

READ THIS BOOKLET
FROM COVER TO COVER

No-Scalpel/No-Needle Vasectomy

A 10-minute office procedure covered under BC Medical.
Consultation and surgery available in one visit with
free online registration at www.nsv.ca

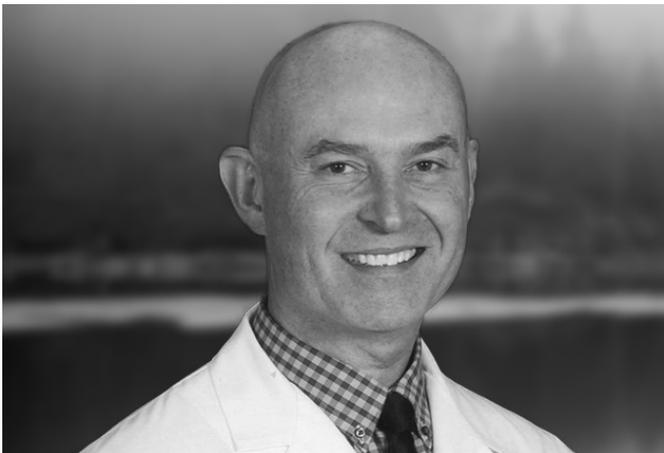


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RICH / FOLLOWS
VASECTOMY CLINIC
No-Scalpel/No-Needle Vasectomy Clinic

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Hi, I'm Dr Jonathan Follows, I've been performing vasectomies since 1991, with over 8000 cases to date. My practice now consists of three days vasectomy a week, two in Langley and one in Victoria, as well as some Surgical Assisting. I have practiced Family Medicine in Victoria since 1991, including 9 years of full service Family Practice, and 8 years as a Hospitalist. I am available to my patients on call via cell phone 24/7 at 250-514-7390 for all emergencies.

Dr. Jonathan Follows

First Considerations

Vasectomy should be considered permanent and irreversible.

Most vasectomies can be reversed by removing the blocked section and reconnecting the healthy vas ends, but it's expensive (over \$6000) and not always successful. Getting sperm flowing again isn't the problem, but for some unknown reason their ability to fertilize diminishes with time elapsed. Reversal within the first three years has about a 70% chance of successful pregnancy. By ten years out, this drops to a 30% success rate, so vasectomy reversal is not to be relied on. This is why you should be positive you never wish to have any more children before you get a vasectomy.

The following groups are at higher risk of regretting their vasectomy later:

1. Single
2. Under 30
3. Never had children
4. Recently separated, divorced or in an unstable relationship.

Those with a newborn should consider postponing vasectomy until the baby is over 6 months old, since earlier is when the risk of Sudden Infant Death Syndrome (SIDS or crib death) is greatest, about 1 per 2000 births.

Sperm Cryopreservation (a.k.a. pre-vasectomy sperm banking) is “insurance” every man should consider.

It is not a guarantee of future fertility but it may be a good idea if you ever want another child later (and a small waste of money if you don't). This service is provided at **Olive Fertility Centre** (Phone: 604 559 9950) , or at **Victoria Fertility Centre** in Victoria (Phone 250 704 0024). \$550 is the cost of processing the sample and storing it for the first two years, after which storage can be renewed as you wish. One specimen usually suffices. That usually yields enough semen for 8 to 12 attempts at artificial insemination (AI), or, if AI doesn't work in the first few tries, in-vitro fertilization (IVF).

