) several times on the evening of your surgery (10 minutes on, 20 minutes off). You do not need to ice the scrotum after this unless you want to. You will begin to feel an aching or bruised feeling within hours to several days, particularly when shaking the penis after urination. Urination itself is not a problem and normal forcing with a bowel movement is okay too. It is not necessary to take anything for minor discomfort, but do use the prescribed medication if you do feel that you require something for pain (even many days after the surgery). A little bit of everything is to be expected: a little pain and a little swelling. If there is more than a little bit, or if you are concerned, call the doctor. Bruising or black marks on the scrotum in the days following your vasectomy are common and are not dangerous. Wear your scrotal support for four days at least, over your underwear (the position of the penis is unimportant). It will keep the scrotum well supported, reducing the risk of internal bleeding. You may wear it for longer if you wish. It takes, in all, about a month to heal completely after this sort of surgery. But, if you are okay after a week, you may ease back into your usual physical activities, keeping in mind that things are still healing up. Wear the support whenever you work out or exercise in

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the 1st month after the vasectomy. If it hurts, back off and go slow. The doctor is happy to see you at any time if there are problems (he wants to know if there are problems), so don't hesitate to call in the months or years after your vasectomy.

Avoid sexual activity for one week after your vasectomy. If you get an erection or have a 'wet dream', you needn't worry. However, intercourse in the first week may increase the risk of failure. Remember that vasectomy does not work immediately, and you can still get your partner pregnant. Continue to use an alternative method of birth control until the doctor tells you it is safe to have unprotected intercourse (provided that you and your partner do not have A.I.D.S. or other sexually transmitted disease). The first ejaculation should not be painful, don't be scared. After 12 weeks send your semen sample to the designated laboratory only for analysis. The number of ejaculations during the 12 week period should be 15-20, if possible. Follow the instructions given to you to produce, package and post the sample. The result will normally be available within a day of the doctor receiving it (usually a week after you post it). You are asked to provide a second sample only if the first result is unclear. About 90% of men will have a zero sperm count after 12 weeks. Occasionally it takes longer to clear the semen (6-12 months). The presence of live sperm three months after your vasectomy, however, may indicate something called 'recanalization'. This is when the sperm have managed to create their own tunnel to rejoin the tubes. The risk of failure in this way averages 1 in 3 thousand. No method of birth control is 100%. Vasectomy has the lowest failure rate of any form of sterilization (lower than a woman having tubal ligation - 'tubes tied'). But - there is a very small chance of late failure years after your vasectomy. You may consider having a semen analysis regularly to avoid an unwanted pregnancy. Like a woman's breasts, your testicles need support. Jockey-type or similar underwear are recommended before and after a vasectomy for regular use.

### FAQ

Q. Is it reversible?

A. It's not ethical to do vasectomies on a hundred men and then go ahead and reverse them after and see how many are successful. There are those that claim open-ended vasectomy (the 'technique within a technique' done here) increases the reversibility...but such claims suffer from the same problem of not having any hard evidence. The bottom line is you can put the tubes back together in the majority of cases, but you cannot guarantee that a pregnancy will result. And that is regardless of the method of vasectomy and the time between the vasectomy and its reversal.

Q. Where does the sperm go after the vasectomy?

A. A man does not eliminate all of the sperm he produces throughout life. The body is able to break down and re-absorb what is not otherwise ejected. The small volume of spermatid fluid containing the sperm is thus reabsorbed after vasectomy in a process that was present before the vasectomy. The prostate continues to make semen, however, which is ejaculated in the normal fashion after vasectomy...there's just no sperm in it anymore. You don't notice any difference after vasectomy in this way.

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Q. Does vasectomy cause cancer?

A. A statistical study released in 1996 apparently showed a slightly increased statistical risk of prostate cancer in men who had undergone vasectomy (the same study also showed a reduction in most causes of death in men who had undergone vasectomy!). Subsequent studies and further analysis indicated that there is, in fact, no difference in risk of cancer in men with or without vasectomy. One study of autopsies in men over age 90 indicated a 100% risk of cancer of the prostate in all men over 90 with or without vasectomy (most have not had a vasectomy). The bottom line appears to be that vasectomy doesn't improve health, but it doesn't make things worse either.

Q. Does vasectomy change my sex drive or performance?

A. Many studies have been done looking at tens of thousands of men over decades after vasectomy. There is no evidence to suggest that vasectomy increases the risk of erectile dysfunction (difficulty getting an erection) or changes one's sex drive or male sex hormone level. It is important to note that erection problems are common (about 40% of men aged 40 and about 2/3rds of men aged 70) and that these problems are often associated with other medical conditions that increase in frequency with age...with or without a vasectomy. Male sex hormone levels decline naturally with age...with or without a vasectomy. All things being equal, age should not preclude the enjoyment of healthy sexual activity.

