

**THE
NSV
BOOK®**

***No - SCALPEL / No-NEEDLE
VASECTOMY***

**READ THIS BOOK
FROM COVER TO COVER !**

**BARRY RICH MD INC
TEL: 604-582-9991
FAX: 604-582-9992**

www.No-SCALPELVASECTOMY.COM

**SURREY
(Monday, Tuesday, Thursday Morning & Friday)
307-9808 King George Hwy
(at Fraser Hwy)**

**VANCOUVER
(Wednesday Mornings & Thursday Afternoons)
820-777 Hornby St
(at Robson)**

**PLEASE BOOK ALL APPOINTMENTS
THROUGH THE SURREY OFFICE ONLY:
604-582-9991**

NEXT APPOINTMENT:

CALL ONE DAY BEFORE SURGERY (before noon) TO CONFIRM

**APPOINTMENTS MISSED OR CANCELLED WITHOUT 48 HOURS NOTICE
ARE SUBJECT TO A CANCELLATION FEE**

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PHONE (604) 582 - 9991

FAX (604) 582 – 9992

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FIRST CONSIDERATIONS

A vasectomy should be considered permanent and irreversible. True, it is usually possible to rejoin the vas ends and get sperm flowing again, but the ability of the sperm to fertilize diminishes with time elapsed since the vasectomy. Reversal within the first three years has about a 70% chance of successful pregnancy. The success rate falls from there, to about 30% after ten years, so reversal is by no means an option to be relied on.

CRYOPRESERVATION (a.k.a. Pre-vasectomy Sperm Banking), is not a guarantee of future fertility, but it is another option to consider. It has a good success rate, even over time, but there are no guarantees.

GENESIS Fertility Center, at City Square, (12th & Cambie) provides this service. The processing fee is \$95 per specimen. One specimen usually suffices. It yields 8 to 12 "straws", each of which is good for one attempt at artificial insemination (AI), or, if AI doesn't work with the first few straws, in-vitro fertilization (IVF). More can be processed and stored if desired. The storage fee is \$200.00 for the first 2 years. You can store for longer if you wish. Genesis requires recent blood tests for Hepatitis B, Hepatitis C, and HIV prior to banking. Phone them at **604- 879-3032** to arrange.

Those with a newborn may want to wait until the baby is over 6 months of age before proceeding with vasectomy, or else, consider banking. The risk of Sudden Infant Death Syndrome (SIDS or Crib Death), about 1 per 1000, is greatest in the first 6 months. However, if you are sure you do not want any more children, no matter what, you need not bank or wait. This is **your** decision.

Men who fit the following demographics are at high risk of regretting their vasectomy later:

single
under 30
never had children
recently separated, or
in an unstable relationship

SEX AFTER VASECTOMY

A vasectomy has no direct bearing on sexual function. No better, no worse. The ability to obtain and maintain an erection is unchanged. There is no change noticeable in the quantity or quality of semen that is ejaculated. **You're like a Sunkist orange: all juice & no seeds!** The speed and timing of ejaculation are unchanged. There is no effect on testosterone levels, desire or libido.

Many couples report a more relaxed and enjoyable sex life once the fear of pregnancy is gone, particularly, once condoms are no longer required. That is generally true with all types of sterilization, but **you should not necessarily count on a better sex life after vasectomy.** Marriage problems are rarely cured by vasectomy. Sexual problems, (the wife's diminished sexual desire is the commonest I hear), may be caused by fear of pregnancy, but a host of other factors, like stress, fatigue, children and poor communication, can be involved as well. These should be discussed with your doctor and addressed before the vasectomy, just to ensure you are not disappointed later because of unrealistic expectations.

NO-SCALPEL VASECTOMY with NO-NEEDLE ANESTHESIA **IN THIS PRACTICE**

No-scalpel Vasectomy does not use a knife or scalpel. There are no lasers or other hi-tech gadgets involved. It is just a less traumatic method of getting to the vas deferens. For that reason the recovery is fast, safe and usually almost painless.

