

HALTON UROLOGY

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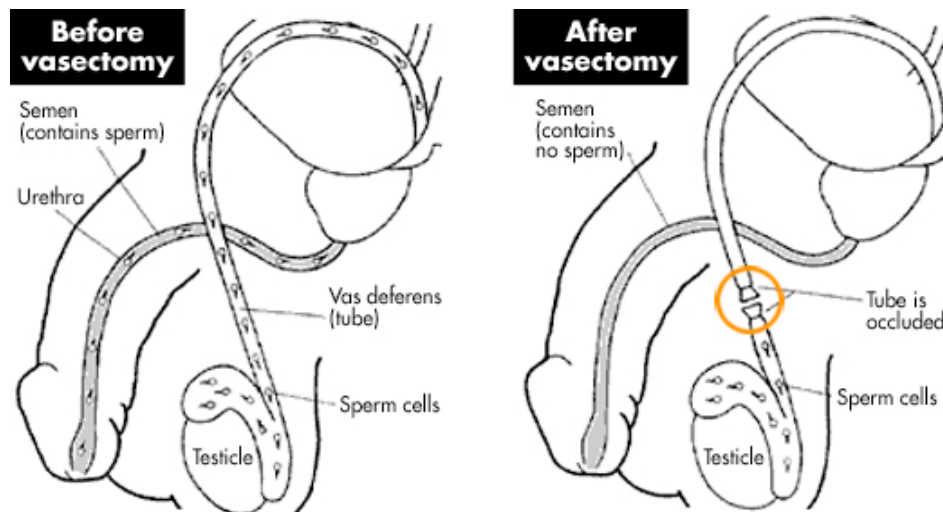
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HALTON VASECTOMY CLINIC PATIENT MANUAL

WHAT IS A VASECTOMY?

A vasectomy blocks the sperm flow from the testicles to "the outside", rendering a man permanently sterile. It is a minor surgical procedure that is often done in a clinic setting under local anesthetic. Vasectomy is a popular method of pregnancy prevention because it is simple, safe, and highly effective. Almost any man can have a vasectomy, but it is wise to be assessed by an appropriate health care professional before proceeding. You should only consider having a vasectomy when you and your partner are entirely sure that you are happy with the number of children you have, as it is a permanent form of birth control.



Conventional vs. No-Scalpel Vasectomy

The two most common surgical techniques for accessing the vas during vasectomy are the traditional incisional method and the no-scalpel vasectomy (NSV) technique. The conventional incisional technique involves the use of a scalpel to make one or two incisions and the NSV technique uses a sharp, forceps-like instrument to puncture the skin, the latter approach aimed to reduce adverse events (e.g., bleeding, infection, and pain).

A recent literature review of two randomized, controlled trials indicates that the NSV is associated with a significantly lower risk of postoperative hematoma (bleeding), pain during surgery, postoperative scrotal pain, and wound infection, compared to a standard incision vasectomy. In the same review, NSV is a faster procedure than conventional surgery and there is no significant difference in the effectiveness (azoospermic or absence of motile sperm) between the conventional and NSV procedures. We use the no-scalpel vasectomy technique at the Halton Vasectomy clinic.

HOW EFFECTIVE IS A VASECTOMY?

Although there are no absolute guarantees in any medical procedure, large patient studies report the vasectomy success rate is greater than 99.99%. In other words, a vasectomy failure rate of <1/2000. Halton Vasectomy Clinic performs vasectomies to this high standard.

WHAT ARE THE ALTERNATIVES TO A VASECTOMY?

The most popular alternative is female tubal ligation. It is also permanent and very effective. Unfortunately, tubal ligation requires general anesthesia and carries a much higher surgical risk. Other alternatives include the birth control pill, hormone implants/injections, hormone patches, barrier methods (diaphragm or condoms), intrauterine device (IUD), and emergency contraception (morning after method). Each method has its own effectiveness, safety and cost; however, none are quite as effective as permanent sterilization.

WHAT IS THE COST OF A VASECTOMY?

The Ontario Health Insurance Plan (OHIP) covers the cost of your consultation with a Urologist, your vasectomy procedure and the laboratory costs to analyze your post-vasectomy semen analysis test. If you do not carry valid OHIP insurance, you will be invoiced a fee that is in accordance with rates suggested by the Ontario Medical Association. Multiple methods of payment are available at the clinic.

There are other costs inherent to providing a vasectomy in a clinic environment. Traditionally, vasectomies are performed in a hospital. Men need to make a consultation appointment separate from their procedure date and you are limited to having your procedure on the day that the surgeon has operating time. Additional costs of nursing, linen, clerical, and instrumentation costs are covered by hospital budgets.