Q. Does vasectomy cause dementia?

A. Some women feel that their partners exhibit demented behaviour with or without a vasectomy. More seriously, no. There was a single study involving a rare form of dementia in which the researchers suggested that antibodies to sperm may be the cause. However, this form of dementia occurs in men with or without vasectomy and there is no evidence in the medical literature to suggest that vasectomy increases the risk.

Q. Can I drink alcohol after my vasectomy?

A. Alcohol and Valium do not mix and so alcohol should not be consumed for some time after having taken Valium. Consult your pharmacist to determine when it will be safe for you to have a drink.

Q. Can I take Advil?

A. You can take whatever you want. But if you want my advice, take what I prescribed for post-op pain.

Q. Can I lift my children after the vasectomy?

A. You should try and not lift anything for one week after the procedure, including babies and children.

Q. When can I start playing golf again?

A. Refrain from all activities for one week after your vasectomy and try to stay off your feet as much as possible.

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Q. Is it better to wait longer to get back to certain sports like Hockey?

A. You can wait as long as you like. However, in my experience, unless you are talking about horseback riding (where you are practically sitting on your testicles), easing back into most sporting activities is okay after 7 days. If your vasectomy was on April 1st, you can start easing back on April 8th. Not the 7th. Not the 6th...

Q. Can I take a Sauna/bath/Jacuzzi/Whirlpool?

A. You don't want to bathe the scrotum in hot water no matter what...hence the recommendation to ice the scrotum the day of surgery. Also, even if you have the wound closed with skin glue, it is pushing it a bit to be immersing yourself in water. Showers are fine.

Q. Do I have to put ice on afterwards?

A. It is a good idea to ice the scrotum the day/evening of the vasectomy. The reusable gel ice pack provided in your kit is placed over the support, not directly on the skin, for 5-10 minutes on and 20 minutes off. Repeat this 3-4 times the day and evening of your vasectomy.

Q. What happens if I get an erection during the procedure?

A. Funny you should ask. Out of some 33,000+ vasectomies, I have seen this occur only once. It is not an issue.

Q. Is there anyone else in the room during the procedure?

A. You will always be asked if someone else is to be present. On occasion the doctor has other physicians visiting to observe the procedure. All physicians greatly appreciate the opportunity to learn from others...but you may decline if you feel strongly otherwise. On the same note, however, no family members or partners will be allowed to attend. There is a difference between watching to learn as a physician and watching a loved one go through a surgical procedure.

Q. Can I waterski/ride horseback/snowmobile/bike/ride a motorcycle/do martial arts?

A. The idea here is that you want to avoid trauma to the scrotum for 30 days after the vasectomy. If there is a risk of receiving a blow to the scrotum, wear a hard cup or don't do it for 30 days. There is no harm in exercising...just not if you're going to increase the risk of internal bleeding which will take you out of action for another month or two.

Q. How many procedures do you do in a day/week/month/year?

A. About 2,800 a year. You can do the math.

Q. Am I going to gain weight after my vasectomy?

A. Only if you eat too much and don't exercise enough.

Q. Why wait 12 weeks for testing after the vasectomy?

A. Because the sperm live for some time in your body. We want to be sure that enough time has passed so that all the sperm 'downstream' have died before doing the test. If your test shows zero sperm, it won't be an issue. However, if a second test is necessary, and we find a few dead sperm (which is not unusual) we can be sure that they are just 'leftovers'.

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Doing the test earlier risks finding these 'leftovers' still alive and then we have to wonder if they are new (meaning a failure of vasectomy) or old.

Q. How soon can I travel afterward?

A. The considerations here are two-fold. Firstly, should a problem arise, it is a good idea to be able to come back to see the doctor to check things out. Secondly, you want to avoid lifting luggage. It's probably best to consider avoiding travel for 7-10 days after the surgery.

Q. How long does it take the Valium to wear off?

A. For the most part, the Valium wears off after about 4 hours. You are advised to avoid driving for the remainder of the day of your vasectomy.

Q. When can I shower afterwards?

A. You can shower immediately, but wait until you get home. Otherwise wait 48 hours.

Q. Do I have to re-apply the glue?

A. No. The physician puts on a sufficient amount to last until the wound begins to close naturally.

Q. Does the iodine come off?

A. Yes, in the shower.

Q. Do the clips set off airport metal detectors?

A. No.

Q. Will vasectomy improve my singing?

A. Vasectomy doesn't improve your voice or make you speak or sing in a high voice.

Q. Is it better not to shower even if I have the glue?

A. With the glue, showering is really not a problem and you don't have to wait. Just be gentle and don't scrub the area.

Q. Do I have to count the number of ejaculations before the test or is it 12 weeks no matter what?

A. 12 weeks regardless of the number of ejaculations. Sperm do not live for 12 weeks and so if there are live sperm at the 12 week mark, I am concerned and would want to repeat the test. Dead (or non-motile) sperm at 12 weeks is less of a worry.

