ATLANTIC
UROLOGY

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Thank you for choosing our office to perform your vasectomy. Enclosed, you will find an information packet regarding this procedure. If you have access to a computer, you can also visit our website at www.vascenter.com.

Regards,

Edward O. Janosko, M.D.

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# PREVASECTOMY INSTRUCTIONS

**All consent forms should be signed by you and brought to us before your vasectomy can be performed.**

**PLEASE REMEMBER:**

1. SHAVE ALL HAIR FROM THE UPPER SCROTUM. This means just under the penis onto the scrotal sac. The area should measure about 2-3 inches around. You should do this on the day of your vasectomy. You may lather the scrotum with soap and water and shave with a safety razor.

2. After shaving the area, thoroughly wash the penis and the scrotum, then shower or bathe to remove all loose hairs. If needed, wash the area again just before coming in for your vasectomy.

3. Bring a scrotal support (jock strap or suspensory, or tight jockey shorts).

4. Wear comfortable trousers.

5. If possible, bring someone who can drive you home.

6. Refrain from eating or drinking for three hours before your vasectomy.

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# *VASECTOMY INSTRUCTIONS AND CONSENT*

## *I. Purpose of the operation*

The intent of this operation, known as bilateral partial vasectomy, is to render you sterile (i.e. unable to cause a pregnancy in a female partner). You should also understand there is only a remote possibility of reversing the state of infertility once achieved.

## II. Nature of the operation

The vas deferens are the tubes which conduct sperm from the testicles, and there is ordinarily one tube from each testicle. Bilateral partial vasectomy means dividing and closing each of these tubes and separating the severed ends. A segment may or may not be removed. The skin incisions in your scrotum may be closed with a suture material, which will later dissolve as healing occurs.

## III. Anesthesia for the operation

The operation will be performed under local anesthesia. It is rare to require IV sedation. The skin of the scrotum and the nerves to the tube to be severed will be numbed by injection of the anesthetic and you will be fully conscious. At least one injection will be given on each side of the scrotum. Sometimes discomfort is experienced in the area of the groin and testicles.

## IV. After the operation

You may expect minor postoperative problems and occasionally some complications. The minor discomforts which frequently occur include: (1) black and blue marks on the scrotum; (2) swelling beneath the incisions; (3) tenderness around the incision sites and testicles; (4) or a discharge from the edges of the skin incisions.

Some of the postoperative complications which can occur include:

1. **Epididymitis:** Painful swelling of the tissues along side the testicles, which might include swelling of the testicles (epididymo-orchitis). The resolution of this inflammatory process, if it occurs, may take several weeks or longer, but usually resolves with oral antibiotics.

2. **Sperm Granuloma: Persistent tender swelling beneath the skin incision above the testicle. This is commonly due to leakage of sperm from the severed ends of the tubes into the tissues causing and inflammatory reaction.**

3. **Hematuria: Hemorrhage due to undetected bleeding in the scrotal sac. In this instance, the scrotum may become swollen and discolored and may require a second incision to drain the accumulated blood.**

4. **Abscess: Pus may form within the scrotum and require a second incision so it may be drained.**

5. **Recanalization: The ends of the vas may rejoin themselves. If sperm are present in the semen later on, the operation would have to be redone.**

## V. Failure of bilateral partial vasectomy

You should understand that until you have had two consecutive negative sperm checks, you should continue to use other methods of contraception. The vasectomy will sometimes fail to produce sterility and this occurs in one or two in a thousand cases.

Therefore, it is your responsibility to have your semen examined periodically and understand that two negative semen checks are not an absolute guarantee against future pregnancies due to the remote possibility of recanalization.

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# CONSENT FOR VASECTOMY

**I authorize Richard J. Mynatt, M.D. or Victor E. Abraham, M.D. to perform a bilateral vasectomy on me.**

**I understand this to include removal of a small portion of each vas through a scrotal incision and then sealing the severed ends.**

**I understand that this procedure is being performed in an attempt to achieve permanent sterility.**

**I give consent for the use of an appropriate anesthetic agent and for possible evaluation of any removed tissue by a pathologist.**

**I understand that with vasectomy, a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment, which may include medications, hospitalization and even surgery. Recanalization or rejoining of the vas ends may occur spontaneously in a small percentage of cases (approximately 1 in 2000) creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.**

**I understand that I am not to be considered sterile until two consecutive postoperative sperm analyses have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after two negative semen checks is astronomically small.**

**I understand that the long term effect of vasectomy have been studied extensively in the past twenty years. One recent study has suggested a slight increase in prostate cancer, but this was not found in other larger studies. To date, no known diseases or processes are thought to be caused by vasectomy in humans.**

**I understand that I expect to be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means, and in giving my consent to the vasectomy, I have in mind the probability of such a result.**

**SIGNED:** _____ **DATE:** _____

**(Patient)**

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# POST VASECTOMY INSTRUCTIONS

1. Today's operation does not immediately protect you from getting a woman pregnant. Continue to use some other method of birth control until you have had your semen analyzed twice and have been told that it contains no sperm.

