



NO SCALPEL VASECTOMY

Patient Information Booklet

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About me.....



I am Dr Akram Khalid and a recently retired General Practitioner with over 40 years' experience working in the NHS. I am Based in Northamptonshire and was the Senior Partner at Aspiro Healthcare@Woodsend Medical Centre, Corby and prior to this I was a Surgeon and specialized in Genito-urinary Disorders and Surgery. I have been performing vasectomies for over 30 years. I am an active member of Association of Surgeon in Primary Care (ASPC) who acts as professional body for vasectomy surgeons.

<https://www.aspc-uk.net>

My Registration number with General Medical Council UK: 3146653

My Medical qualifications are:

- M.B.B.S. (University of Punjab)
- F.R.C.S. (Royal College of Surgeons of Edinburgh)
- M.R.C.G.P. (Royal College of General Practitioners)
- D.UROL (Institute of Urology London)
- D.R.C.O.G (Royal College of Obstetricians and Gynecologists)
- D.F.F.P (Faculty of Family planning)

About vasectomy

Vasectomy is a permanent form of contraception for men. It is only suitable for men who are sure they never want children or do not want any more children.

Who can have a vasectomy?

It doesn't matter if you are single, married, divorced, widowed, childless or with a family. Any man can have a vasectomy, regardless of his circumstances. The choice is up to you. Vasectomy is safe and effective, but it is permanent, so you should only consider it if you are sure, you never want children or do not want any more children. If you are under the age of 30 or have not had children, there may be a higher chance that you will regret having a vasectomy in future. You should know that vasectomy reversal is not routinely available on the NHS.

You shouldn't consider a vasectomy if you are under stress, whether or not that stress relates to concerns about pregnancy or your relationship or anything else. If you are in a relationship, we strongly advise you to talk this through with your partner, however, their agreement is not required if you choose to proceed with a vasectomy.

How a vasectomy works

When you have sex, sperm travels through two tubes (vasa deferentia) and mixes with semen before you ejaculate. During vasectomy the tubes are either cut and tied or sealed, so that sperm cannot reach the semen. You still ejaculate, but your semen does not have any sperm in it, so the risk of pregnancy is extremely low. Vasectomy does not provide protection against sexually transmitted infections.

There are two types of vasectomy procedures, Scalpel and No-Scalpel. Both procedures result in the same outcome making your sterile.

The main difference between the two procedures is that with the Scalpel method a small incision is made in the scrotum with a small sharp blade to access the tubes (vasa), while the No Scalpel method uses either cautery or a specially designed instrument to enter the scrotum. Don't worry, you will be given an anesthetic so you do not feel this.

Why do I want a No-scalpel Vasectomy rather than a conventional one?

- Less discomfort
- No stitches
- Faster procedure
- Faster recovery
- Less chance of bleeding and other complications
- Just as effective

Other highly effective methods of reversible contraception are available.

- <https://www.bpas.org/more-services-information/contraception/>

- Another method of permanent contraception is female sterilization. However, vasectomy is quicker to perform and is associated with fewer complications than female sterilization.

Where does the sperm go?

We do not know about this in terms of scientific papers, it is therefore one of the common questions patients ask me. My own theory according to medical school knowledge is, the body “digests” sperm through helper cells, called macrophages. Larger amounts of sperm form little sperm granulomas

Is vasectomy 100% effective?

No form of contraception is guaranteed 100% but vasectomy is one of the most effective forms of contraception available. There is a very slight chance of pregnancy after a vasectomy (about 1 in 2,000) which can occur even after several years.

Is vasectomy effective immediately?

No. At the time of your vasectomy there will be millions of sperm in your system that have to be flushed out. Before you can rely on the vasectomy as your method of contraception, you will need to provide at least one semen sample. (Using the sample kit which either will come in the post to your given address or will be given to you at the end of your treatment). The semen sample will be tested for the presence of sperm. We will contact you to confirm that the procedure has been successful once the sample report is received showing no sperms at all. It is advisable to achieve at least 30 ejaculations before first sample is submitted. More the ejaculations, better chances of becoming negative. It is also important not to submit sample during first 4 months after the operation. For some men this may require more than one sample. It is important that another form of contraception is used until we give you “THE ALL CLEAR.”

