

## Vasectomy Information and Informed Consent

A vasectomy is a **permanent**, male contraceptive procedure. The procedure prevents sperm from leaving the body by cutting or sealing off the pathway called the *vas deferens*.

### Background

Sperm, the microscopic cells that join up with an egg to cause pregnancy, are made in your testicles. Sperm leaves the testicles through two tubes called the vas deferens, and mixes with other fluids to make semen. The sperm in your semen can cause pregnancy if it gets into a vagina and fertilizes an egg.

A vasectomy blocks or cuts each vas deferens tube, keeping sperm out of your semen. Sperm cells stay in your testicles and are absorbed by your body.

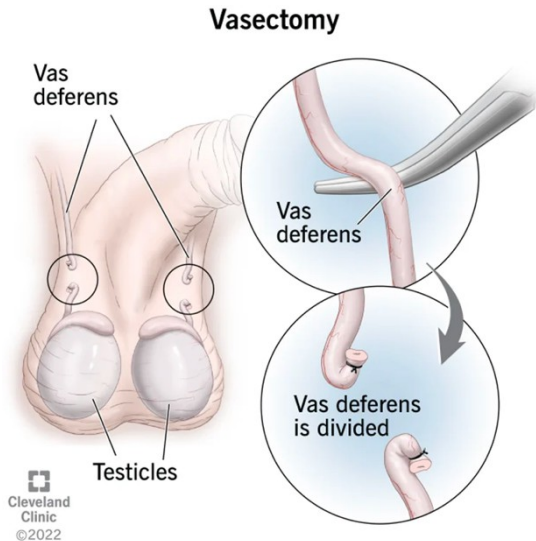
### Before the Procedure

- If possible, avoid any blood thinning medications like ibuprofen or aspirin for 5 days before the procedure.
- The night before the procedure, **shave the front** your scrotum, the area the penis usually covers. Do not use any creams or chemicals to remove the hair. You can use a razor or clippers. Some short stubble is okay.
- The morning of the procedure, take a thorough shower and **scrub the penis and scrotum** with soap and water.
- If you are planning on having nitrous oxide sedation you do not need to have someone drive you home.
- Optional - take a dose of 2 tablets of acetaminophen (Tylenol) when you are leaving for the office.
- You will receive a single dose of antibiotics after the procedure is complete. You will not need any prescriptions before or after the procedure.

### The Procedure

Vasectomies are performed awake in the office. You will be lying on your back with legs straight during the procedure. A no-scalpel vasectomy starts by injecting a small area of the center of the scrotum with numbing medicine.

The doctor typically makes **ONE** very small skin puncture, about 1/4 inch in size, in the center of the scrotum. The small opening is made with a special tool that punctures the skin rather than cutting it. This no-scalpel technique allows quicker healing and less bleeding. The entire procedure is normally performed through this small opening.



The doctor will move each vas deferens to the small opening, inject more numbing medicine into the nerve that runs along the vas deferens, then remove a 1-to-2-inch segment of the tube, and finally seal the ends using bipolar cautery. Once both sides are done, the skin puncture is closed with one stitch that will dissolve in 5-7 days.

By partially removing and obstructing the channel, sperm no longer can move from the testicles to the penis, resulting in infertility.

The procedure usually takes about **10-15 minutes**. Patients can leave the office immediately after the procedure is completed. Most people can go back to work the next day.

### After the procedure

- The numbing medication will wear off in 2-3 hours.
- Go straight home after leaving the office. Take a dose of over-the-counter pain medication like Tylenol or Advil when you get home and again that night before you go to sleep.
- You will have some soreness for about 3-7 days. Avoid strenuous exercise for 5 days or until the pain is gone. Do all your normal activities, the more active you are the faster you will heal.
- You may use ice packs to minimize swelling and bleeding, especially in the first 36 hours for pain relief. Ice the scrotum for 15 minutes on and 15 minutes off. However, many patients feel icing is not necessary. TIP: Frozen bags of peas or corn can be refrozen and provide a soft, pliable ice pack.
- Wear loose or tight-fitting type of underwear afterwards. Whichever type you feel most comfortable wearing.
- An over-the-counter, non-aspirin pain reliever can be used for any remaining discomfort. If you have pain that is not controlled by these medications, please call the office as this is not normal.
- Take all normal supplements and medications as prescribed by your physician.
- Do not engage in sexual relations until you feel fully healed which is typically about 1 week.
- We will provide discharge and semen analysis information / instructions on the day of the procedure.

