

## Benefits

- Less Discomfort
- 10 Times Fewer Complications
- No Stitches or Sutures Needed
- Quicker Recovery

## Answers to Common Questions

**How will vasectomy affect me?** Vasectomy is NOT castration. Vasectomy only interrupts the tubes that carry sperm from the testes to where they are added to your semen. Your penis and testes are not altered. All hormonal and sexual functions are completely unaffected, so your voice, body hair, and interest in sex remain the same. Your body still produces semen, and erections and ejaculations occur normally. The only difference is that your semen will no longer contain sperm. As before, the body naturally absorbs unused sperm.

**Can I discontinue other birth control methods right away?** No! Sperm can remain in the vas deferens above the operative site for weeks or even months after vasectomy. You will not be considered sterile until two post-surgical semen tests have shown that no sperm remain. Until then, you must continue to use other birth control to prevent pregnancy.

**Is vasectomy painful?** No. You may feel mild discomfort when the local anesthetic is given. After it takes effect, you should feel no pain, though some men feel a slight 'tugging' sensation as the vasa are manipulated. After surgery you may be a little sore for a few days. Generally, two to three days rest is recovery enough before men return to work and most normal, non-strenuous physical activity. Sex can usually be resumed 7 days after the procedure.

**Does Vasectomy pose long-term health risks?** Many studies have looked at the long-term health effects of vasectomy. The evidence suggests that no significant risks exist. Men who have a vasectomy are no more likely than other men to develop cancer, heart disease, or other health problems.

In 1993, a panel assembled by the National Institutes of Health, the Association for Voluntary Surgical Contraception, and the National Cancer Institute reaffirmed that conclusion. The panel advised that physicians continue to offer vasectomy and that all men, vasectomized or not, receive the same regular screening for prostate cancer and other illnesses.

**Can vasectomy be reversed?** In many cases, it can be. However, it's expensive and does not guarantee returned fertility. Vasectomy should therefore be considered a permanent procedure. If you're thinking about reversal now, perhaps you should take more time to decide whether vasectomy is right for you.

## Before Surgery

1. If you have not already done so, sign the elective surgery informed consent form.
2. Do not consume any aspirin or NSAID's for 10 days prior to surgery without prior medical approval. Taking aspirin or NSAID's increases the risk of bleeding.
3. The day before, trim or clip away the hair from the front of the scrotum below the penis.
4. To reduce the risk of infection, thoroughly bathe the scrotum and groin the day before and the morning of the surgery.
5. Several hours before surgery, take any preoperative medications as directed.
6. Bring with you a clean athletic supporter.

# No-Scalpel Vasectomy



A personal guide to a safe, innovative procedure.

## Safe, Effective Birth Control

Vasectomy is one of the safest and most effective methods of permanent birth control. It is much safer and less expensive than the other most common contraceptive surgery, tubal ligation. For these reasons, some 500,000 men in North America choose vasectomy each year.

Conventional vasectomy blocks the vas deferens, preventing sperm from being added to man's ejaculation fluid, semen. A local anesthetic is given, and one or two incisions are made in the scrotum with a scalpel. The two vas deferens are revealed, cut, and blocked. The incisions are then closed with sutures.

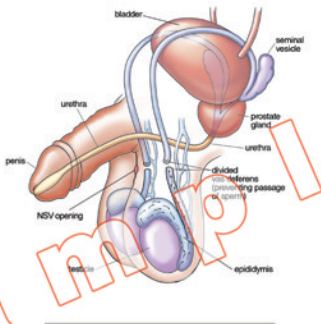
## No-Scalpel Vasectomy

A safer, less invasive procedure, the No-Scalpel Vasectomy (NSV) reduces vasectomy's already low complication rate. Developed in China in 1974, it differs from conventional vasectomy in how anesthesia is given and in how the two vas deferens (vasa) are reached. Worldwide, more than 15 million men have had the procedure.

No-Scalpel Vasectomy uses an advanced technique to anesthetize the scrotum more effectively. It requires no scalpel. The physician avoids complex surgery by carefully isolating the vas deferens using the fingers of one hand. The vasa are then fixed just below the scrotal skin. A single small opening in the skin is made with a pointed forceps. The vasa are then delivered through the skin, cut, and sealed.

- Vasectomy is 99.8% effective
- Over 15 million men have had NSV
- Vasectomy is safe, simple & inexpensive

## No-Scalpel Vasectomy Illustrated



## Your Consultation

We will discuss the procedure in person to determine the suitability of no-scalpel vasectomy for you. Among other things, we will go over your health history as it relates to vasectomy, and you will receive a brief physical examination.

At some point, you and your wife or partner will be required to sign a consent form. It will state that you understand vasectomy and its potential risks and that it is not guaranteed to result in permanent sterility.

Prior to signing this form, be sure that you are informed and comfortable with your decision. It is important that you fully discuss and resolve with me any lingering questions or concerns you may have.

## Are there potential complications?

Yes. All contraceptive methods carry some risk as well as benefits. Vasectomy is a very low risk procedure, but complications are possible.

- Though rare, bleeding (hematoma) and infections are the most common complications of vasectomy. No-Scalpel Vasectomy, the procedure I perform, reduces their likelihood because the blood vessels responsible for bleeding are less likely to be affected and because the opening in the scrotum is so small.
- Another potential risk is failure. Vasectomy is not guaranteed to be 100% effective. Even when the operation is performed perfectly, it is possible in rare cases for sperm to find its way across the void between the two blocked ends of the vas deferens. This situation, called recanalization, is highly unusual but does occur.

This is another reason why samples must be taken some 6 to 8 weeks post-vasectomy to verify that your semen contains no sperm. Recanalization usually occurs in the first 2-3 months after vasectomy, but has been known in extremely rare cases to occur even years later.

- Sperm granuloma, a hard, sometimes painful lump about the size of a pea may form as a result of sperm leaking from the cut vas deferens. The lump is not dangerous and is almost always resolved by the body in time. Scrotal support and mild pain relievers are usually all that are needed for symptoms, though I may suggest other treatment.
- Congestion, a sense of pressure caused by sperm in the testes, epididymis, and lower vas deferens, may cause discomfort some 2 to 12 weeks after vasectomy. Like granuloma, congestion usually resolves itself in time.