Can I reverse my vasectomy?

All vasectomy operations are meant to be permanent. The chances of a successful vasectomy reversal vary a great deal. The procedure is very expensive and is unlikely to be covered by the NHS.

The most important thing to remember is that you are making a decision about the rest of your life. Bear in mind that your personal circumstances may change, so please think carefully about whether vasectomy is right for you.

Semen analysis

To ensure the procedure has worked and before you can be given “THE ALL CLEAR” we will need to test your semen to ensure there is no sperm present.

Will the vasectomy affect my sex drive or my ability to have sex?

No. You will still have erections and produce the same amount of semen when you ejaculate. The only difference is that the semen will not contain sperm.

Some men even say that the freedom of not worrying about their partners’ contraception helps and even improves sex.

Medical assessment

During this part of your appointment, a healthcare professional will go into more detail about your medical history. It is important you answer these questions as accurately as possible.

Relevant medical history

There are certain aspects of your medical history that affect the surgeon's ability to carry out a vasectomy safely. Some of these are as follows:

- Bleeding problems
- Other medical conditions (such as diabetes)
- Past history of injury or surgery to your scrotum or groin (such as a hernia operation)
- History of sexually transmitted infections
- Problems with erection or ejaculation
- Whether you have a cardiac pacemaker
- If you have a history of fainting
- Any allergies to medications
- Any medications you are currently using

Physical examination

A brief physical examination, which includes recording your height, weight and blood pressure, will take place. It is also necessary to examine your scrotum.

Consent

We will explain all the associated risks and complications and answer any questions regarding the procedure. Once this is all completed, we will ask you sign a consent form and give you a copy.

Treatment

This appointment will last about an hour.

How do I prepare for my treatment?

On the day of your appointment please have a bath or shower. It is helpful if you could trim hair from the scrotum. There is no need for a clean razor shave, trimmer would be sufficient and gentler to skin. Do not use hair removal cream as it may irritate the skin.

Will I feel any pain?

Vasectomy is not a painful procedure, but you may feel some mild discomfort. You will feel the discomfort of the needle going in followed by a brief stinging sensation as the local anesthetic works for a few seconds before the area becomes numb.

This can feel like a 'bee sting'. After this you should not feel anything sharp or painful, but you will feel some sensations from the scrotum associated with moving the testicles. The area may feel a little bruised but painkillers you can buy from your local chemist (such as Paracetamol or Ibuprofen) will be enough to relieve this. Always check that the pain killers will not react with any other medication you are taking and follow the instructions on the packet. Ask your pharmacist if you are unsure.

What to wear?

Please wear comfortable, loose-fitting clothing for your treatment appointment. It is also important that you wear/bring supportive tight underpants (NOT boxer shorts) to hold the dressing in place.

What should I bring with me?

Bring any medicines you are taking (or the prescription) so that we can keep a record of this in your notes.

Travelling to and from your appointment

We advise you not to drive yourself home after treatment. If you have no other transportation options than driving yourself home, please tell your healthcare professional as soon as you can. Your healthcare professional will discuss with you the potential risks of driving directly following treatment.

If you are planning a vacation or another such activity soon after the operation, please discuss with the surgeon before the procedure. Usually it is advisable to avoid flying for a week or so and obviously if you are going on holidays abroad, amendment to travel insurance may require.

Eating/drinking

You may eat and drink before your appointment. Do not drink any alcoholic beverages.

On the day of treatment

When you arrive at your treatment appointment, the assistant will ask you to confirm your details or you will be asked to check yourself in and you will wait in the pre-operative area, until the surgeon is ready for you.

You will then go into theatre where you will get undressed and get onto a treatment couch.

Before the procedure starts, the surgeon will ensure that you are fit for surgery by:

Checking all your paperwork has been fully completed

Rechecking your medical history

Ensuring you want to go ahead with the vasectomy

Examining your testicles to ensure they can easily locate the vas deferens

Will have a brief discussion with you about procedure and answer your question and queries before seeking your permission to proceed with the operation.

