

# “No-Scalpel” Vasectomy

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Fachärzte für Urologie

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## General Information

A vasectomy is a safe, commonly performed surgical procedure that results in **permanent birth control** for men. Approximately 600,000 men undergo this procedure annually in the United States. Although reversible, vasectomy should be done with the thought of never achieving biological fatherhood again. Having a vasectomy prevents sperm from reaching the ejaculate; it does not affect the sex life, sex drive (libido), the ability to get an erection, or change the amount of ejaculate produced. There is no increased chance of developing cancer or any other health problems by having a vasectomy performed. Sperm will continue to be produced and merely be absorbed by the body as it sits within the blocked tract.

The vasectomy is done in the office under local anesthesia, and usually takes approximately 15 to 30 minutes to perform. The procedure can be done through either two separate incisions in the scrotum, or when a “no-scalpel” technique is used, only one puncture is needed. This puncture is small, usually does not require stitches and heals quickly.

Overall, “No Scalpel” vasectomy is a very safe and effective way to become sterile. However, the patient must strictly follow the guidelines listed below, specifically confirming that the two follow-up semen analyses are absent of sperm, thus allowing birth control to be stopped. We will do our best to make this a simple and pleasant experience for all involved.

## Risks of the Procedure

Risks of performing a vasectomy include bleeding, infection, pain, and failure. Bleeding and infection occur less than 5% of the time. Pain after a vasectomy is rare and occurs because of blockage to the system and will resolve over time. In some men in whom this pain continues, further surgery may need to be performed to resolve this issue. Failure occurs rarely, 1 in 2500 men, and results from the two ends of the vas deferens coming back together and a connection forming in the reproductive tract allowing sperm to return to the ejaculate. Again, this is extremely rare, it cannot be prevented absolutely, and can result in an unwanted pregnancy.

## Before the Vasectomy

- In general, you will need 2-3 days off from work after the vasectomy, so please schedule appropriately

- Please let us know if you are on aspirin, aspirin-like products, anti-inflammatory medications, or other blood thinners, as we would need to reschedule the vasectomy in the near future to help prevent bleeding

## The Vasectomy Procedure

- Your scrotum will be cleaned with sterile betadine solution and a sterile drape will be applied, and a local anesthetic will be administered in the scrotal skin
- A portion of each vas deferens is removed separately through a small puncture in the scrotum, and small metal clips are placed on both ends of the vas
- Usually only a Band-Aid is needed to cover the puncture site
- Occasionally, for persistent bleeding, dissolvable sutures may be placed

## After the Vasectomy

- You should expect a mild “ache” in your scrotum following the procedure, and some men develop mild bruising that usually resolves after 3 - 5 days.
- Apply an ice pack to the scrotum for 48 hours.
- Stay off your feet for **at least 24 hours** after the procedure, and avoid heavy lifting or other exertional activities for at least one week.
- Wear a scrotal supporter/jock strap for at least 5 days after the procedure.
- Wait approximately one week to resume sexual activities.
- **You must use birth control after the vasectomy until you are told that there are no sperm in 2 consecutive semen samples. This can take 3-6 months in some men.**
- You may shower the day after the vasectomy.
- If you experience a fever of greater than 101 degrees F (38,5 Grad) or a sudden onset of significant swelling within the first 12 hours after the vasectomy, please call us promptly at 0049.172.3825903.

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**VASECTOMY OPERATIVE PERMISSION FORM**

I \_\_\_\_\_, give permission for Dr. Klaus Söffker / Dr. Barbara Dietrich. to perform the following operation (lay terms) bilateral partial vasectomy (cutting of the tubes which carry sperm) on me on \_\_\_\_\_(date). I understand that the condition necessitating such surgery is (lay terms) a desire to become sterile (unable to father children). I understand that as with any surgical procedure or anesthetic, there are certain risks. The possibility of a non-fatal complication is approximately 2 in 100. Some non-fatal complications that we know can occur from time to time, despite excellent technique, are infection, pain, excessive bleeding, and a reaction to the anesthetic. The procedure does not affect sex life, sex drive (libido), the ability to get an erection, or change the amount of the ejaculate produced. Any disturbance must be considered psychological. There is no increased chance of developing cancer or any other health problems by having a vasectomy performed. I understand that complications are usually relatively minor and can be corrected without difficulties. However, I have been advised that certain complications are more serious and may even need further surgery. Two of the more serious complications are explained below.

1. Pain after a vasectomy is rare and occurs because of blockage to the system and will resolve over time. In some men in whom this pain continues, further surgery may need to be performed to possibly resolve this issue. The chance of this occurring is less than 5%.
2. The operation may not make me sterile. Failure occurs rarely, 1 in 2500 men, and results from the two ends of the vas deferens coming back together and a connection forming in the reproductive tract allowing sperm to return to the ejaculate. Again, this is extremely rare, it cannot be prevented absolutely, and can result in an unwanted pregnancy.

The reason for this procedure and the involved risks have been explained to me and I do understand that it is likely and/or certain that this procedure will render me sterile (unable to father children).

I understand that I will not be considered sterile after the procedure until I have 2 consecutive semen specimens that show no sperm.

\_\_\_\_\_ (Patient's Signature/Date)

\_\_\_\_\_ (Surgeon's Signature/Date)

# VASECTOMY NEW PATIENT SHEET

**Dr. med. Klaus E. Söffker – Dr. med. Barbara Dietrich**

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Patient name: \_\_\_\_\_

Age \_\_\_\_\_

Who referred you to our office?

\_\_\_\_\_

Do you have any children? yes / no

Are you married? yes / no If yes, what is your spouse's name? \_\_\_\_\_

What method of birth control are you using?

\_\_\_\_\_

What over-the-counter or prescription medications are you taking?

\_\_\_\_\_

Do you take aspirin or aspirin-containing products? yes / no

Do you have any drug allergies? yes / no

\_\_\_\_\_

Have you ever had surgery? yes/no

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical problems? yes/no

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a testicular infection? yes / no

Have you ever had a prostate infection? yes / no

Have you ever had a urinary tract infection? yes / no

Do you have a history of kidney stones? yes/no

**Thank you!**

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