



VASECTOMY Consent

Vasectomy is a method of birth control chosen by more than 500,000 men each year in the United States. It is a safe procedure that is more than 99% effective in preventing unwanted pregnancy. It has no effect on the male hormones produced by the testes. Sex drive, the ability to attain and maintain erections, and the sensation of orgasm usually remain the same following vasectomy. Since the procedure only prevents sperm from entering the semen (ejaculate) and since sperm comprise only 2-5% of the semen volume, most men notice no change in the male reproductive fluids. Vasectomy is performed in the office under local anesthesia. Dr Webster will use a spray applicator (MadaJet®) to deliver a stream of anesthetic so fine that it numbs the skin and penetrates to a depth of about 3/16 of an inch, enough to surround and anesthetize each vas tube. Rarely someone will require more anesthetic delivered with a small needle. After cleansing and draping the scrotum in a sterile field as the anesthetic takes effect, one vas tube is manipulated back into position just underneath the area of numb skin. It is held against the skin with special forceps, then drawn through a small opening in the skin, divided, and the upper end is cauterized so that it will seal by scarring. A small titanium clip is used to close the sheath around the lower end so that the ends are separated by a tissue layer and less likely to grow back together. The clip will have no effect on MRI or metal detectors. The vas ends are released back into the scrotum and the other vas is brought out through the same opening and treated similarly. No sutures are required in most patients, and the small opening will seal within a day. Partners are welcome to accompany patients and watch the procedure. The patient is asked to minimize physical activity for 48 hours. If pain is minimal can return to sexual activity one week after procedure, but must use a backup form of contraception until semen sample is confirmed to be sperm free.

Vasectomy reversal is a three-hour procedure that results in return of sperm to the semen about 85% of the time overall. Success rates decrease with time after vasectomy, ranging from 97% sperm recovery and 75% pregnancy within 3 years of vasectomy to 65% sperm recovery and 30% pregnancy when the interval has been longer than 15 years. Because reversal attempts are not always successful, **vasectomy should be considered a permanent and irreversible procedure.**

INSTRUCTIONS BEFORE YOUR VASECTOMY:

1. Review the vasectomy patient information on wp.wildwoodclinic.com.
2. Understand the Alternatives to Vasectomy.
3. Understand the Instructions Following Vasectomy below so that you know what to expect.
4. Please shave the underside of the penis and the front wall of the scrotum on the evening before your vasectomy. A bit of alcohol is used to clean the skin before use of the MadaJet® and it can sting slightly right after a fresh shave if the skin is chafed.

5. Use no powder or deodorant in the genital area on the day of your procedure.
6. No need to bring an athletic supporter. One will be provided.
7. Be prepared to sign the operative consent sheet.
8. Driving home: It is not required, but if possible, arrange to have someone drive you home. It is not common, but possible to become dizzy or even pass out in the car on the way home. If you must drive yourself, drive in the right lane, so that you can pull over at the slightest hint of delayed lightheadedness. Also, a flat tire or fender bender could lead to complications.
9. Plan to do nothing but recline at home on the evening of the vasectomy.
10. Do not take any aspirin-containing medication for five days before the procedure.
11. Check to see if your insurance company will help with some of the costs of vasectomy.
12. Eat before your procedure, a normal breakfast or lunch.

INSTRUCTIONS FOLLOWING VASECTOMY:

1. Spend a quiet evening at home, reclining in bed or on the sofa. Minimize activity. You may sleep on your back, side, or front side.
2. Avoid aspirin for 2 days after the vasectomy. You may take acetaminophen (Tylenol or generic) if you have any discomfort. Ibuprofen (Motrin, Advil or generic) and naproxen (Aleve or generic) are both pain medications and anti-inflammatory drugs. For the first few days after a procedure, inflammation may be a normal component of the healing process, so Tylenol is preferred. If you feel no discomfort for 2 days, then have some pain on days 3-5, this may be normal. Your body goes through a series of steps in healing, and sometimes the later steps are more noticeable than the earlier steps. No need for ice packs, but you may try one if you have discomfort that responds only partially to acetaminophen.
3. You may remove the scrotal support and take a daily shower starting the morning after the procedure. Replace the scrotal support and wear it whenever you are up and around for the next 2 days, and during sports for the next 7 days.
4. On the day after the procedure, you may walk and drive as much as you like, but no sports, yard work, swimming, or heavy lifting. If your job is sedentary (office work or supervisor), you may return to work the day after the procedure. Two days after the procedure, you may return to more strenuous work and regular activities, including swimming, wearing your scrotal support. When pain is gone and tenderness is minimal, you may return to the gym or to running or to cycling, but on the first day back, do ½ of your usual workout: half the weight, half the reps, half the speed, half the distance, etc. If pain does not return, you may do your regular workout the next day. While we have no data, it makes sense intuitively not to engage in activities that involve direct pressure to the testicles for about a week: riding a horse or rodeo bull, riding a sport bike, or racing motocross.
5. When you no longer have any pain and only minimal tenderness, you may ejaculate. The American Urological Association Vasectomy Guidelines recommend that men wait a week before ejaculation. Blood in the semen for the first few ejaculations, or even a month after vasectomy, is not common, but is also no reason for concern. **Use other forms of contraception until you are told that your semen is sperm-free.**
6. Since no sutures are used to close the small skin opening, a follow-up visit is not required. But if you have undue discomfort or any concerns, please call us. About 10% of

men will still have some discomfort at 1 week, 3% at one month, and fewer than 1% at 6 months.