**You typically do NOT have to return to the office for a follow-up.**

## Semen Analysis

Your doctor will order a semen check for 8 weeks after your vasectomy to ensure no sperm are seen. Semen specimens should be placed in a container that the doctor gives you. The container does not have to be refrigerated and can be taken directly to the lab/office. Please try to provide the sample within 1 hour. You will not be asked to produce a semen sample in our office.

Sperm is stored inside the body in the seminal vesicles which are part of the prostate. Initial ejaculations after vasectomy ***always*** contain sperm – this means **YOU CAN GET SOMEONE PREGNANT UNTIL YOUR SEMEN ANALYSIS SHOWS ZERO SPERM!** Continue to use your normal method of birth control until we clear you. After 25-30 ejaculations, we will request that the patient sends a specimen for microscopic examination. We will give you the necessary information to accomplish this task after your vasectomy.

Some patients continue to show sperm in the semen checks for up to **six months to a year** after vasectomy. While rare, even if the sperm counts are low, **YOU ARE NOT CONSIDERED STERILE UNTIL YOU HAVE ZERO SPERM COUNT ON SEMEN ANALYSIS.**

Semen analysis is to assess for *recanalization*, the risk that the vas deferens ends grow back together and the patient is still fertile. In almost all instances, any recanalization occurs in the first few months post-vasectomy. If sperm persist, the doctor may diagnose recanalization. Treatment is a repeat vasectomy.

Once no sperm is found as confirmed by a semen sample check (semen analysis), the patient is considered sterile. ***Even after confirmation of successful blockage of the vas deferens, vasectomy is not 100% reliable in preventing pregnancy. The risk of pregnancy after a successful vasectomy is very low: estimated to be 1 in 2,000-3,000, or less than 0.05%.***

## Risks and Complications

Vasectomies do have risks. As with any surgery, there is a chance of bleeding, pain, and infection. Despite precautions, complications from vasectomy do occur. Fortunately, these complications are very rare.

- *Pain* - some patients may have discomfort in their wound. Some may have discomfort in their testes for a period of time. This is due in part to pressure that builds up as the sperm cannot get out. The pressure in the testes causing the sensitivity will subside with time in almost all cases.
- *Sperm granuloma* - when sperm find their way out of the blocked end of the vas deferens and cause pain. Sperm released into the tissue are irritating, and the inflammation causes a small nodule to develop. These nodules usually resolve in time but can persist and be painful. On rare occasions, a sperm granuloma needs to be removed. This procedure is similar to the vasectomy.
- *Epididymitis* - an infection in the epididymis. This also is rare and can be caused by pressure, infection or inflammation within the epididymis. Epididymitis is treated with rest, intermittent ice, scrotal elevation, and sometimes antibiotics. Almost all cases resolve quickly.
- *Recanalization* - despite best efforts, sometimes the vas deferens will open up and reconnect through the body's healing processes. Please see further discussion below.
- *Testicular damage* - the vas deferens is close to the testis, and there is a very, very small chance of injury to the testis or blood vessels from a vasectomy.

### Long-Term Effects

Controversies have existed for years about possible side effects associated with vasectomy. Large studies have been done comparing groups of patients who have and have not had a vasectomy. Almost all of these studies have shown absolutely **no** difference in any medical problems. In 2025, the American Urologic Association's Vasectomy Guideline specifically stated that **vasectomy is not a risk factor for prostate cancer or testicular cancer.**

### Tips

- Discuss birth control options with your health provider and with your partner.
- Vasectomies are considered a permanent and not reversible method of birth control. Do not have a vasectomy if you might want to produce children in the future.
- Vasectomy is an effective method of birth control. It does **not** offer any protection from HIV/AIDS or other sexually transmitted diseases.
- **You are not considered sterile until a semen check (semen analysis) shows no sperm is present.**
- After vasectomy, you should notice:
  - o No difference in your ability to perform sexually regarding erections, orgasm, or ejaculation.
  - o No difference in the amount of semen that comes out after ejaculation (emission).
  - o No difference in sexual drive (libido)
  - o No change in your male hormone levels (testosterone)
  - o No difference in your ability to pee (urinate).
- There are no sutures (stitches) that will need to be removed after vasectomy.
- Full recovery from the procedure is usually within 7 days.

**By my signature, I acknowledge receipt of this document and that I understand the information above.**

\_\_\_\_\_  
**Signature of Patient or Legally Responsible Person**

\_\_\_\_\_  
**Date**