At the Halton Vasectomy Clinic, the above-mentioned additional costs are born solely by our clinic. In order to offset some of these costs, we offer a Post-Vasectomy Care package for \$50.00. This includes the cost of the Harmonized Sales Tax of 13%.

To help with your recovery and for your convenience, the Post-Vasectomy Care package includes the following:

- EMLA topical anesthetic patch (applied before your procedure starts)
- Medical grade reusable scrotal support
- Reusable gel ice pack
- Antibiotic ointment
- Gatorade and crackers
- A semen analysis bottle and lab requisition
- Tylenol or Advil
- Any required doctors notes or after care appointments
- Telephone consultation following your procedure about any concerns or problems
- Faxing or telephoning a prescription to your pharmacy, if needed

When booking your vasectomy, you will be asked to provide us with your credit card information to secure your appointment. Nothing is charged to your credit card, unless you fail to show for your appointment. You will also be asked to provide your e-mail address so we can e-mail you the necessary paperwork for your appointment.

*****IF YOU FAIL TO SHOW FOR YOUR APPOINTMENT, OR DO NOT CANCEL YOUR APPOINTMENT WITHIN FIVE DAYS OF YOUR PROCEDURE, YOU WILL BE CHARGED A FEE OF \$200.00 TO YOUR PROVIDED CREDIT CARD**

HOW DO I PREPARE FOR THE PROCEDURE?

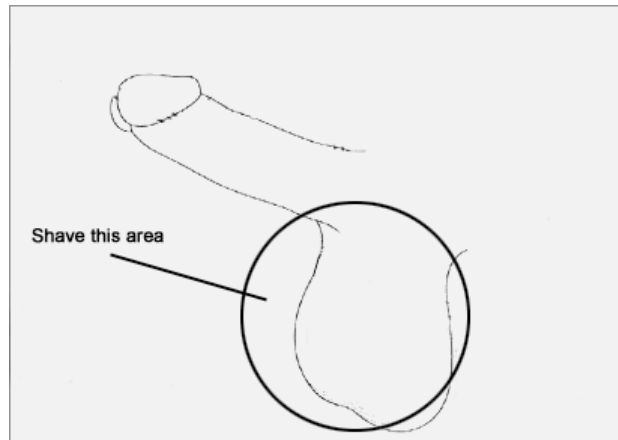
One week before

It is important to avoid medications that thin the blood for 7 days before the procedure. Do not take any Aspirin or Non-Steroidal Anti-inflammatory Drugs such as Ibuprofen, Motrin, Aleve, Advil, naproxen, etc. Tylenol (acetaminophen) is acceptable.

Day before your vasectomy

For hygienic reasons (keeping hair out of the surgical area) and to facilitate the vasectomy procedure, we recommend that you shave from the base of the penis and along front and sides of your scrotum. Avoid dry shaving to minimize and small cuts to the skin. It is preferable to do it while showering.

While your procedure can be performed easily without having you shave at all, we believe that this is an important step in performing a safe meticulous surgery.



Day of your vasectomy

Wear supportive underwear to your vasectomy appointment. If you are having a same day consult and procedure, you can purchase the Post-Vasectomy Care package which will include a medical grade scrotal support that you will wear on top of your underwear after the procedure.

Wear comfortable clothing. We also recommend that you wear a T-shirt because the room in which we do the procedure is hot and anything heavier may be uncomfortable for you. Eat a normal breakfast as you will feel much more comfortable during the procedure.

Plan to arrive a little earlier than your booked appointment time. From the time that you arrive at the office until the time you leave, 45 minutes will generally be sufficient. You may choose to stay longer and relax after your procedure if needed.

Preparation at the clinic

Our staff will bring you into one of the vasectomy procedure rooms. You are not required to fully undress but you will to remove your pants and underwear. A patient gown will be provided to you so you will not be exposed.

