

Washington University School of Medicine
Urologic Surgery
Vasectomy: An Effective Method of Birth Control

What is a vasectomy?

Vasectomy is a means of voluntary, permanent contraception in men. It is a relatively minor procedure which involves the closing of a small tube on each side of the scrotum – the *vas deferens* – which carries the sperm. With local anesthesia, a tiny incision or puncture is made in each side of the scrotum so that the tube can be lifted out, tied off, and cut, thus blocking the passage of sperm. Neither the penis nor the testicle is involved. The testicle continues to form sperm which are then absorbed by the body.

Is vasectomy the same as castration?

No. Castration involves the removal of the reproductive glands (the testicles). Vasectomy does not involve the removal of any glands or organs. It only closes the passageways which carry the sperm from the testicles.

Will vasectomy make a man impotent, prevent him from enjoying sex, or alter his manhood?

No. Vasectomy does not change a man's ability to have an erection, orgasm or full ejaculation. He will continue to enjoy sex as much as or more than before, since the fear of unwanted, accidental pregnancy is removed. The same amount of semen will be ejaculated as before the operation, but it contains no sperm. There is no change in the production of the male sex hormone testosterone.

Will the resulting inability to have children cause later emotional upsets or conflicts?

If a man obtains vasectomy for valid reasons, with full understanding of the nature of the operation and without "pressure" from any source, the result is usually relief and peace of mind.

When is a vasectomy indicated?

Vasectomy, as a means of birth control, is primarily indicated for stable married couples who have decided that they do not want additional children.

HOW RELIABLE IS VASECTOMY?

Vasectomy, or its counterpart in the female commonly called tubal ligation, is the most reliable means of birth control known today.

Do the cut ends of the tube ever rejoin by themselves? What is the chance of a vasectomy failing?

On rare occasions, the cut ends of the vasectomy may rejoin. To reduce the chances that this may happen, a section of the tube, vas deferens, is usually removed at the time of surgery to prevent their reconnection. However, despite such a possibility, a vasectomy is the safest, simplest and most permanent of all methods of preventing unwanted pregnancies.

Is a vasectomy permanent?

The operation is ordinarily performed as a permanent means of birth control and should not be considered unless the couple is certain they want no additional children. It is true that the tube can be surgically rejoined with a variable degree of success, but even if successful, does not necessarily assure restoration of the ability to have further children.

Is birth control assured as soon as the vasectomy has been performed?

No. A variable period of time is required after the operation for the sperm which are present beyond the point of blockage in the tube to be cleared from the system. For this reason, it is necessary to submit a semen specimen at a designated time after the operation to determine that sperm are no longer present. Until that report has been given, usual precautions for birth control must be continued.

Is vasectomy ever associated with any "complications"?

Occasionally, the skin of the scrotum, and possibly of the base of the penis, may turn black and blue. This is not painful and lasts a few days, disappearing without treatment. Occasionally, there may be mild pain or tenderness in the areas of incision, with some swelling for a short time. Very rarely, a small blood vessel may escape into the scrotum and continue to bleed. Treatment would depend upon the degree of swelling, but might require hospitalization and general anesthesia to drain the blood clot.

Is it legal?

Yes, in all 50 states.

Relationship of Vasectomy and Prostate Cancer:

In 1990 two studies were published that showed a relatively small increased risk of prostate cancer among men who have undergone a vasectomy. The increased risk of prostate cancer was 1.7% in one study and 5.3% in the other study. Previously, there have been six studies examining the relationship between vasectomy and prostate cancer and none showed a significant association between the two. Most authorities do not believe that vasectomy causes prostate cancer and explain the possible increased occurrence rate of prostate cancer because men who have had a vasectomy have normal hormone levels and a tendency to seek medical attention more commonly than those who have not had the procedure.