NO-NEEDLE ANESTHESIA: No man likes needles in his scrotum. In fact many men actually hate them, so, despite the fact that the needle is usually administered with a very minimum of discomfort, the no-needle technique is a big improvement. It is done with a jet injector that has been used in other medical applications for years. An American physician has recently adapted it to use for No-Scalpel Vasectomy. It works. It requires only 1/10th the volume of anesthetic that is used with the needle technique. There is no distention of the skin or underlying tissue, and less bleeding occurs. Still, the big bonus is “no needle”. Say no more!

The actual method of blocking the vas differs from doctor to doctor. The preferred method in this clinic is **The Open-Ended Technique**. This means that the end of the vas coming from the testicle is left open, or unblocked. First, the vas is cut and the top end, which leads to the penis, is closed by cauterizing up the lumen. This forms a solid plug of scar tissue, so no more sperm can get into it. The end coming from the testicle is left open. By avoiding sudden back-pressure to the testicle, this results in less post-op pain and a better chance for successful reversal in future. As an extra barrier to the sperm, the one vas end is “hoodwinked” from the other by closing the vas sheath overtop it, held in place with a small clip. The ends thus heal in different tissue planes, never the twain to meet. The clips, one on each side, are not actually on the vas, they’re on the sheath. They pose no harm to health. They do not set off airport security systems. They are not usually felt or noticeable after a month or so. This is the method of first choice of many trusted authorities in vasectomy. At this clinic the current technique has had a 99.9% success rate to date.

***The vasectomy is conducted in the office with you, Dr. Rich and nobody else.
Your spouse can sit in, but NO VIDEOS PLEASE!***

1. The penis is encircled gently, with a rubber band, the other end of which is clipped to the bottom of your shirt. (No pulling on your shirt!)
2. The scrotum is cleansed with an antiseptic solution.
3. Local anesthetic is administered via a jet injector(NO MORE NEEDLES). It freezes the skin and each vas, not the testicle. All you feel is a split-second “flick” against the skin. After that there is no pain.
4. Once the freezing takes effect, one vas is isolated and grasped with a small clamp, holding it to the skin.
5. A tiny midline puncture is made with a fine-tipped surgical instrument right over the vas.
6. The puncture is stretched open just enough to grasp one vas and lift a small loop of it out the opening.
7. The vas is cut, blocked, and returned to the scrotum.
8. The other vas is then lifted out and treated exactly the same, through the same small opening.
9. The 2 millimeter opening is sealed closed with Skin Adhesive (medical-grade “crazy glue” at twenty times the price). This forms a worry-free waterproof seal, and you can shower the next day.
10. You are fitted with an athletic support stuffed with gauze, as a pressure dressing, then you get dressed and go straight home AND REST.

TIME ELAPSED: 15 minutes
TOTAL APPOINTMENT TIME: 30 minutes

RISKS AND COMPLICATIONS OF VASECTOMY IN THIS PRACTICE

HEMATOMA: This results from bleeding into the scrotum. The incidence with conventional vasectomy is about 3%; with NSV, about 0.5%.

INFECTION: Minor infections occur in less than 1% of patients. They settle promptly with oral antibiotics. Serious infections, requiring intravenous antibiotics are extremely rare, < 0.1% of cases.

EPIDIDYMITIS: Mild and transient swelling of the vas or epididymis (the part just below the vas that joins it to the testicle) occurs about 10% of the time. Significant inflammation and swelling occurs in about 4 % of cases, but settles with religious use of anti-inflammatories (NSAID's). This is not surprising when you consider that swelling is what the male genitalia like to do best. In fact, erection and inflammation both occur through the same biochemical pathway. It is for this reason that I encourage the liberal use of ibuprofen (Advil) or other NSAID's as preferable to acetaminophen (Tylenol), which lacks this anti-inflammatory effect.

CHRONIC PAIN: Most pain after vasectomy will settle with anti-inflammatories (NSAIDs) if the patient can be persuaded to take them. (Men are stubborn, as if you didn't know!) Chronic Post-Vasectomy Pain Syndrome, pain that doesn't settle with NSAIDs, is rare. No one is sure of the cause. Chronic post-op pain is a risk with any surgery. In about one of every thousand cases pain is troublesome enough to require further treatment. If so, injections are usually tried to resolve it. If that doesn't work, an operation to reverse the vasectomy or remove the epididymis may be required. The operation is about 85% successful in alleviating the pain. A sperm granuloma is a small lump which sometimes forms near the cut end of the vas or in the epididymis a few weeks, or even months later. It is of no consequence, but it may be painful at first. A short course of ibuprofen, and occasionally, a stronger NSAID, is all the treatment usually required.