7. It is normal to have some discoloration of the skin around the puncture site. Some men will develop considerable discoloration of the scrotum about 4 days after the vasectomy. Blood from the deep vasectomy site comes to the surface as a purplish-blue mark, gets darker and spreads out like an oil slick, then gradually dissipates.
8. Some men (about one in 20) will develop swelling and discomfort on one or both sides, starting 3 days to 3 months following vasectomy. This usually represents an exaggerated form of the normal inflammatory response necessary for sperm absorption and recycling. It is best managed with a 5-7-day course of ibuprofen 600 mg 3 times per day.
9. At least twelve (12) weeks and 20 ejaculations after your vasectomy, bring a semen sample to our office in the provided container. The sample should be produced on the day of the lab test, but can be 3-4 hours old. If sperm are seen you will be asked to continue other means of birth control and return with a second specimen in 2-3 weeks.

VASECTOMY – SIDE EFFECTS, POSSIBLE COMPLICATIONS, ALTERNATIVES:

Vasectomy provides effective, permanent means of surgical contraception. When compared with other contraceptives, it has one of the lowest incidences of side effects. Large-scale studies show that the overall incidence of complications is less than 5 per 100 vasectomies performed. Minor side effects immediately following vasectomy may include discomfort, swelling and/or bruising of the scrotal skin, all of which usually disappear without treatment. Some men (about 1 in 20) will experience swelling and a low-grade ache in one or both testes anywhere from three days to six months after the procedure. This is probably due to an exaggerated form of the body's response to the obstruction caused by the vasectomy. It usually responds nicely to an anti-inflammatory drug (such as ibuprofen) 400-600 mg 3 times per day. 1 in 100 patients will have swelling and discomfort severe enough to require prescription pain medications, stronger anti-inflammatory drugs, and one or more days off from work. About 1 in 100 men will develop a grape-sized hematoma (blood clot) on one side after use of the spray applicator for anesthesia. That causes more noticeable and prolonged (7-10 days) discomfort on that side, but usually does not require prescription pain pills. Early complications such as hemorrhage and infection can occur after any surgery. Based on large-scale studies, the overall incidence of either hematoma (a blood clot in the scrotum) or infection is less than 2% of the vasectomies performed.

Long term, vasectomy can lead to the following conditions:

1. A sperm granuloma is a pea sized sometimes-tender mass which results when the body reacts to and walls off sperm which may leak from the lower (testicular) end of the cut vas. Some are tender enough to require removal.
2. A few (up to 5%) of patients will experience periodic tenderness of the epididymis, the tube behind the testis in which sperm are resorbed by white blood cells after vasectomy. Since this resorption process is a form of inflammation, it usually responds to a short course (3-7 days) of an over-the-counter anti-inflammatory drug such as ibuprofen. Post-vasectomy pain syndrome is defined as testicular pain (on one or both sides) for greater than 3 months after having a vasectomy, severe enough to interfere with daily activities, and causing a patient to seek medical attention. Because pain is so subjective, reported rates vary, but compiled data would suggest that this is a significant problem for 1-2% of vasectomy patients. Vasectomy reversal, removal of the epididymis, or a special

procedure called neurolysis (both major procedures) may be required to alleviate the discomfort.

3. Recanalization is the re-establishment of sperm flow from the testis up to the rest of the reproductive tract by virtue of the cut ends of the vas growing back together post vasectomy. Early recanalization occurs during the healing process. This is detected at the time of follow-up semen checks when live (moving) sperm or significant numbers of non-motile (not moving) sperm are still seen in semen specimens six months after the vasectomy. An unwanted pregnancy does not occur if the couple has used other forms of contraception as advised. Late recanalization, return of live sperm to the semen at some time after the semen has been confirmed to be sperm-free by microscopic examination, is rare, one in 2000 over the lifetime of the patient.
4. An article reporting a modest association between vasectomy and prostate cancer was published in the Journal of Clinical Oncology (JCO) on September 20, 2014. Based on an updated meta-analysis of this and many other articles that have addressed this topic through the years, the American Urological Association reaffirmed on November 7, 2014 that vasectomy is **not a risk factor for prostate cancer** and it is not necessary for physicians to routinely discuss prostate cancer in their preoperative counseling of vasectomy patients. There have been many articles since then confirming the absence of an association.
5. There are a number of alternatives to vasectomy that are less effective, but still an option to reduce risk of pregnancy including: Barrier methods (condoms and diaphragms), spermicides, hormonal methods, emergency contraception and intrauterine device (IUD). While these methods are likely less effective than vasectomy they should be considered. Please ask if you would like more information, and feel free to postpone your vasectomy if you need more time to evaluate information about alternatives. There is no form of birth control except abstinence that is free of potential complications. Vasectomy candidates must weigh the risks of vasectomy against the risks of alternative means of contraception as well as the risks associated with unplanned pregnancy.

CONSENT FOR STERILIZATION:

I, the undersigned, request that Bryan Webster MD perform a bilateral vasectomy, a procedure to produce obstruction of the vas deferens for the purpose of producing sterility. I understand there can be no absolute guarantee that this or any procedure will be successful. It is understood, that my semen will be checked following the operation. I understand that alternative contraception must be practiced until there are no sperm present. I also understand that while the reversal can be attempted, it is not 100%, and vasectomy should therefore be considered a permanent or non-reversible procedure. I recognize a small chance that I might have to come back to the office or to a hospital for evaluation and treatment of complications. By consenting to vasectomy and accepting the risks outlined above, I release Dr Webster and Wildwood Clinic for liability for time lost from work, salary unearned, and medical expenses incurred to treat complications. I have read and understand all paragraphs of this document and have had all my questions answered.

Patient's signature _____

Partner's signature (optional) _____

Witness _____

Date _____