Q. Can I do the post-vasectomy test in 8 weeks instead of 12? How about 10 weeks instead of 12?

A. You can do the test before 12 weeks. But it will be useless regardless of the result. Most failures occur in the first 12 weeks. You can have a clear test at 11 weeks and then see sperm at 12. No matter how you figure it, 12 weeks is 12 weeks. Doesn't matter if you're going on a cruise or going to Las Vegas or whatever. We cannot give you the green light unless the test is done after 12 weeks and it is clear.

Q. I'm worried because my mail-in sperm count showed sperm in the result and now I have to do another test. Does that mean the vasectomy failed?

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A. At our clinic, vasectomy is better than 99.9% successful in the first 12 weeks (that is, 1:3,000 fail in this time period). But 10% of men will carry dead sperm in their ejaculate for months or years after their vasectomy...so the second test is to make sure that whatever sperm are there are dead. Our success rate after 12 weeks is better than 99.99%! Vasectomy is the most effective birth control method. Period.

Q. How large is the 'clip'?

A. It is several millimeters long and placed in such a way that you will not be aware of it. However...if you search for it and poke around, you will cause inflammation and pain. It is normal to have a tiny lump at the point of the vasectomy, with or without a clip. Leave it alone!

Q. Do I have to wear the support 24 hours a day? To sleep?

A. You should wear the support while you are awake for the first 4 days and then anytime that you work out or exercise for the first month. You might be more comfortable wearing the support or snugly fitting underwear to bed for the first 4 days also, but that is your choice.

Q. When can I pick up my kids? (I put this in again because it gets asked so many times!!)

A. 3 guesses and the first 2 don't count. No lifting for the first week.

Q. Do I have to ejaculate 20 times before doing the test?

A. What you tell your partner is your business...but time is more important than the number of ejaculations. Do your test at least 12 weeks after the vasectomy regardless of the number of ejaculations, although I recommend as many as possible.

Q. How can a vasectomy fail if you're cutting and burning the tubes?

A. The body has a remarkable ability to heal itself and, in rare cases, the tubes will 'rejoin' (about 3 in 1000 on average, 1 in 3000 cases for Dr. Weiss). Nothing in life is 100%. However, vasectomy has the lowest failure rate of any form of contraception. Period. Can it fail even after a clear test at 12 weeks? Yes, but this is extremely rare. You can test your semen every year, if you choose, but this is very seldom done.

Q. What was the "older" technique and what is the advantage of "no-scalpel-no-needle"?

A. We used to use a scalpel, or knife, to cut through the skin and all the layers of tissue to get down to the vas deferens, the tube that carries the sperm. That means that we cut through blood vessels on the way down. With no-scalpel technique, we make a tiny opening and stretch it just enough to pull out the vas deferens and block it. By stretching a tiny opening, we push the blood vessels to the side instead of cutting through them. You would think that this results in less bleeding and that is precisely what it does...by about 90%. And remember that bleeding is the major painful complication of vasectomy. No-needle anaesthesia (freezing) uses air pressure to push the anaesthetic solution through the skin quickly and easily. Instead of a needle, you feel a 'pop' like a small rubber band against the skin. Aside from the fact that "you don't have to get a needle down there", this method results in a more rapid (seconds) and profound (deeper) freeze. Many men feel nothing during the vasectomy, others may feel some pressure or pulling, as a result of the better 'freezing'.

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Q. Why did my vasectomy not ‘hurt’ until 3 days after?

A. The body responds to any injury or insult with what is called an inflammatory reaction. Your immune system gets geared up and the healing process begins. Everyone is different and some may not feel these effects for several days. It is also a function of how you are built and how difficult the vasectomy was...how much the doctor had to pull etc.. The anti-inflammatories that were prescribed to you are just the right thing for this kind of discomfort. Of course, everyone has a different ‘pain threshold’ and one man might feel discomfort while the next feels nothing at all.

Q. Will it hurt to pee (urinate)?

A. No.

Q. What holds the testicles if you cut the tube?

A. The vas deferens, the tube that carries the sperm, is only one of many structures that hold the testicles in place. There are blood vessels and other tissues that provide support and these are not disturbed. Your testicles will still be supported after the vasectomy, they won’t roll around loosely in your scrotum.