REGRET: 1% to 2% of men regret having had the vasectomy. Those most at risk are: single, under 30, never had children, recently separated, or in an unstable relationship. Men who fit one or more of these categories should consider non-permanent forms of birth control instead of vasectomy.

THE RISK OF PROSTATE CANCER: *About ten years ago some studies suggested an increased incidence of prostate cancer in men who had been vasectomized. Based on careful review of the data and subsequent studies, the expert panels of urologists and oncologists have concluded that is not the case. Those original findings were thought to be flawed by what the statisticians call "selection bias". The argument goes like this: men who have undergone vasectomy, have, by definition, seen a doctor, so, they are more likely to have a cancer discovered earlier than non-vasectomized men, some of whom never go to see a doctor (It's a guy thing!). Most experts agree that a vasectomy does not increase the risk of ANY types of cancer or any other serious disease. Some studies even suggest that vasectomized men live longer than non-vasectomized men, but again, that is probably selection bias as well. Surveillance is ongoing.*

And finally, the standard medical disclaimer:

We can never be certain that researchers won't find some new risk at some point in the future, so every patient should decide for himself if he is comfortable taking the risk.

PRE-OP INSTRUCTIONS FOR YOUR VASECTOMY

CALL ONE DAY BEFORE SURGERY TO CONFIRM YOUR APPOINTMENT.

Ensure that Dr. Rich is made aware of any new medical conditions, genital conditions, surgery, bleeding problems, medications, allergies (or additional children) since the time of your original consultation.

**NO ALCOHOL FOR AT LEAST 48 HOURS PRE-OP.
NO ASPIRIN OR ASA PRODUCTS FOR 7 DAYS PRE-OP.**

Ibuprofen or other NSAID's can cause a tendency to bleeding so they're best avoided for a week if possible too. If you take them for a medical condition, however, do not stop them without consulting your doctor.

On the day of the vasectomy:

- Take a **shower**. Wash the genitals thoroughly with anti-bacterial soap.
- **Eat** breakfast (or lunch). Fasting is neither required nor recommended.
- **NO SHAVING REQUIRED IN THIS PRACTICE.**
- Wear loose pants, joggers or shorts.
- Empty your bladder before surgery.
- Arrive 10 minutes early. If you are late your appointment may be canceled and you will be charged for the doctor's wasted time.
- You may drive yourself home, straight home, but having a driver is preferred. **If you are prone to fainting you must bring a driver.**
- Don't be nervous. You are welcome to pretend that you are nervous for the sake of any sympathy you may get, but between you and me, it's really not pain, just a minor discomfort.
- There is a **\$40.00 fee** which is payable by cash, debit card or Visa in Surrey. **Cash only is accepted at the Vancouver office.** This payment is for the cost of the special after care items we use for the vasectomy, including an athletic support, gauze, Advil and particularly, the Dermabond Skin Adhesive. **This fee is waived if it constitutes a financial hardship.**

**If you miss your appointment without 48 hours notice,
or arrive late, your appointment may be cancelled,
and you may be charged a cancellation fee.**

**YOU WILL BE REQUIRED TO SIGN A CONSENT FORM BEFORE SURGERY
STATING THAT YOU HAVE BEEN INFORMED OF THE RISKS
AND UNDERSTAND ALL THE IMPLICATIONS.
YOU DO NOT NEED YOUR PARTNER'S SIGNATURE.**

IF IN DOUBT ABOUT ANYTHING, PLEASE ASK.

AFTER THE VASECTOMY

Typically there is a mild discomfort for 5 to 10 days. It's usually in the scrotum, but can extend to the groin or even into the lower abdomen (Up in the ovaries, like a menstrual cramp!). It is usually more of a "Delicate Sensation" than actual pain, but it varies from person to person... Swelling is not unusual, but it's usually mild. Ibuprofen works well for pain and/or swelling.... Take it!

