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VASECTOMY

Pre-Operative Considerations

Vasectomy is a permanent form of contraception.

Alternative forms of permanent and nonpermanent contraception are available, and a couple should consider all forms of contraception prior to deciding on vasectomy. Vasectomy is the most effective form of contraception available and is associated with few short and long-term side effects.

A vasectomy may be reversed. However, even after a successful reversal, a couple may have difficulty establishing a pregnancy because of changes in sperm quality that occur over time.

A couple may consider sperm banking as a way of preserving sperm for future attempts with in vitro fertilization. With in vitro fertilization, banked sperm is mixed with a woman's egg in a laboratory. If you have questions regarding sperm banking, please discuss this with the doctor prior to your procedure.

Following a vasectomy there is no sperm in the semen. No other aspect of a man's sexuality is anticipated to change. That is, there is no change in sexual desire, sexual performance or orgasm. There is no change in masculinity or testosterone levels.

Risks of Vasectomy

Vasectomy is a surgical procedure that is associated with few short term and long-term side effects. The risk of significant bleeding, bruising, swelling and infection is less than one percent. Currently, there is no evidence that a vasectomy is the cause of an increased risk of heart disease, immunological disorders or cancer, including prostate cancer.

Men who have had a vasectomy are more likely to have antisperm antibodies. These antisperm antibodies have no effect on your health but may contribute to persistent infertility following a vasectomy reversal.

A small percent of men who undergo a vasectomy will develop a sperm granuloma at the site where the sperm tube was divided. For most, this granuloma is not a cause of concern. Some men who develop a sperm granuloma will require excision of the granuloma secondary to complaints of pain.

A recent study indicates that a man who undergoes a vasectomy has an increased risk of experiencing non-bacterial epididymitis. This condition is characterized by mild to moderate swelling and pain of the right or left epididymis. It is thought to occur secondary to an imbalance between sperm production and sperm re-absorption. Non-bacterial epididymitis is a self-limiting condition that occurs in approximately 15% of patients within the first two years following a vasectomy. After this period, the percentage of patients experiencing this condition lessens significantly.

Chronic testicular pain is an extremely rare complication of a vasectomy. Men who experience chronic testicular pain may require an additional surgical procedure to alleviate pain.

Following your vasectomy and a single post-vasectomy semen sample that shows no sperm to be present, the likelihood of you establishing a pregnancy is extremely small. You are not considered sterile until after we have documented a negative semen sample. Therefore, you will need to continue to use contraception until sterility is documented to prevent pregnancy. If your semen samples consistently show positive sperms, this may indicate that the previous vasectomy has failed. Failure to accomplish sterility is a small but real risk of vasectomy.

Anesthesia

The majority (90%) of vasectomies are performed with local anesthesia only. The local anesthesia is like the numbing medication used by dentists. Following your vasectomy, the surgical site will remain numb for 45-60 minutes.

If you are anxious about this procedure or just want an extra measure of comfort, we offer the option of Nitrous Oxide for your vasectomy. Nitrous Oxide helps to reduce pain and anxiety with the added benefit of wearing off quickly. If you are interested in having Nitrous Oxide during your procedure, please mention it at time of scheduling your appointment. There is an additional charge that is not covered by insurance.

Approximately 1% of men have their vasectomy performed under IV (intravenous) sedation. With IV sedation, you are completely unaware of the procedure taking place. Intravenous sedation is administered in our office by anesthesiologist. An anesthesiologist is a medical doctor trained to administer anesthesia. Our anesthesia team may not be available on all dates that vasectomies are performed in the office; therefore, if you are interested in receiving IV sedation, please inform our scheduler of this request so that appropriate arrangements can be made. We strongly recommend the use of Pro Nox or IV sedation for all men who have a prior history of fainting, lightheadedness or severe anxiety in association with previous medical and/or dental procedures and for those who have an extreme fear of needles and/or shots.

The Procedure

Your vasectomy will be performed in our office based surgical facility. The procedure will take approximately 30 minutes.