We will do our very best to ensure your vasectomy treatment is carried out on the day of your appointment; however, the surgeon reserves the right to delay the procedure if he/she feels the conditions are not appropriate (for example if you have an infection).

After all the above steps are completed your vasectomy procedure will take place.

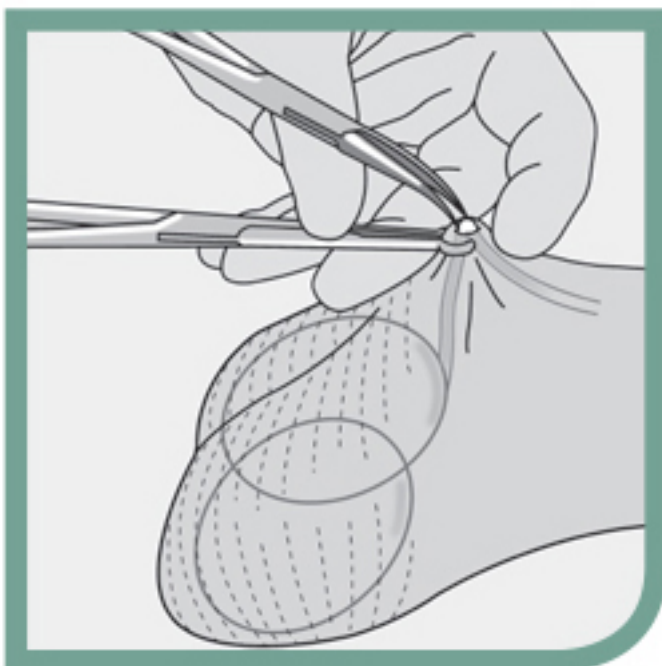
The procedure: No Scalpel Vasectomy

This procedure itself usually takes 15-20 minutes, and follows these steps:

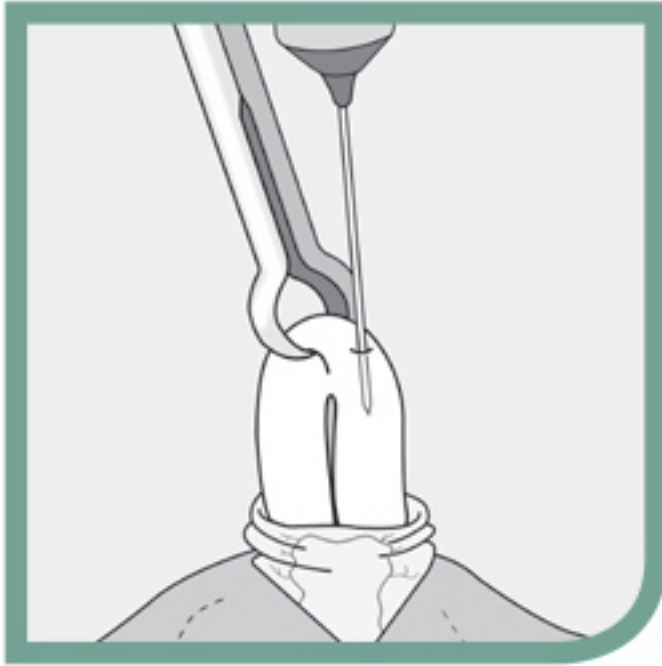
Step 1. The first step is to inject local anesthetic into the skin at the side of your scrotum to numb the area.



Step 2. Using a cautery or a fine instrument, the surgeon will make a small opening in the skin of the scrotum.



Step 3. Through the tiny hole in the skin, the tube is gently pulled out. The lumen of each remaining side of tube is cauterized to the depth of 10-5mm and ends are cauterized at well.



Step 4. A small piece of the tube is then removed.



Step 5. This is repeated on the other side. Sometimes a second entry point is made, or sometimes both tubes can be reached through the same opening. The surgeon places the tube back into your scrotum.