Sex After Vasectomy

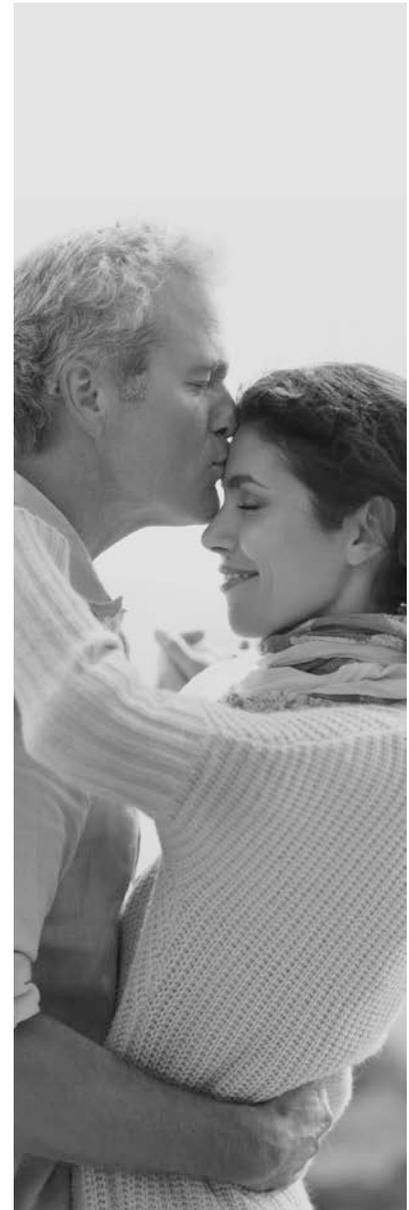
A vasectomy has no direct bearing on sexual function. No better. No worse. The ability to obtain and maintain erections is unchanged. Since sperm comprise only 5% of the semen volume there is no noticeable change in the quantity or quality of the semen ejaculated. You will be like a Sunkist orange, all juice and no seeds. The force and timing of ejaculation are unchanged. No effect on testosterone levels, desire or libido occurs.

Many couples report a more relaxed and enjoyable sex life once the fear of pregnancy is gone, particularly once condoms are no longer required.

Marriage problems however, are rarely cured by vasectomy. A couple's sexual problems, low desire or sexual avoidance may stem from fear of pregnancy, but stress, children, fatigue or poor communication can be at play as well. It would be wise to discuss these issues with your partner and your doctor and address them before the vasectomy, just to ensure you are not disappointed later because of unrealistic expectations.

Vasectomy does not protect against sexually transmitted diseases or AIDS. Condoms are therefore still required for sexually risky behaviour.

After a vasectomy the testicles continue to produce sperm but the body's recycling team, in the form of white blood cells, migrate to the region, engulf and destroy the sperm and return the component molecules into general cellular building blocks via the lymphatic channels. This recycling of dead sperm is nothing new to your body. Prior to having a vasectomy, already about 20% of total sperm production is being recycled as they die off early in the scrotum due to being in some way defective. So blocking the vas just leads to more recycling happening as the normal sperm reach the end of their 3-month life expectancy.





No-Scalpel / No-Needle Vasectomy

How it's done here...

You will not be embarrassed by the presence of a female assistant in the room for the procedure. It's just you and the doctor (<http://www.nsv.ca/video>).

The **No-Needle injector** or "hypospray" delivers a fine jet of Marcaine freezing right through the scrotal skin into the vas and surrounding tissues. The sensation is like a mild snap of an elastic band against the skin. It requires only 1/10th the volume of anesthetic compared with the old needle method so there is less tissue distension and less risk of bleeding. Also, it is a proven medical fact that men prefer to have needles kept as far away from their scrotums as possible!

The "**No-Scalpel**" part refers to the technique of getting to the vas at the front of the scrotum using two small surgical instruments developed in China in 1974. There are no knives, scalpels, lasers or other hi-tech gizmos involved. It is "**minimally invasive**" so there is less trauma to the tissues.

The single tiny hole created in the skin is 2 to 3 mm long and serves for access to both right and left vas tubes.

The left vas is exposed by gently pulling a small loop of it out the front of the scrotum. It is then blocked (occluded is the hi-tech term). The vas is cut leaving two ends. Both ends are cauterized. Then the top (abdominal) end is sewn with **dissolving stitch material** into a layer of tissue that permanently separates it from the other end. Thus the two ends can no longer "communicate". This is called **fascial interposition**. The ends are placed back into the scrotum, and then the same thing is done for the right vas.

The whole thing takes less than ten minutes!



Here's the play by play of the procedure

1. You lie down on your back.
2. The scrotum is cleansed with a colorless antiseptic solution (no messy iodine!) Local anesthetic is administered via "hypospray" injector (no needle!) It freezes the skin and each vas. All you feel is a quick "flick" against the skin.
3. Once the freezing takes effect the first vas is isolated and grasped with a small ring clamp, holding it to the skin.
4. A tiny puncture is made over the right vas with a fine tipped surgical instrument, then stretched open about 2-3 mm. The vas is grasped and a small segment is gently pulled through the skin opening.
5. The vas is cut and blocked as described above, then returned to the scrotum. Through the same opening the left vas is lifted out and treated exactly the same.
6. You are fitted with a gauze filled soft cupped athletic support and requested to "Get dressed and send in the next victim".

