



VASECTOMY INFORMATION/CONSENT

INTRODUCTION: -

The procedure of removing a piece of VAS DEFERENS and hence interrupting the flow of sperm from the testicle to the prostrate is called a VASECTOMY. The body will still make sperm but this remains in the testicle where it is broken down and absorbed in much the same way a bruise is reabsorbed. Semen is still produced when ejaculating and sex drive and the feeling will be the same after vasectomy but there will be no sperm once they are cleared (see later).

This procedure has been well studied for the past 40 years and is safer, cheaper and more effective than other forms of female sterilisation. You should consider it to be permanent and have the consent from your wife or defacto partner before proceeding.

PRICE: -

PREPARATION: -

1. No food for 3 – 4 hours prior.
2. Some water is OK.
3. 1 hour prior to procedure shave hair from scrotum and 3 – 4 cm above the base of the penis.
4. Apply numbing cream (given to patient or picked up from front office 2 – 3 days prior and kept in the fridge until used). The cream may induce a burning sensation at first. Then cover the area with glad wrap as this helps it work, keeping it on the skin and preventing the “air getting to it”.

5. Please notify the doctor of any medications or health issues such as bleeding disorders, hepatitis/aids, or any family history of these.
6. Please stop Aspiring or Anti-Inflammatories the week before the operation.

PROCEDURE: -

1. A fine needle containing the local anaesthetic is given to both sides into the loose part of the scrotum not far from the base of the penis. The area is numb from the cream so very little if at all pain is felt.
2. After the area goes numb, a small cut 10 mm or so is made into the skin. A deeper injection of local is given to make sure deeper nerves are numb.
3. The Vas Deferens (tube carrying sperm) is identified and a small piece is removed (3 – 5 mm) and sent for identification to give the patient piece of mind that the correct job has been done.
4. The ends are sealed by being cauterised and stitched and then buried away from each other with an internal layer of tissue separating the two ends.
5. A stitch is put in the surface cut and this is removed 3 – 4 days later.
6. A dressing is applied which can be removed the next day when having a shower.

AFTER CARE: -

1. You are given 2 painkillers (PARADEX usually) whilst the area is still numb as this helps prevent any emergence of pain. Some one should drive you home and when home an ice pack can be applied to the area 10 – 15 minutes every hour for 4 – 5 hours which may help reduce pain and swelling. A further painkiller can be taken 4 hours later. A small amount of alcohol is OK to help any relaxation or sleep. This does not usually have any significant reaction with painkillers.

2. You need to be fairly rested over the first 48 hours. Heavy work or sport should be avoided for 7 – 10 days.
3. Resumption of sex is usually after the stitches are removed.
4. Any further pain can be dealt with Panadol or Nurofen (assuming no allergies) together or separately.

SIDE EFFECTS: -

1. Some mild bruising and swelling contributing to mild discomfort can happen. Any severe swelling and pain or bleeding is very unusual but should be reported to me or the practice immediately.
2. Severe swelling can occur in 1 out of 100 – 200 cases. This usually settles with rest and time. It is very rare that hospitalisation has occurred (1/400 – 500).
3. Infection can occur 1/50 cases. Even though Government accredited procedures of sterilisation are followed, disposable sharp instruments are used and the area is prepared with antiseptics, infection can occur. Antibiotics can fix the infection and actual hospital drainage of an infection like an abscess is rare at 1/1000 – 2000 cases.
4. A small cyst or scar type tissue can form at the site of the procedure. This is a reaction to disturbing the tissues of the body or in rare cases a reaction to spermatozoa themselves. Most lumps disappear over 3 months. Any concerns over lumps should be checked.
5. Very rare side effects include testicular shrinkage, artery damage and chronic pain.
6. No research to date has linked any problems with cancer, heart disease or significant hormone changes.

(I have read and understood the side effects that have been fully explained to me)

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FAILURE RATE: -

Vasectomy is not 100% guaranteed. Males may produce sperm after a vasectomy in 1/1000 – 2000 cases. This is claimed to occur at any stage after the vasectomy but reduces with time. The actual fertility rate is much lower as factors such as sperm antibodies reduce mobility (explanation of antibodies given), lower numbers and partner factors occur. It has been quoted that the fertility rate is 1/5000 – 10000 fertile women years (explained in layman's terms).

IMPORTANT NOTICE: YOU CANNOT STOP OTHER CONTRACEPTION UNTIL A NEGATIVE SPERM COUNT IS ACHIEVED!!!!

This is done at the end of 10 weeks with a minimum of 25 ejaculations being performed. You are given paper work about collecting the sample and a pathology form as the specimen is taken to the Laboratory fresh. YOU MUST RING ME AND TALK TO ME PERSONALLY REGARDING THIS RESULT. THE RECEPTIONIST OR NURSE MUST PUT YOU THROUGH IF I AM AVAILABLE OR TAKE YOUR DETAILS. IF THE CALL HAS NOT BEEN RETURNED PLEASE RING AGAIN. NEVER ASSUME NO NEWS IS GOOD NEWS.

Some doctors will ask for 2 sperm counts to double check. This is available upon request. 1 in 5 men will not have cleared all the sperm and will have to do a 2nd sample. 1/500 – 1000 cases may have some live sperm for 6 months or later.

FUTURE FERTILITY: -

You should have considered all future possibilities related to fathering children before deciding to have a vasectomy. It should be considered permanent and irreversible.

1. Store sperm with IVF group before the procedure.
2. Reversal can be done as a micro-surgical technique.
3. Sperm can be taken from the testicle and used in an IVF technique with your partner's egg.

VASECTOMY CONSENT FORM

I _____ of _____, have discussed the above information with Dr Michael Ryan. I am aware of the nature, preparation, side effects, and consequences of proper after care on my behalf that has been described as a procedure called a VASECTOMY. I therefore give him permission to carry out the Vasectomy and acknowledge my role in providing a semen sample at the advised time to aid in my knowledge in determining the success of the procedure.

Signed: - Patient: - _____ Date: _____

Partner: - _____ Date: _____