What to do in preparing yourself for vasectomy

1. Make every effort to keep your appointment, since the time required for this procedure has been blocked out for you.
2. Shave all hair from the scrotum and under the penis on the evening before or on the day when the vasectomy is to be performed. (Do not use an electric razor)
3. After shaving the area, thoroughly wash the penis and scrotum, then shower or bathe to remove all loose hairs.
4. If you can, have someone drive you to and from the office, although this is not essential.
5. Stop at a drugstore and purchase a "large-sized scrotal suspensory with no leg straps attached" or an athletic supporter (jock strap).
6. Bring your signed consent form (which your wife must also sign).
7. Do not take aspirin or Ibuprofen one week before or after your vasectomy. We recommend Acetaminophen (Tylenol). Failure to do this could result in cancellation of your surgery.

Home care after vasectomy

1. Wear the scrotal suspensory or supporter for twenty-four hours. Thereafter, you may wear it as long as you are more comfortable with it than without.
2. Avoid strenuous physical exercise for five to seven days. You may perform all other normal duties.
3. You may shower and bathe on the day following vasectomy. You may apply soapy water gently to the scrotum to wash. Rinse and dry, blotting the skin not rubbing.
4. All "stitches" (if any are used) will dissolve by themselves. They do not require removal. If a stitch comes away prematurely the incision may open a little and possibly a small discharge from the wound or a slight amount of bleeding may develop. Do not worry about this – continue to bathe as before, and place a small gauze sponge inside the suspensory which you are to wear until the incision dries up.
5. If you have pain or discomfort immediately after the vasectomy, we recommend Acetaminophen (Tylenol). Do not take aspirin or Ibuprofen for 1 week after the vasectomy. An ice bag will provide additional comfort after the local anesthetic wears off- if used- for several hours.
6. A small amount of oozing blood (enough to stain the dressing), some tenderness and mild swelling in the area of the incision are not unusual and should subside by seventy-two hours. These should cause no alarm, but if there is an unusual amount of pain, a large swelling of the scrotum, or continual bleeding, feel free to call the doctor at any time. If for any reason you cannot reach him/her, you may go to the Emergency Room at any time of the day or night.
7. You will need to bring a semen specimen to our office (produced by masturbation) in a clean, wide-mouthed receptacle. This is to be done at 10 weeks after your vasectomy. Specimen containers and appointments for specimen drop off will be given to you the day of your vasectomy. This appointment must be scheduled, as this service is not available every day. You will need to use some form of contraceptive until your semen analysis results confirm that you are sterile (this means a semen sample that shows no sperm).
8. Remember to continue usual contraceptive methods during intercourse until advised by the doctor that it is no longer necessary. The sooner intercourse is resumed and the necessary number of ejaculations completed the sooner you will be able to abandon existing contraceptive methods.

CONSENT FOR STERILIZATION OPERATION

I hereby request and authorize the doctors of the Division of Urology of the Washington University School of Medicine to perform upon me the operation known as bilateral vasectomy.

I understand that bilateral vasectomy means the removal of a segment of each vas deferens, each of which conducts sperm and that the purpose of this operation is to cause me to be sterile, i.e., unable to produce children or cause pregnancy in a female partner.

I agree that I will present a minimum of two specimens of my sperm following the operation so that the absence of sperm in the semen can be determined.

I understand that contraception shall not be abandoned until I am advised by the doctors of the Division of Urology of the Washington University School of Medicine that the operation has in fact resulted in my being sterile.

I also, understand that the operation is intended to be irreversible, but that notwithstanding that this is the purpose and intent, it may not have this effect, i.e., that the result of sterility is not guaranteed, and that I may not be sterile as a result of the operation.

I hereby release the doctors of the Division of Urology of the Washington University School of Medicine and Barnes Hospital from any and all claims arising out of or connected with the performance of this operation.

I certify that I have read and understand the questions and answers section of this form explaining the details of vasectomy.

I understand there have been reports suggesting that vasectomy may be associated with an increased risk of prostate cancer. These reports have been reviewed by a committee of the American Urologic Associations which concluded that the increased risk of prostate cancer remains unproven.

Signature of Patient

Signature of any other person authorized to give consent (if other than patient)

Relation to patient: _____ Witness: _____ Date: _____

I am the wife of _____

I understand that my husband has asked the doctors of the Division of Urology of the Washington University School of Medicine to perform a bilateral vasectomy operation on him. I have read the consent which my husband has signed and realize that the operation will not take effect for some time after it is performed, but therefore it will be very unlikely that my husband will be able to cause me to become pregnant. I have no objection to this operation and agree that I will not assert any claim against the doctors of the Division of Urology of the Washington University school of Medicine, or Barnes Hospital on the basis of the operation performed, and that I release them from any and all liability arising out of or relating to the operation.