TIME ELAPSED: 10 minutes

TOTAL APPOINTMENT TIME: 30 minutes

The Possible Complications

Right Away

Syncope. That's the medical term for fainting. One particular subtype, vaso-vagal syncope, happens to certain prone individuals when they experience a noxious stimulus, like the sight of blood, the smell of cautery, the idea of vasectomy, to cite but a few examples. It's like a sudden panic attack, when the nervous system over-reacts to its own adrenaline and pumps out a bunch of vasodilators (chemicals that relax blood vessels). This results in the pooling of blood in the extremities and abdomen, the blood pressure drops and the person feels faint, dizzy and clammy or may even pass out briefly. If any of this happens to you we just have you wait comfortably in the clinic for 15 minutes until the reaction naturally subsides, after which you are fine again.

In The First 10 Days

Hematoma. This results from bleeding into the scrotum. It can get large and painful, and turn the scrotum black and blue. Incidence with conventional vasectomy is around 3%. The NSV literature puts it at 0.3%, but I've only seen 4 "big ones" in 8,000 cases (0.05%).

Infection. Minor infections occur in about 2% of patients. Serious infections, requiring intravenous antibiotics or drainage of an abscess occur in less than 0.1% of cases. Even the rare serious infections usually resolve completely in a few weeks.

Vasitis or Epididymitis. Inflammation and swelling of the tissue surrounding the vas or extending down around the epididymis (the part just below the vas that joins it to the testicle) occurs about 2% of the time. It's usually mild and transient, no bigger than a grape. Needless to say, it can be painful, but this too will settle with religious use of anti-inflammatory drugs (NSAIDS such as naproxen). It can sometimes take a few weeks to settle down. Given that swelling is what the male genitalia like to do best, all this is not surprising.

In fact, inflammation and erection both produce swelling through almost identical biochemical pathways. That is why I encourage the liberal use of naproxen or other NSAIDS for a full week post-op, even if you're not having pain.

Later

Sperm Granuloma. This is a small inflammatory lump which can occur near the cut end of the vas or in the epididymis weeks or even months after surgery. It can be painful, but it's not serious and usually resolves with a short course of an NSAID like naproxen. The incidence is about 1 in 1000.

Chronic Post-Vasectomy Pain. This is rare. Most pain settles within 1 – 2 weeks with NSAIDs (such as naproxen.) If this doesn't work then a longer course of a stronger NSAID is required. In about 1 per 1000 pain will persist beyond six months, which defines "chronic". A number of other approaches may be tried, including anti-depressant meds or other "pain modulating" drugs. An exact cause of the ongoing pain is usually not obvious, but this condition appears to be similar to other chronic pain syndromes, in that pain pathways in the spinal cord and brain appear to remain activated in the absence of any apparent ongoing stimulus. Surgery to reverse the vasectomy is said to be 85% successful for pain resolution. Converting a "closed-ended" vasectomy to an "open-ended" vasectomy has been recommended by some but this has not been shown to be effective.

Note!

If you are still experiencing pain or discomfort after a month, don't ignore it. Come and see me.

Preparing For Your Vasectomy

In the week before your vasectomy

No aspirin, ASA products, ibuprofen (or other NSAIDs) for 7 days pre-op. If you are taking them on doctor's advice discuss it with our office before surgery. No alcohol for at least 48 hours pre-op and don't plan for any for 48 hours post-op either.

Call one day before surgery to confirm your appointment time and report any new medical conditions, genital conditions, surgeries, bleeding problems, medications or allergies (or additional children) since the time of your online registration.

Shaving of the genitals is not required. However, it has its advantages, and does make my job notably easier. So feel free to give it a try: you may like the result! The area to shave, if you decide to, is the shaft of the penis and the whole scrotum. Do it in the shower with soap or shaving cream, not dry.