2. It is recommended that you wait at least 3-7 days before resuming sexual activities. You may resume sexual activities then if you are not having any discomfort, but having ejaculations too soon after a vasectomy may increase the chance of minor problems developing or rejoining the tubes.

3. Ejaculations help to clear the passage of sperm, but you and your sexual partner must use some other method of birth control until you are told that you may discontinue its use.

4. For two days after the operation, do not do any work that requires heavy lifting, pushing, straining, etc. You may do light work as soon as you wish, however.

5. Keep the incision dry for 24 hours following the operation. Thereafter you may resume showers but avoid bathing or swimming for two weeks.

6. Some black and blueness (bruising), draining (oozing) from the incision, swelling, or mild tenderness of the scrotum are not unusual. Also, the edges of the incision may pull apart and heal rather slowly and sometimes a knot may be present which remains for several months. These are all part of the normal healing process and are nothing to worry about.

7. Wear a suspensory or athletic supporter only as long as you seem to need it for comfort.

8. If you have pain or discomfort immediately after the vasectomy, taking 2 Tylenol tablets every 4 hours should provide relief. An ice pack will provide additional comfort and can also prevent swelling if used for several hours at ½ hour intervals (½ hour on, then ½ hour off).

9. If stitches are placed, they do not have to be removed. They are absorbed and drop off by themselves, usually within ten days, but may take longer.

10. The 6 and 8 week follow-up semen specimens should be collected at home and dropped off our office within 2-3 hours of collection.

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# Public Statement Regarding Vasectomy and Prostate Cancer

**The February 17, 1993 issue of the Journal of the American Medical Association includes two reports of research studies regarding vasectomy and prostate cancer. The research, conducted by Giovannucci at Harvard Medical School found in patients studied, that vasectomy was associated with a small increased risk of prostate cancer.**

**Although the relationship between prostate cancer and vasectomy was weak in these studies, the findings are still noteworthy and should not be ignored. Neither should the public nor medical professionals overreact to this new information.**

## Review of Other Large Studies

**To best understand the studies, they must be viewed in light of other similar research on this topic. Two other large studies of similar design conducted in the United States have yielded information on vasectomy, prostate cancer, and other medical conditions. Both of these long-term studies were highly reassuring about the safety of vasectomy, not only in terms of prostate cancer but also in regard to other conditions.**

**In a study of Kaiser Permanente Health Care members, Stephen Sidney and his colleagues found no increased risk for prostate cancer among vasectomized men. In a study conducted in four cities, Frank J. Massey from the University of California at Los Angeles and his colleagues found a reduced risk of prostate cancer among vasectomized men.**

**The two new studies reported in the Journal of the American Medical Association found only a small increased risk for prostate cancer among vasectomized men. Medical researches interpret such a small increase as a weak association that may be due to chance or bias.**

## Biologic Mechanism

**Before a casual relationship can be established between any disease and a particular factor, a biologic mechanism must exist. According to Giovannucci and his colleagues, reductions in prostatic secretions or changes in the immunologic mechanism after vasectomy could be the biologic link between vasectomy and prostate cancer. But most experts do not agree with them.**

**In 1990, two other medical studies found a link between prostate cancer and vasectomy, but they involved small numbers of men, and the case-control research design had significant limitations. Nevertheless, concerns about the issue prompted the World Health Organization to convene a 1991 meeting of 23 international experts to review all research regarding vasectomy and prostate cancer. These experts concluded that there was no plausible biologic mechanism for a relationship between vasectomy and prostate cancer. The World Health Organization has reviewed the two new Giovannucci studies and has concluded that vasectomy should still be offered to men, provided men receive appropriate information about the risks and benefits of this procedure.**

## Conclusions

**The Association for Voluntary Surgical Contraception has consulted with the authors of the new studies, medical researchers, urologists, and national and international family planning and research organizations. Their conclusions for patients are listed below.**

**The findings of the Giovannucci studies are of potential public health importance in countries where prostrate cancer is common, but may be much less so in countries where the disease is rare.**

**For men considering vasectomy and for men who have had a vasectomy: All contraceptive methods carry some risk. In the general population, these risks are lower than those associated with pregnancy. When making decisions about contraceptions, each individual or couple must decide how to weigh the various risks, in light of their particular circumstances.**

**Since the relationship between vasectomy and prostate cancer is unproven and the method of carcinogenesis is unknown, reversal of vasectomy to reduce the risk of prostate cancer is not recommended.**

**The American Cancer Society recommends that all men over the age of 50, including men who have had vasectomies, undergo regular prostate screening exams, using the most sensitive methods available for early detection. AVSC encourages all men to follow these recommendations.**

**Approximately 1 in 11 men in the United States develop prostate cancer; most of these men have never undergone vasectomy. Prostate cancer occurs most frequently in men 80 years or older. In the United States, the disease is more common in black men than in white men.**

**For more information about prostate cancer, men should ask their doctors, the local office of the American Cancer Society, or the American Urological Association.**

**If you have any further questions, please do not hesitate contacting us.**