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

Activity: Go straight home & do as little as possible for the rest of the day, **AND THE NEXT**. No yardwork. No driving range. No horsing around with the kids....nothing! I mean it! Of course you can go to the bathroom if you have to! Tomorrow you can start moving around. Increase your activity gradually day by day if you are comfortable, but remember to: **always err on the side of caution.** Exertion; at work, sports, or sexual activity, is best avoided for a full week. **Lift nothing over 15 lb. for 3 days.** **If in doubt, don't do it !**

Ice: Apply ice pack or frozen peas over the athletic support, as often as possible for the first day, then whenever you can. Lay it right over the gauze-filled jockstrap. You don't need to freeze it, just keep it cool. **There is no such thing as overdoing the ice.**

Wound Care: The small puncture wound is sealed with skin glue so there is no mess or bother. No ointment, stitches or dressing changes are required. Still, have a peek every once in a while just to make sure all is well. **You can shower in the morning.** The gauze is just to keep some pressure on the wound for the first few days. Throw away the piece closest to the skin each day until you've dwindled the pack down to nothing. You shouldn't need to buy more. **The athletic support, with or without the gauze, will cradle things nicely out of the way. If the testicles hang down and bang around they tend to get more painful, so wear the support all week unless it really bothers you.**

Alcohol: **No drinking for at least the first 48 hours.** Alcohol can thin the blood. It also causes lapses in judgment, and predisposes to all sorts of potentially dangerous behavior. **Don't risk it!**

Pain and its Management: Advil (or Motrin or generic ibuprofen), 600 mg, 3 times a day for 1 week, is what I recommend, even if you're not feeling too much pain. A different non-steroidal anti-inflammatory drug (NSAID), may have advantages over Advil. VIOXX or MOBICOX, for example, are only taken once a day and have less risk of stomach upset than older NSAIDs like ibuprofen. It is more expensive. If you decide that you're worth it, I'll gladly prescribe it instead of Advil. **If you are ALLERGIC TO ASPIRIN (ASA), then all NSAID's including ibuprofen are best avoided.** Acetaminophen is the next best choice if you need anything at all. **Remember:** Ibuprofen is as much for the anti-inflammatory effect as for pain killing effect, so take it, even if the pain is not bad. After vasectomy, mild swelling and inflammation are typical. **After all, swelling is what this part of the anatomy prides itself in doing best.**

Expect some "achiness" in the scrotum or even the lower abdomen. Typically it fluctuates with activity. Most men in my practice rate the pain as a "3 out of 10" at most. Often it only starts around the third or fourth day, when you increase activity, stop using the support, stop taking the Advil, or start feeling a little frisky. **If this happens, back up one step, resume the ice and Advil, and give it a rest.** It usually settles within a day or so. **If in doubt, call me.**

Call promptly if you suspect a problem: They are rare, but still, watch for signs: like fever, excessive pain, firm swelling larger than a small grape, for example. Bruising by itself is no cause for concern, unless the bruise is swollen or painful. Call me right away if you think you might be developing a problem. Leave your number on my pager (you will get the number at the time of surgery) and I'll get back to you as promptly as I can. If you can't reach me, speak to your doctor or go to a clinic if necessary.

Follow-up visit: I'd like to see you back in 5 to 14 days if possible, for a brief re-check, a post-op questionnaire, a review of interim birth control plans and to give you your special, top priority assignment for semen analysis. We test in 6 weeks and 15 ejaculations. Yes, that's "and", not "or".

DON'T FORGET THE BACKUP BIRTH CONTROL IN THE MEANTIME!

A little blood in the semen with first few ejaculations is normal.
You're not supposed to be doing that yet anyways!

**The better care you take for the first few days after the vasectomy,
the less the chance of problems.**

Remember,
you only have one
to do this right the first time.