Skin Preparation

You need to purchase either two "4% chlorhexidine sponges" or equivalent liquid wash, or a bottle of "4% chlorhexidine skin cleanser" from a pharmacy. Shower, then switch off the water and scrub down with one of the sponges (or skin cleanser on a clean washcloth) from neck to toes. Allow a 2 minute contact time for the solution, then rinse. Do this during two showers, one the day before and one the day of your procedure. This decreases your chance of an infection by 50%, which is a great deal for five bucks worth of sponges!

On the day of your vasectomy

Eat a meal beforehand. Fasting is neither required nor recommended. Wear loose pants or joggers to accommodate the padded jock strap provided.

Arrive 10 minutes early. If you're late your appointment may be cancelled, and you may be charged a cancellation fee.

After the vasectomy you may drive home unless you have ever fainted or nearly fainted, in which case you **MUST** bring someone to drive you home. It's just a precaution in case you get faint.

You should go straight home after your vasectomy, put your feet up and ice your scrotum for at least 2 – 3 hours. Intermittent ice over the first two or three days is also very helpful.

Important!

There is a modest fee which is payable at the time of vasectomy, by cash, debit or credit card. This fee is to cover our cost for the no-needle freezing and special after-care items, including an athletic support, gauze, and a week's worth of naproxen. The fee may be waived if it constitutes a financial hardship. Notes or forms for work are not covered by MSP and incur a small fee. If you cancel your vasectomy appointment without 72 hours notice, you may be charged a cancellation fee. We will require you to sign a consent form before surgery stating that you have been informed of the risks and that you understand all the implications. If in doubt about anything, call and ask.

After Your Vasectomy

Typically there is mild discomfort for 5 - 10 days. It's usually in the scrotum, but it may radiate to the groin or even the lower abdomen (like a menstrual cramp!) It can be one-sided or bilateral. Swelling is usually mild. It is often most noticeable on the third or fourth day. That's why you need to follow these instructions whether you think you need to or not.

Following these instructions carefully will ensure the best prospect for an uneventful recovery.

Activity: Go straight home and do as little as possible for the rest of the day, and the next. Do as little walking as possible for a whole week. No sports! No yardwork! No horsing around with the kids! Nothing! I mean it. Yes you can go to the bathroom but only if you absolutely have to (joke). Lift nothing over 15lbs for the first two days, and nothing over 50lbs for the first week. If in doubt, don't do it! You can increase your activity gradually day by day, but remember to always err on the side of caution.

Ice: Apply an ice pack over the gauze and athletic support as soon as you get home, and ice as much as possible over the next few days. A dozen ice cubes with a little water in a freezer bag is undoubtedly the cheapest and probably the best. It will take a while for the cold to penetrate the gauze and jock strap, but you've got lots of time.

Wound care: There may be a drop or two of blood on the gauze in the first two days, but no continued bleeding or seepage after that. Have a peek every once in a while to make sure all is well.

The jock strap is just to keep the scrotum still and elevated for the first week. Take the strap off when you have a shower. You only need the gauze against the skin for the first two days. You may want to wear the jock on the outside of your underwear to avoid the rough cloth on tender skin. The support should cradle things nicely out of the way. We don't want your testicles hanging down and banging around!

Alcohol: No drinking for at least the first 48 hours post-op. Alcohol can thin the blood and/or cloud the judgment. Don't risk it. It's not a good idea to drink with naproxen in your system anyways. Not only should you not drink, you should also stay away from drunks.

Pain and its management: We provide you with enteric coated naproxen 500mg twice a day for a week. This is not just for pain. It also reduces inflammation, which often peaks around day three or four after vasectomy. People who get stomach upset from naproxen can substitute another anti-inflammatory like Celebrex. Those allergic to naproxen or aspirin can substitute acetaminophen (Tylenol). Remember, swelling is what this part of the anatomy prides itself on doing best, so take the naproxen for the full week whether you think you need it or not.

Sexual activity. No ejaculation for a week. If you don't follow this one you void the warranty (Just kidding, there is no warranty). After 7 days you get to resume sex, but still use birth control precautions until the sperm counts show you are clear.

Fever, severe pain or swelling over pea sized? These are not usual. Call me if this happens (You will get my cell phone number at surgery). Bruising under the skin is no great concern unless it is swollen or painful.

Blood in the semen can occur in the first few ejaculations and is of no concern.