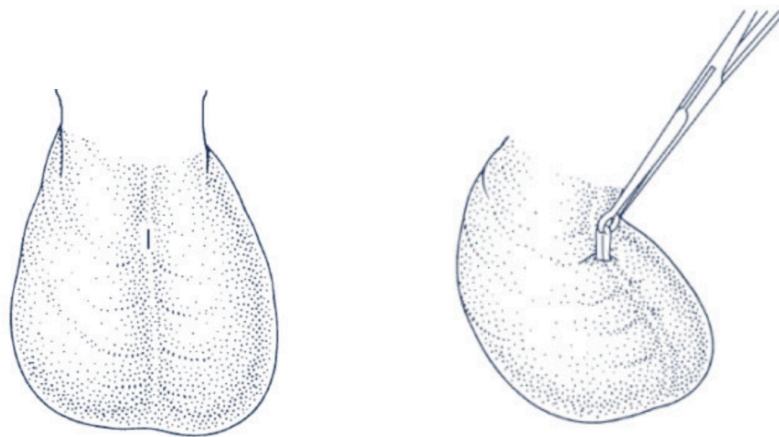
One of our staff will then place the EMLA patch on the scrotum which will administer the anesthetic over ~10 minutes. It is then time for the actual vasectomy procedure, which takes ~10 minutes, with some variation depending on your anatomy.

WHAT IS INVOLVED IN THE PROCEDURE?

When you arrive at the clinic on the day of your procedure you will be taken into the procedure room. You will be instructed to remove your pants, underwear, shoes and socks. You lay down on the table, and the EMLA patch will be applied to your scrotum. This will not cause any discomfort.

Your scrotum is then cleansed with a surgical prep solution (this will feel cold). You are then covered with a surgical drape and the scrotum is brought through an opening in the drape. You are now ready for your Urologist to start the procedure. After putting a little freezing solution into the scrotal skin (not into the testicle), you should not feel any discomfort. You will also have local anesthetic instilled into the cord on both sides. This generally does not cause any discomfort.

Once the area is frozen, the vasectomy tubes are located one at a time starting with the left side. With a pair of special forceps, he makes one tiny puncture into the skin of the scrotum. A special ringed clamp, the first tube is then gently lifted out through this opening.



Cauterization vs. Cutting & Tying

Once the vasa are brought through the small opening in the skin, there are various approaches on how to block them. Some procedures involve cutting and tying the ends of the tube. Others use a cautery device to burn the ends of the vas while others apply metal titanium clips to the ends. Combinations of any of these are also possible.

Dr. Kwan prefers to use the technique where the sperm tube is lifted out of the scrotum, it is cut and the upper end (abdominal or prostatic end) is cauterized. The cauterization on the end of the tube stimulates the formation of a scar that blocks the tube. Titanium clips are also applied to the upper end (abdominal) of the vas. This procedure is carried out on both sperm tubes. The lower end (testicular end) of the tube is left open (open vasectomy). Studies suggest that this may reduce the likelihood of post-vasectomy pain.

Fascial Interposition and Closure

Dr. Kwan then carries out a fascial interposition, which studies have shown to increase the success rate of the vasectomy procedure. This step involves bringing the fascial sheath, or covering of the sperm tube, over one end of the cut tube to create a natural barrier between the two cut ends. It is secured in place using titanium clips. The separated vas ends back into the scrotum. The same procedure is done through the same small opening on the other sperm tube. At the end, the opening is covered with an antibiotic ointment and a small gauze pad. The one small skin opening is so tiny that it closes itself without the need for stitches or any other skin closure material. This tiny opening heals quickly and virtually without any scarring. You can shower after your surgery without any problems. The surgical area can be cleaned gently with soap and water.

The no-scalpel, fascial interposition, and open-ended vasectomy technique is associated with the highest vasectomy success rate.

Post-vasectomy sperm disposition

A common question after a vasectomy is what happens to the sperm after their vasectomy. Your testicles will continue to produce sperm. The newer sperm will replace the older sperm in a continual process as the older sperm will get naturally broken down and reabsorbed by the body. This process causes no concerns of any clinical significance.

Post-vasectomy recovery

After the vasectomy you should rest for 48 hours, even if you don't feel like you need to. Most men can return to work by the second or third day after the procedure. If your work involves heavy lifting or labour you should take up to a week off, but if you do light work you can get away with just a few days off.

After the procedure there may be some soreness, and some men take a mild painkiller. Others report that they experience virtually no pain afterwards. You can take Tylenol or extra strength Tylenol in the few days following your procedure to minimize your discomfort in addition to using the ice pack on your scrotum and the scrotal support.

WHAT CAN I EXPECT AFTER MY VASECTOMY?

After your vasectomy, you should go home and rest for the remainder of the day. Minimize any kind of unnecessary activity. Some men have no pain at all while others have aches in the scrotum or groin. The no-scalpel vasectomy technique will minimize your discomfort compared to a conventional vasectomy procedure, but you should still plan to take it easy during the first two days after surgery.

The First 48 Hours

Stay off your feet as much as you can for the first two days. Use an ice pack on your scrotum for 10-20 minutes on and off. You can repeat the icing as often as you need in the first week. You can reuse the gel ice pack that is included in your Vasectomy After Care package or you can make your own by putting ice in a plastic bag, or use a bag of frozen peas. You should never put the ice pack directly on your bare skin.