Please shower, bathe or wash the genital area with antibacterial soap the night before and the day of your procedure. Trim or shave the hair of the upper scrotum (sac) the day of your procedure. You do not need to shave off all the pubic or scrotal hair. We do not recommend using hair removal products such as Nair. If you are not sure where to shave or cannot take a razor to your genitals, do not worry, we will trim the hair of the upper scrotum in the office the day of your procedure.

Eat a light meal at least one hour prior to your procedure. Do not drink alcohol or take illicit drugs prior to your vasectomy.

Please avoid the use of aspirin for one week prior to your vasectomy. Do not take non-steroid anti-inflammatory medications such as Advil, Ibuprofen, Aleve, etc. for 48 hours before the procedure. If you are taking prescription, blood thinners such as Coumadin or have a history of valvular heart disease such as mitral valve prolapse, please notify the doctor at the time of your pre-procedure consultation. The doctor or nurse will prepare the surgical area by applying an antiseptic solution and cover the area with sterile drapes.

The doctor will isolate the left vas deferens between his thumb and forefinger and then inject the site with local numbing medication. A small incision will be made over the isolated vas deferens. Once isolated, the vas will be tied securely; a short segment of vas is removed; and then both ends of the cut and divided vas deferens are cauterized to seal the ends. One internal and one external stitch is used to close the incision. The exact same technique will be used to divide the right vas deferens.

You will be taken to our waiting room where the medical assistants will continue to observe you. After approximately one-half hour, you will be sent home. Please be sure that you have arranged for someone to drive you home from your appointment.

Post-Operative

Upon arrival home, the most important aspect of your post-operative care is rest. We would recommend that you spend the remainder of your day resting in bed or on a couch. We would also recommend utilizing an ice pack for the first 6-8 hours after the procedure. The ice pack should be placed on the upper scrotum (sac) with a cotton cloth or undergarment beneath the ice pack. Many patients have found that a frozen bag of vegetables works very well.

You may shower the day after your vasectomy. You can expect to see some bruising of the scrotal skin and have some internal swelling following the procedure. If you notice marked swelling or bruising, please contact the surgeon who performed your procedure.

The first two days following your vasectomy, we would recommend that you stay home from work. Avoid strenuous physical activity and avoid spending extended periods of time on your feet.

On the third day after your vasectomy, you can return to work. Most men are more comfortable utilizing a supportive undergarment for the entire first week after their vasectomy. During the first week, we would ask you to limit your activity to your daily work routine. Do not engage in recreational or sport activities. At the end of the first week, you can plan on resuming additional physical activity but plan on easing into your regular routine. By two weeks after the vasectomy, you should be back to your full, regular routine.

Avoid sexual activity and ejaculation during the first week after your vasectomy. At the end of the first week, you may resume sexual intercourse, but you need to use contraception until sterility has been documented.

After vasectomy, we do not schedule formal post-op checkup. However, you should feel free to contact us by phone or email if you have any concern. Remember, you are always welcome to come into the office for a post-operative check at any time after your procedure. Once you become sexually active, you will need to have 15-20 ejaculations over the next 9 weeks in order to empty the genitourinary system of sperm. Twenty-five percent of men need an additional number of ejaculations to completely clear the reproductive system of old sperm.

Ten weeks after the procedure, you should arrange to have your semen sample checked at one of the local laboratories. You will receive a packet with instructions, lab orders and a container for your sample. Please label the container with your name and birthdate. Once we receive the results from the laboratory, our staff will contact you. There may be an additional charge by the laboratory for this service.

Scheduling

When scheduling for a vasectomy there will be two appointments made, one will be the vasectomy consultation and the other is the vasectomy procedure. The vasectomy consultation will be scheduled as a Telehealth video visit via Zoom. During this consultation, the procedure will be reviewed by the provider along with all the risks and benefits. A spouse or significant other may be present for this consultation. The vasectomy will also include a physical exam and depending on this examination your vasectomy may be rescheduled. At time of scheduling, you will also receive two consent forms that will need to be signed prior to the vasectomy.

