

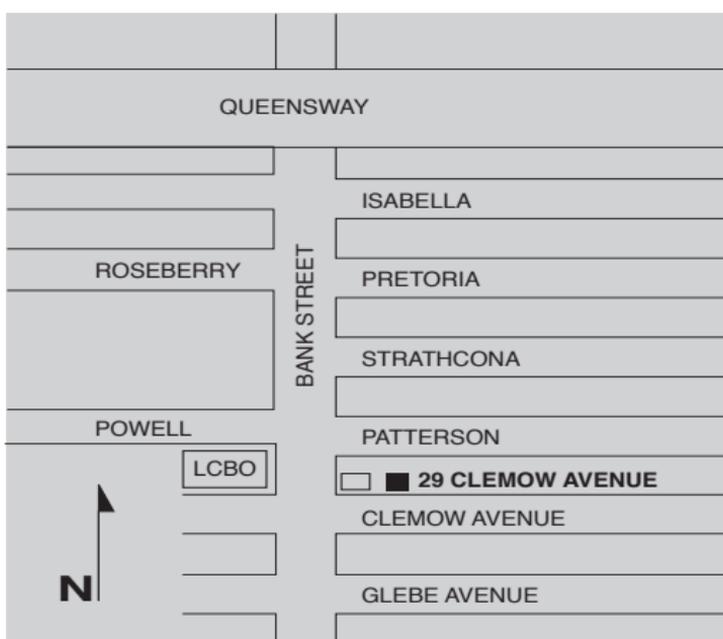
THE WEISS CLINIC

Vasectomy
**INSTRUCTION
MANUAL**

No-Needle!
No-Scalpel!

*Real Men
need
instructions!*





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***Note: 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.***

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.

THINK!



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 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.

CHECK!



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. **1.** 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 (because it works better that way)... 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. Use the razor

lightly and gently – don't press hard. Some men have used depilatory (Neeet®) cream: experience has shown that this causes painful sensitivity in many cases. □**2.** 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. □**3.** Wear the scrotal support (over your underwear...you're wearing it for 4 days and it will stay cleaner this way) 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 overheated. □**4.** Have a little something to eat, don't arrive with an empty stomach. □**5.** Take the prescribed diazepam (Valium®) one hour prior to the appointment and do NOT drive once you have taken it. The diazepam is mandatory unless you have an allergy or other medical indication against it. It helps to loosen the tubes and makes the surgery easier. □**6.** If you have EVER fainted or been queasy with ANY medical intervention, then you must also take Gravol® 50 mg one hour prior to the appointment. □**7.** Arrive 45 minutes early (if you are late, your appointment will be cancelled and you will be charged). You cannot listen to an iPod or other electronic device during then operation, so don't bring it. □**8.** 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.

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AFTER THE VASECTOMY

The tiny opening will 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, changing them twice a day, for the first 2 days. You cannot bring your own glue. The doctor applies a special glue specifically designed for this purpose only. (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, bathing or hot tubs 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. You can lift a knife and fork, television remote or a bottle of beer...but not all at the same time. 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. Do not walk or stand if you don't have to. Don't walk the dog or go shopping. Place an ice pack on the scrotum (over the support) as often as possible after your surgery (10 minutes on, 20 minutes off) for the first day. 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 do not need to wear it to sleep. 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. Treat it like a sprained ankle...you wouldn't run 10K the first day back on it. You'd run once around the block. Wear the support whenever you work out or exercise in 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).

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 or masturbation 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. Do NOT send it to the doctor's office. The number of ejaculations during the 12-week period should be 15-20 or more, if possible.

TEST!



Follow the instructions given to you to produce, package and send the sample. The result will normally be available within a day of the doctor receiving it (usually a week after you send 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 is recommended before and after a vasectomy for regular use.