

VASECTOMY

Vasectomy is the male equivalent of tubal ligation for sterilisation but in the male is an external operation not requiring the entering of a body cavity and therefore it is an easier and safer procedure necessitating only a minor and relatively painless operation under a local anaesthetic. Sealing of the vas deferens does not interrupt the production of sperm and therefore is reversible, certainly for the first ten post-vasectomy years with a greater than 90% chance of success. There are no known long-term side effects of vasectomy.

This is generally offered in the doctor's own operating suite (but can be done in hospital) on alternate Friday Afternoons and monthly on a Saturday Morning, with a theatre fee (payable at the time of surgery) to cover the cost of sutures, injections, dressings and staff. Saturday is offered to minimise time off work and generally no additional recovery time is required beyond the weekend. The fee for the initial consultation and the vasectomy are claimable against Medicare. The out of pocket balance can vary and is available upon discussion. The theatre fee is not claimable on Medicare or health funds. **CONSULTATION PRIOR TO DATE OF SURGERY IS NECESSARY.**

Vasectomy has been done for aeons but has only reached great popularity in the last 20 years or so. The technique involves the isolation of the vas by the fingers within the skin of the scrotal sac and then the hard tube is held in place by a clamp, which can cause some discomfort. The local anaesthetic is introduced into the scrotal skin not the testis. Numbness is quick to follow and the procedure can start shortly thereafter. To aid the surgeon, some hair needs to be shaved from the front of the scrotal sac on each side. The patient should do this prior to his leaving home. Each vas is localised and after numbing, a tiny cut is made down onto the tube, which is then freed of its overcoats before being transacted and the ends sealed with an electric hot probe, very much like spot welding. The tiny cuts are closed with a dissolving suture, which falls out in about a week. A dressing is applied after the procedure and the patient is encouraged to pull firm underpants up high to support the dressings, wearing the undies and dressings to bed that night. Next morning all can be removed and normal activities can be resumed. Because the store of sperm in the seminal vesicles (see diagram over) sterility does not occur until 8 – 10 weeks approximately has passed. About 15 ejaculates are considered necessary to hasten the demise of the remaining sperm. No guarantee of success is given until a negative sperm count has been proven by a test 8 – 10 weeks or so after the operation. Arrangements for the test are explained at the time of surgery. A failure rate of 1:10000 exists long term.

Post-operative symptoms will be discussed including aching of the collecting tubes and sperm granulomata of the tubes. Post-operative symptoms are few and far between and mainly comprise some local soreness and bruising due to the local anaesthetic, injections and the looseness of the skin in this region. Panadol is generally all that is required to ease this though occasionally the dressing may need to be slipped down and a cold pack, such as a pack of frozen peas – please wet the plastic first – may need to be laid on the area. A little redness and bruising and later redness about the incisions is common and the dissolving stitch may fester. A good solution to this problem is to dampen the area four times daily with a little methylated spirits from day two. Dr. asks that four simple rules be applied: - **1.** Have a hot **shower** and **shave** the front of the scrotal sac before leaving home. **2. Bring/wear tight support briefs** to support the loose scrotal skin and dressing. **3.** Take it **easy** for the **24hrs** after the operation, you need not rest but for your own sake don't indulge in heavy lifting or strenuous sport. **4.** Alcohol should be avoided for 24 hrs as well as it predisposes to bleeding.

The sperm count is arranged by presenting the request form given to you at the time of surgery to one of the addresses on the back of that form at about 8 – 10 weeks after surgery. Dr. Nicholson will give you a specimen container and instructions on how to go about collecting the specimen. After delivery, results will be forwarded to Dr. Nicholson who will post the result through the mail. There is a charge by the pathology firm for this service and Medicare will cover the bulk of this also.

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I acknowledge that I have discussed the pros and cons of Vasectomy with Dr Nicholson and I agree to proceed.

.....**Initial**

My wife/partner agrees to the procedure.

..... **Initial**

Letter from wife/partner provided.

Signed

Date