There may be a small amount of bleeding from the skin opening. This is normal. If you see any oozing, apply some gentle pressure with your finger and the bleeding should stop. You should also wear your scrotal support on top of your regular underwear.

To keep the area clean and minimize the risk of any infection, you may take a daily shower starting the morning after the procedure. Avoid taking baths for 48 hours after the surgery.

The First Week

- Do not strain or lift anything more than 10-20 lbs. (including your children).
- Avoid any exertion, exercise, extensive walking, climbing, jogging, or sports.
- Do not have sex or ejaculate for one week. Light blood in the semen (hematospermia) is normal in the first few ejaculations after your vasectomy, and no cause for concern.
- Shower daily and keep the scrotum clean.
- Wear your scrotal support for the entire week unless doing so causes you discomfort.
- Feel free to apply an antibiotic ointment (polysporin) to the opening in the scrotum if you wish.
- When pain and tenderness are minimal, you may return to your usual activity after the first week.
- It is normal to have some discoloration of bruising of the skin (blue and black) around the puncture site a few days after your vasectomy. This will gradually go away over time.

When to seek medical attention

- If you notice ongoing bleeding or a swelling bigger than a marble around the opening or in the scrotum
- Chills or fever over 38 degrees C (101 degrees F)
- Severe pain that is not relieved by pain medication
- Wound redness, pus-like (yellow or green) drainage or foul smell from the incision

For Urgent or Emergent situations, please call my office at 905-875-3920 during office hours (9:00am-5:00pm) or outside these hours, please go to your nearest Emergency Department.

After the first week

Your pain should have subsided although some men may describe some soreness especially as they increase their activities. This is normal. You might notice a lump on each side of your scrotum after your vasectomy for the new few weeks. That is a scar where we cut and sealed your vas. It usually feels like a pea and may swell to the size of a marble and be tender for a few weeks after the procedure. This is called a sperm granuloma and becomes smaller and non-tender as everything heals.

STERILITY FOLLOWING VASECTOMY

Post-Vasectomy Semen Testing

It takes many ejaculations for the sperm to be completely washed out of the body after vasectomy; therefore, you are not considered sterile immediately. Your sterility is confirmed by performing a semen analysis tests 3 months after your vasectomy; temporary birth control is needed until the follow-up semen analysis confirms that no sperm are present. Semen test results are reviewed with you in person at your follow-up appointment.

You will be given a sample container and a lab requisition for a semen test to be done at 3 months after your procedure. You present a lab requisition to the lab of your choice with your semen sample produced at home. In Milton, please take your sample to the LifeLabs in the lower level of my office building. If you live elsewhere, please call the lab of your choice ahead of time to be sure that they accept semen samples for analysis. If not, they may direct you to another lab. **Please do not bring samples back to our office.**

Important information on post-vasectomy semen analysis

- Abstain from having sex or ejaculating for two days before you collect your specimen.
- Collect the semen by masturbating directly into a sealed, sterile specimen container. If you lose a portion of the semen, throw the container out and collect your specimen at another time. Failure to collect a proper sample may result in false negative results.
- If you've misplaced the container, please get another one – ask for a urine analysis container. Do not use any other type of container, as the lab will not accept it.
- Close the container tightly. Label it with your first and last name, date of birth, plus the date and time you produced the sample. The lab will not process unlabeled specimens.
- Deliver your specimen to the laboratory immediately (within 1 hour) after collection, keeping the container warm in your pocket or next to your body en route.
- **Please do not bring samples back to our office.**

Confirm Vasectomy Effectiveness

The chance of a sperm passing through the blocked sperm tubes is extremely small, especially after they are cut, cauterized and then separated by the fascial sheath barrier. However, failure is possible with the incidence of failure is estimated to be 1/2000, and varies with the skill and experience of the physician as well as with the technique used. It is for this reason that testing semen samples is essential.

WHAT ARE THE POTENTIAL RISKS AND COMPLICATIONS?

Bruising (1/100) or Bleeding (1/2000): Most men report a bruised sensation or appearance to the scrotum for a few days to a week after the procedure. Some men experience mild bleeding into the scrotum (1/100). A small, tender swelling may form for a few days. This will resolve within a few days to a week. Rarely, a larger bleed (scrotal hematoma) can develop immediately after your vasectomy (1/2000). This will typically stop spontaneously but will result in a grapefruit sized tender scrotum, disabling you for two months. Please call my office immediately if you notice significant swelling in your scrotum after your procedure.