Follow-up visit: I'd like to see you back for a brief follow-up in 5 to 14 days. I check on healing, and review your next assignment... semen testing in 12 weeks. Don't forget the backup birth control until we've done the tests to ensure the vasectomy worked. (The proof is in the pudding)!

If everything is fine after the recheck you may resume your normal activities but use common sense. Start low and go slow. Complete healing can sometimes take up to a month.



Post Vasectomy Semen Testing

Post Vasectomy Semen Testing: Making Sure Elvis has left the Building

Vasectomy does not work immediately so you must use backup birth control until we do the test and declare your semen free of sperm. The top half of the vas, and the seminal vesicles next to the prostate, can harbor holdout sperm in nooks and crannies for weeks, and occasionally months. That's why using another birth control method is essential until we do a semen check at the lab and ensure that there are no sperm left in the ejaculate.

We do a test at 12 weeks and, if necessary, a double check at 16 weeks. If your test results are clear you can safely stop backup birth control and enjoy sex "au naturel".

Call your closest lab a few days ahead and book a date and time that's convenient for you to bring in the semen sample, at body temperature, within 30 minutes of collection. You don't need to run any red lights.

I will have you attend the office to discuss your test results. This gives us another chance to meet face to face and discuss any lingering concerns you may have about anything and to collect your prize for having successfully failed the test. I can't tell you what the prize is. It's a surprise.

If the first test shows that you still have sperm we don't rush in to do another vasectomy. We just stall for time. Most guys will

"come clean" within another four weeks but the occasional "diehard" will take longer, up to six months.

A Failed Vasectomy: The persistence of any live sperm six months out from the vasectomy indicates that the little devils have managed to "break on through to the other side". In this practice, over 20 years and 8000 vasectomies, that happens less than once in every 500 vasectomies. If this happens to you, remember, it's your superhuman sperm, not my shaky hands or failing eyesight that's responsible, so don't expect a contribution to the college fund from me!

Even if you're clear at 12 weeks, there is still a small chance of re-canalization (a.k.a. failure) later down the road. This happens less than 1 in 2000 cases. This is over a hundred times safer than most of the other standard birth control methods, making vasectomy the most effective method of birth control available. If you're paranoid about re-canalization for any reason, we can do another semen test at any time, but it's not considered necessary. Remember, nothing in life is 100%, except death. (Not everybody pays taxes, y'know!)

All kidding aside, you and your partner need to read the patient information section of this book carefully and ensure that all your questions are answered before you have a vasectomy.

Please book all appointments by calling our office.

Dr. Jonathan Follows

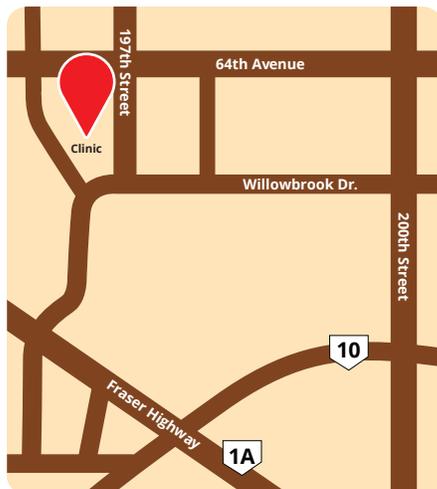
Vancouver at 604 539 1915 Victoria at 250 658 9212

Read this booklet carefully with your partner.

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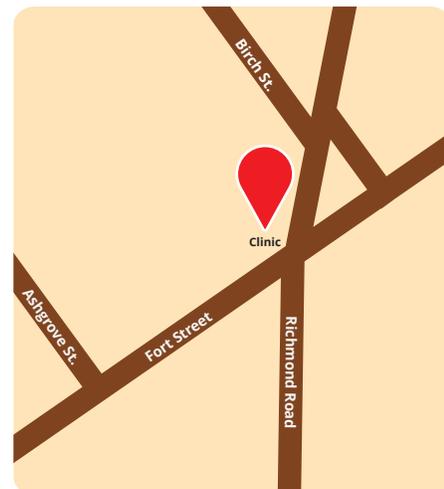
Call one day before surgery (before noon) to confirm.

Appointments missed or cancelled without 72 hours notice are subject to a \$100.00 cancellation fee.



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