Frequently Asked Questions

1. What do I need to do prior to my vasectomy?

- Complete your consultation and physical exam.
- Complete and sign all forms and surgical consent.
- Check with your insurance carrier regarding coverage for the consultation and the vasectomy.
- Wash your genitals thoroughly with soap and water the night before and the day of your vasectomy.
- Shave or trim the hair of the upper scrotum
- Eat a light meal prior to your procedure.
- Wear or bring a supportive undergarment with you the day of your vasectomy.

2. What do I need to do after my vasectomy?

- Go straight home; put your feet up or lie down; place an icepack/cold pack on the upper scrotum. Do not apply ice or the cold pack directly against the skin.
- Engage in minimal activity for the remainder of the day; engage in light activity for the first two days following your procedure.
- Wear a supportive undergarment (athletic supporter, snug jockey briefs, bike shorts or training shorts) for the first week after your vasectomy, especially when you are up and around.
- You may shower the day after your vasectomy. Remove the applied band-aids prior to showering and re-apply for the next two days. You do not need to scrub the incision sites.
- Keep the vasectomy incisions covered with a band-aid for the first three days following your procedure.
- Apply an antiseptic such as betadine, Bacitracin or Neosporin to the incision sites prior to replacing a band-aid and after you have discontinued using a band-aid.
- Use Tylenol or the prescription medication provided by your doctor. Do not take aspirin or non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen, Advil, Aleve, etc. for five days after your vasectomy.

3. When can I return to work?

Most men return to work two days after their vasectomy (vasectomy on Friday, return to work Monday)

It is not unusual to have some mild to moderate discomfort/pain associated with mild bruising and swelling of the scrotum for the entire first week after your vasectomy. Significant pain, bruising and swelling is unusual. The more physically active you are at work or at home after your vasectomy, the more discomfort you will experience

4. When can I resume sexual activity?

You may resume sexual activity one week after your vasectomy. You will need to continue to use some form of contraception until sterility is confirmed. It is our policy to perform follow-up semen analyses starting at ten weeks after your procedure.

5. Do I need to have a semen sample checked after my vasectomy?

Yes, you must have one negative semen sample before you are considered sterile.

6. How many ejaculations do I need to have in order to eliminate all sperm from my reproductive system?

Following a vasectomy, no new sperm traverse the reproductive passages; however, all old sperm within the passages must be eliminated through a series of ejaculations. We ask that you abstain from intercourse and ejaculation during the first week following your vasectomy. Over the subsequent nine weeks, you will need to have 15-20 ejaculations. After 15-20 ejaculations, you have a seventy –five percent chance of having cleared all the old sperm from your reproductive passages. If your first sample is positive indicating that sperm have not been cleared, you need to have 10 more ejaculations prior to dropping off your next sample. After the first 10 weeks, the time interval for the additional 10 ejaculations is not important. A small percentage of men will require a significant number of ejaculations to clear the system. If sperm persist in the system for greater than or equal to 12 months following your vasectomy, consideration will be given to repeating the procedure.

7. What happens to the sperm that my body continues to produce after my vasectomy?

Following a vasectomy, the testicles will decrease the number of sperm that they produce. Second, the body will increase the process of sperm breakdown and reabsorption. Over a period of time, the equilibrium between sperm production and sperm reabsorption is fine-tuned.

8. Will a vasectomy have any impact on my sexuality/performance?

No. A vasectomy will have no impact on your ability to obtain or maintain an erection, nor will it have any detrimental impact on your sex drive. In fact, many men feel more confident about their sexuality because they no longer fear an unplanned pregnancy.

The quality, quantity and appearance of the semen will not change.

9. Do you perform a conventional or a no-scalpel vasectomy?

We perform a conventional vasectomy. We believe the most important factor relating to a good surgical outcome is surgeon experience and not the surgical technique utilized. All the physicians in our practice are highly trained and experienced in performing a conventional vasectomy.