Infection (1/100): A post vasectomy infection requiring antibiotics is very uncommon (1/100). More serious infection is possible, i.e. an abscess formation that may require intravenous antibiotics.

Epididymitis (1/50): This is a tender swelling of the epididymis, which is the part of the tube that joins to the testicles. It almost invariably resolves with anti-inflammatories, ice and rest.

Sperm granuloma (1/500): This is a painful pea sized lump made of scar tissue around the leaked sperm that develops at the site where the tubes are blocked. It almost invariably resolves with anti-inflammatories, ice and rest.

Post-vasectomy pain syndrome (1/1000): This is a rare complication of pain in the testicles that can persist for months or years and may be quite debilitating. Some men may never completely recover from this problem or it may resolve on its own or another surgical procedure may be required. In rare cases, a vasectomy reversal may be required.

Prostate Cancer: Historically, some studies have previously reported a small increase in prostate cancer after vasectomy. Current literature has shown that vasectomies are not associated with increased risk of prostate cancer.

Late failure or recanalization (1/3000): A rare outcome for men who, even after a successful vasectomy with a semen analysis showing no sperm, still manage to impregnate their partner. The risk of this is so low that there is no need to repeat your semen testing once it has been confirmed to be showing no sperm.

VASECTOMY REVERSAL

A vasectomy can be reversed by a surgical procedure called a vasovasostomy. Vasectomy reversals are not covered by OHIP and are very expensive (usually 4-5 thousand dollars), so please make sure that you definitely do not want any more children. The overall success rate of this procedure (achieving pregnancy) is about 50%. It is thought that sperm quality is impaired the longer the time since the vasectomy was originally performed.

VASECTOMY FREQUENTLY ASKED QUESTIONS

How much pain should I expect?

Before the vasectomy you will not need any sedatives. A no-scalpel vasectomy is a virtually painless. Afterwards you may be sore for a couple of days and some patients may require Tylenol, extra strength Tylenol or Advil. The discomfort is less with the no-scalpel technique because there is minimal injury to the tissues.

When can I go back to work?

You should not do any heavy physical labour for seven days after your vasectomy. If your job does not involve this kind of work, you can go back sooner. The majority of men have their vasectomy on Fridays, so they can take it easy over the weekend and go back to work on Monday.

Will vasectomy change me sexually or my sexual function?

You should not notice any differences or changes in your sexual function including your libido, erections, orgasm and ejaculatory function, after having a vasectomy. The only thing that will change is that you will not be able to make your partner pregnant.

Will I be sterile right away?

No, after a vasectomy, there will be some live sperm in your system downstream from where the tubes are blocked. It usually takes 3 months to clear them. You and your partner should continue to use some other form of birth control until a semen test confirms that your semen is sperm free.

Is No-Scalpel Vasectomy safe?

The most recent Canadian Urological Association guidelines published in 2016, as well as many other world wide experts and organizations, have concluded that vasectomies are a safe, simple and effective procedure. Vasectomy is a surgical procedure and as such, there are potential risks but serious problems are uncommon.

Can a No-Scalpel Vasectomy be reversed?

Yes, but vasectomy reversals (vasovasostomy) are expensive (not covered by OHIP) and not always successful. You should only consider having a vasectomy when you and your partner are entirely sure that you are happy with the number of children you have, as it is considered a permanent form of birth control.

How much will a vasectomy cost?

The Ontario Health Insurance Plan (OHIP) covers the cost of a vasectomy and the tray fee. The optional Post-Vasectomy Care package is available for \$50.00 for your convenience, comfort and personalized services.

When can I start having sex again?

As soon as you are comfortable, after a minimum of seven days, but remember to use some other kind of birth control until your semen analysis confirms you are sterile.

HALTON VASECTOMY CLINIC - CONSENT TO TREATMENT

Patient Name: _____

Procedure: Bilateral no scalpel vasectomy with fascial interposition

Consent statement:

By signing this form, I agree:

- I have read and understand the above vasectomy information and its contents;
- I understand the reason for the above procedure and what will happen to me during the procedure as explained to me;
- I understand the intended effect of the procedure and the risks that might occur with the procedure;
- I understand any other possible options for care and likely risks of not have the procedure;
- I have been given an opportunity to have all of my questions and concerns answered and all my questions and concerns have been discussed and answered to my satisfaction
- I understand that no guarantee has been made that the procedure will result in sterility even though it has been carried out with due professional care
- I consent to the procedure

Signature: _____ Date: _____

Full Name (Printed): _____