Signature of Wife

Patient

DOB

Due to the high demand for vasectomy appointments we do not allow patients to reschedule.

Appointment

Date: ____/____/____ Time: ____:____ Physician: _____

Barnes West County
Hospital
1040 N Mason RD
Suite 122
St. Louis, MO 63141

Center for Advanced
Medicine
4921 Parkview Place
Suite 11C
St. Louis, MO 63110

Christian Northeast
Hospital
11155 Dunn Rd
Building #1, Suite 202N
St. Louis MO 63136

Siteman South
County
5225 Midamerica Plaza
St. Louis MO 63129

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Patient Health Questionnaire
Washington University School of Medicine
Urologic Surgery

Name: _____ Date of Birth: _____ Date of Visit: _____

Requesting Physician:

Requesting Physician's Address: _____ City: _____ State: _____ Zip: _____

If you would like to be set up for a Follow My Health Patient Portal (FMHPP) please give us your email address below. With the FMHPP you will be able to communicate with your doctor's office. You can view test and lab results, request and view appointments, renew prescriptions, track and update personal information. **Yes**, please send me an invitation. **No**, not interested right now. **Email address:** _____

Medical History: List any illnesses you have had (High Blood Pressure, Diabetes, Etc.):
 Include Month and Year **NONE**

Have **YOU** been diagnosed with Cancer? **NONE**

Type of Cancer	When were you diagnosed (Month and Year)?	Did you undergo treatment? What type?

Surgical History: List any hospitalizations or surgeries:
 Include Month and Year **NONE**

Family History: Please write in any medical conditions family members have/had. If none check **NONE**

Family Member	Conditions(s)	NONE
Mother		<input type="checkbox"/>
Father		<input type="checkbox"/>
Sibling		<input type="checkbox"/>
Children		<input type="checkbox"/>

Social History: Please check the appropriate answer

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Partner	Alcohol Use: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ # drinks a day	Tobacco Use: <input type="checkbox"/> Never <input type="checkbox"/> Current _____ PK(s) per day _____ Years <input type="checkbox"/> Former Smoker _____ PK(s) per day _____ Years _____ Year quit	Drug Use: <input type="checkbox"/> None <input type="checkbox"/> Current Type: _____ Frequency _____
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Occupation:

Current Medications (including over-the-counter meds, supplements, aspirin and blood thinners): Please list name, dosage and frequency: **NONE**

Are you allergic to any medications/dye/contrast? If **YES** List. Be sure to list the reaction (i.e. hives, nausea...). **NONE**

Other allergies please list: (seasonal, anesthesia etc) **NONE**

Please complete the back side of this form!

Name: _____ Date of Birth: _____ Date of Visit: _____

Preferred Pharmacy Name: _____
 Phone # _____ Address: _____ City: _____
 State _____ Zip: _____

Constitutional		Blood	
Weight loss	<input type="checkbox"/> YES <input type="checkbox"/> NO	Excessive bleeding with surgery	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prolonged Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart		Blood clots in legs/lungs	<input type="checkbox"/> YES <input type="checkbox"/> NO
High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Joints/Muscles	
Angina/Chest pain/ Heart attach (MI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Prolonged back pain	<input type="checkbox"/> YES <input type="checkbox"/> NO
Irregular pulse (Arrhythmia)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Artificial (implanted) joints	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lungs		Neurologic	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Stroke/"mini stroke" (TIA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emphysema	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parkinson's disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prolonged Cough or shortness of breath	<input type="checkbox"/> YES <input type="checkbox"/> NO	Alzheimer's disease or confusion	<input type="checkbox"/> YES <input type="checkbox"/> NO
Digestive Tract		Multiple Sclerosis (MS)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ulcers	<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures (epilepsy)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hepatitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spinal Cord Injury	<input type="checkbox"/> YES <input type="checkbox"/> NO
Constipation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Eyes	
Urinary		Glaucoma	<input type="checkbox"/> YES <input type="checkbox"/> NO
Blood in Urine	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Leak urine/poor urinary control	<input type="checkbox"/> YES <input type="checkbox"/> NO	Psychiatric	
Poor erectile/sexual function	<input type="checkbox"/> YES <input type="checkbox"/> NO	Anxiety	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stones	<input type="checkbox"/> YES <input type="checkbox"/> NO	Depression	<input type="checkbox"/> YES <input type="checkbox"/> NO
Endocrine		Immunologic	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lupus	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gout	<input type="checkbox"/> YES <input type="checkbox"/> NO	AIDS/HIV	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thyroid Abnormality	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin	
		Rashes	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Boils or Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO

Female Patients ONLY:
 Are you still having menstrual periods? Yes No Are they abnormal? Yes No

FOR DOCTOR USE ONLY:

My signature below signifies I have reviewed the above.

Physician's Signature: _____ **Date:** _____



Thank you for choosing Washington University Urology for your care team. Our goal is to provide an optimal experience as you recover from your treatment.

Procedure Performed: Vasectomy

Site Care:

- For the first 24 hours, ice 20 minutes per hour while awake, then as needed. Remove fluff dressing while icing.
- Rest 24 hours after surgery.
- You may remove the fluff dressing the day after the procedure.
- Do not shower for one day.
- Remove dressing in two to three days. If the dressing comes off before then, you may place a Band-Aid over the sites.
- Keep area clean and dry.
- Wear an athletic supporter for two weeks. You may wear the supporter under or over your undergarments 48 hours after your procedure.

Activity:

- No bathing for one week.
- No swimming in pool for one week.
- No swimming in lakes or hot tubs for two to three weeks.
- No lifting greater than 10 pounds for five days; limit pulling and bending.
- No running or jogging for seven to 10 days.
- Do not drive a tractor, riding mower, motorcycle or shovel snow for one week.
- Do not engage in sexual activity for five days.
- You may sleep in any position that is comfortable.

Diet:

- Resume regular diet.

Medications:

- Continue your medications unless otherwise instructed by your doctor.
- Alternate ibuprofen (800 mg) every eight hours with Tylenol (1000 mg) every eight hours.
- No aspirin or aspirin-containing products for three to five days.

Call the office immediately (314-362-8200) if you:

- Have a temperature above 100.6 degrees.
- Are unable to urinate.
- Have bruising greater than a quarter size or swelling greater than softball size.
- Have yellowish or greenish drainage, warmth or redness at incision site.

Follow-up Care:

- You are **not** considered sterile until one semen specimen has rare (non-motile) or no sperm. In general, 15-28 ejaculations are needed to get a clear reading within a three month period.
 - **Do not provide sample until two months from procedure date.**
- You may need to bring in more than one specimen.
- You **must** use alternative contraception during this period.
- Bring in a semen sample to Quest Diagnostic Labs on _____
- The specimen should be dropped off within two hours of collection.
 - **Keep specimen at room temperature, do not refrigerate.**
- Please call 314-996-8085 for results the next business day after dropping off sample.

Keep these instructions until you have received your post-vasectomy results.



Washington University Physicians

Instructions for Collection of Semen Specimen

- Use the wide-mouth sterile specimen container provided the day of your procedure.
 - It often takes 15-20 ejaculations to clear all the semen from the spermatic ducts. You should masturbate or engage in sexual activity often (**using contraception**) before collecting your specimen.
 - Semen analysis testing is performed with a **Quest Lab order**.
 - The specimen is best collected by masturbation at home.
 - The specimen should be brought to the Quest Lab **within 60 minutes** of the time of collection with date and time noted on container.
 - Be careful to collect the entire ejaculate in the large mouth container. Be sure top is tightly secured.
 - If it is not possible for you to collect the specimen by masturbation, you may collect it by having intercourse and withdrawing the penis from the vagina and ejaculating into the container.
 - Do not use a condom to collect the specimen.
 - **Results:** Please call the office at 314-362-8200 48 hours after your lab visit for the results of your semen analysis.
-

Remember: You should be using contraception to prevent pregnancy until you have had a semen analysis that shows no sperm.