Q. Can any lab do the post-vasectomy test?

A. No and yes. The lab we recommend processes literally thousands of tests each year for us according to our exacting specifications. Other labs may also infrequently perform such tests. In general, it is best to have the test done where they are most familiar with doing it.

Q. Will the sample remain fresh in the mail? Won't it go bad?

A. The mail-in option for post-vasectomy testing has been used in England for over 10 years with great success. They receive samples from as far away as Indonesia! In some cases the sample has been in the postal system for 2 weeks without a problem. If you follow our instructions, the sample will be fine.

Q. When can I start swimming?

A. What do you think? If the wound was closed with glue, you may shower but not bathe. I’d say swimming is closer to a bath than a shower.

Q. Does the hair grow back after you shave?

A. You bet it does.

Q. What can I do about the itching when the hair starts to grow back?

A. You’ve got to be kidding! If your worst problem is itching, I’d say you have little to worry about. Just don’t apply any creams or ointments to the skin until the little wound is completely healed and closed (usually one week).

Q. How soon will I know if there are complications?

A. Most complications will occur in the first week. This is the really critical period. But you don’t want to traumatize the area (like horseback riding) for the first month. Most other activities that don’t involve an impact to the scrotum are unlikely to cause problems after the first week. Rarely problems can arise after the first week.

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Q. Does it hurt when you cut the tube during the vasectomy?

A. In a word...no.

Q. What can I expect in the first few days after my vasectomy?

A. You really have to go back and read the “After the Vasectomy” section on this website or in your pamphlet.

Q. What happens if you cut the wrong tube?

A. That would be terrible! If the testicular artery were cut, it might result in loss of the testicle. Fortunately, this is not a common problem and has never occurred in Dr. Weiss’ career. The vas deferens has a characteristic feel to the surgeon who performs lots of vasectomies and it would be very difficult to mix it up with something else.

Q. How do I know if it’s okay to start exercising?

A. You’ll have to take my word for it, ease back into your exercise after one week. Of course, you’ll know if you *can’t* start exercising if you continue to have pain or discomfort. Otherwise, if you are feeling okay, consider that a sign that you can go ahead.

Q. Do I have to abstain from sexual activity prior to the vasectomy?

A. No. Have all the fun you want before...just don't ejaculate for one week after.

Q. Can I have oral sex in the first week after the vasectomy?

A. Some say it is better to give than to receive. In the first seven days you may give, but you cannot receive. No ejaculation for 7 days.

Q. When you say not to ejaculate for a week, does that include masturbation?

A. That’s one of those Bill Clinton questions again. Ejaculation is ejaculation, no matter which bus gets you to the station.

Q. Can I sleep with my partner in the “spoon” position?

A. Yes, if your partner says that it’s okay with them.

Q. How long is a week?

A. Oh, let me think a little. Oh, yes, it’s seven days!

Q. Are my testicles going to shrink?

A. I hope not! Vasectomy does not cause the testicles to change in size.

Q. Can I climb stairs?

A. Do it if you have to. I think it’s pretty clear that you want to be off your feet as much as possible for a week. Climbing a few stairs from time to time and within reason should not be an issue.

Q. Can I donate blood before or after a vasectomy?

A. Before should not be a problem. After...you have to ask Canadian Blood Services what their policy is.

Q. Can my wife cut the tubes?

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A. Not unless you're having the baby. Secondly, did you ask her if she wanted to? Third, unlike a birth, everything is sterile...so, sorry, but no.

Q. Nothing hurts...did you do the operation? There's no bruising, no swelling, no pain...maybe nothing was done.

A. I only put this in because I have actually received a number of these calls. I could not believe that some patients are angry at not experiencing pain! I don't guarantee a totally pain-free experience, but if it does happen, please be thankful and don't be angry!

### **Okay, you got this far. Let me leave you with a few infamous quotations:**

You know "that look" women get when they want sex? Me neither. --*Steve Martin*

Having sex is like playing bridge. If you don't have a good partner, you'd better have a good hand. --*Woody Allen*

Bisexuality immediately doubles your chances for a date on Saturday night. --*Rodney Dangerfield*

Sex at age 90 is like trying to shoot pool with a rope. --*George Burns*

Women might be able to fake orgasms. But men can fake whole relationships. --*Sharon Stone*

My girlfriend always laughs during sex – no matter what she's reading. --*Steve Jobs (Founder, Apple Computers)*

Clinton lied. A man might forget where he parks or where he lives, but he never forgets oral sex, no matter how bad it is. --*Barbara Bush (Former US First Lady)*

See, the problem is that God gave men a brain and a penis, and only enough blood to run one at a time.  
--*Robin Williams*

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