A SUMMARY OF POST-OP CARE

- AFTER THE OPERATION, GO HOME AND SIT OR LIE DOWN FOR THE REST OF THE DAY. ICE THE SCROTUM OVER THE SUPPORT INTERMITTENTLY FOR AT LEAST THE FIRST 6 HOURS.
- USE ADVIL OR IBUPROFEN LIBERALLY.
- DO NOT LIFT MORE THAN 15 LB FOR THE FIRST 3 DAYS and avoid strenuous work or exercise for the first week. Light duties or a desk job can be resumed after 48 hours.
- NO EJACULATION FOR THE FIRST WEEK UNTIL HEALING IS WELL UNDERWAY.
- PLACE AN ICE PACK (e.g. bag of frozen peas) ON THE SCROTUM, ON AND OFF, BUT MOSTLY ON, WHENEVER YOU CAN.
- FEVER, PUS, SEVERE PAIN OR SWELLING: THESE ARE NOT NORMAL. CALL ME OR SEE YOUR DOCTOR IF THIS HAPPENS.
- A bit of pain, bruising and swelling is not a problem. If you are not sure whether or not to call, call.
- ARRANGE FOR A POST-OP CHECK IN 5 to 14 DAYS.

If everything is fine after your recheck you may resume all of your normal activities, but start slow, keeping in mind that **complete healing can take an entire month**. Use your common sense. If you get worsening pain you must slow down, back off activity, and resume the ice, compression and ibuprofen.

!!!!!! YOU STILL NEED TO USE BACKUP BIRTH CONTROL !!!!!!

Post-vasectomy Sperm Testing

***Making sure that
“ Elvis has left the building ! “***

VASECTOMY DOES NOT WORK IMMEDIATELY, so you must use an alternate method of birth control until your semen has been checked and declared free of sperm. The end of the vas where it empties to the penis, called the ampulla, is a bit of a reservoir, with nooks and crannies that can harbor holdout sperm for awhile. About 90% of men will have a zero sperm count (nothing, dead or alive) after 6 weeks and 15 ejaculations, but for some it takes longer, and very occasionally, even 6 months or more to clear the semen of sperm.

After 6 weeks AND a minimum of 15 ejaculations, collect a semen sample by masturbation or interrupted intercourse. (Some doctors wait 3 months, but most men will be clear by 6 weeks.) Put the specimen directly into a clean container **and secure the lid tightly!** It can be stored at room temperature for up to 4 hours. Call the office a day or two ahead, to set a time. Bring in the sample and it will be examined under the microscope and you will get the result immediately. If no sperm are seen then you're OK to stop using alternate birth control, and you get a small prize, **but** a 2nd test one month later is still recommended to double-check.

Dead (non-motile) sperm are sometimes slow to disintegrate or flush out of the vas, or the nooks and crannies up around the prostate. We're never sure that they didn't escape alive, only to die in the flight to freedom. Nobody can say for sure. In any event, on those rare occasions when small numbers of non-motile sperm persist in the ejaculate beyond six months, I give men a cautious "all clear". No greater risk of pregnancy is present in the group of men with " a few non-motile sperm" compared to the "no sperm dead or alive" group, but I still recommend continued monitoring of the semen a few more times. Call me superstitious!

A Failed Vasectomy: The persistence of any LIVE sperm 6 months after the vasectomy probably indicates that they have somehow managed to "break on through to the other side", the so-called "recanalization". With my current open-ended technique this occurs in about 1 in 1000 cases. Nevertheless, if this happens to you, please remember that it is the result of your super-human sperm, not my shaky hands!!! Seriously, in the event of a failed vasectomy you can have a repeat vasectomy or else rely on another form of contraception. Your call!

You should also remember that, even with two "all clear" semen tests, there is still a small chance (less than 1 in 5000 cases, according to a few studies) that your sperm could recanalize and result in a pregnancy. While this statistic may sound alarming it is not. Vasectomy is still 50 times more effective than a tubal ligation and two orders of magnitude safer than many other known forms of birth control.

STILL, LIKE EVERYTHING IN LIFE, THERE IS NO 100% GUARANTEE.

**READ THIS BOOKLET CAREFULLY WITH YOUR PARTNER.
ENSURE THAT ANY QUESTIONS ARE ANSWERED
BEFORE YOU HAVE YOUR VASECTOMY.**

Dr. Rich has practiced Family Medicine in Surrey since 1980, including 12 years of Emergency Medicine and GP Obstetrics. He has performed over 7000 No-Scalpel Vasectomies since October 1995, and introduced No-Needle Anesthesia (NNA) for NSV to Canada in 2002. In addition to vasectomy his practice consists of treating men with Sexual Dysfunction and Andropause. He is a member of the Canadian Male Sexual Health Council, and chairs the Men's Health Committee of the BC Medical Association's Council on Health Promotion.