Step 6. Usually, the holes in the skin are very small and do not required closure with a stich. However, it can become necessary to use a dissolving stich to close the incision or entry point. Antibiotic cream is smeared over the skin wound and a dressing pack is placed on the scrotum.

Risks and complications of vasectomy operation

Significant, unavoidable, or frequently occurring risks: -

- Sore and tender scrotum, minor bruising and swelling of scrotum. Mild bruising at the site of the operation is common; it heals naturally and has no long-term complications.
- Infection- Infection is possible but rarely occurs and can usually be easily treated with simple antibiotics. Infection occurs in less than one in 100 men.
- Bleeding during procedure or after
- Blood clot in scrotum (hematoma)
- Sperm granulomata: A sperm granuloma occurs in 15 to 40 percent of men who undergo vasectomy. A sperm granuloma is a mass that develops over time as a result of the body's immune reaction to sperm leaking from the cut end of the vas. It is typically treated with an anti-inflammatory medication, such as ibuprofen. The mass is not dangerous. There are rare instances, however, in which a sperm granuloma causes significant scrotal discomfort. This may be treated by surgically removing the granuloma.
- Chronic testicular pain (post-vasectomy pain syndrome PVPS) is a recognized but uncommon complication of vasectomy. It is reported, in the literature, to occur in 3-5 cases out of 100 operations. This condition may adversely affect quality of life in 1-2% of patients undergoing vasectomy. This is not fully understood and can develop months or years after the surgery and may require further investigation and treatment which may be another surgical procedure.
- The procedure may not be successful and early failure rate is 1 in 100-300 operations.
- Return of fertility may occur in the future and this Late failure rate is 1 in 2000-2500 operations.
- Persistent non-motile sperm/need for special clearance (2-3 in 100 men)
- Regret

Extra procedures which may become necessary

- Transfer to NHS facility to manage complication
- Repeat procedure if failed/recanalized

Please contact your GP Surgery/Surgeon or Emergency services e.g. 111 and Accident & Emergency department if you develop any worrying symptoms following the operation.

What happens after the procedure?

You should be able to go home within an hour after the operation, usually 10-15 minutes rest in the waiting room is adequate. You should not drive yourself home; it is advisable to arrange a pickup.

Immediately after the procedure you should rest for 24 hours and avoid any strenuous activity and heavy lifting for 7-10- days.

The wounds should be kept dry for 24 hours. You may then shower and dab the area dry and apply antiseptic cream e.g. Savlon (available from the chemist) on the skin wounds. Keep the area clean and dry and cover it some dressing if you wish. Do not have a bath for 48 hours and avoid swimming for one week.

All stitches (if used) are dissolvable but can take up to four weeks to disappear.

Clear fluid oozing from the wound can sometimes occur. You may wish to buy sterile cotton gauze from the chemist and put it in your underwear to protect the incision.

Wear tight underpants or an athletic support for the first few days following the procedure, including at night for the initial 48 hours or longer according to symptoms.

Kindly avoid having sex for 2 weeks because it can interfere with the healing of the tubes.

Remember you must use another method of contraception until you are informed that the operation has been successful.

Dos and Don'ts

Do:

- Relax at home, taking a few days off work if necessary.
- Take care when showering or taking a bath for about 2 weeks. Clean the area gently.
- Contact your GP or the surgeon if you have any concerns following the procedure or any of the following: persistent bleeding, pain, fever, pus at the wound, or rapidly swelling on one or both sides of the scrotum (which could indicate bleeding).

Don't:

- Do anything strenuous, including heavy lifting or driving long distances, for up to 2 weeks.
- Play any sports (including going to the gym) for at least 2 weeks.

Follow-up testing kit

The testing kit will either be posted to you or be given after the procedure. Please do not submit first sample until after 4 months have passed since the operation and you have achieved more than 30 ejaculations (worth keeping a count of ejaculations !!). When submitting sample, please following the instruction enclosed in the kit.

Until you receive The All Clear, you cannot consider your vasectomy complete.

Getting “The All Clear”

Until you get all clear from us, you must use another form of contraception.

We will send you written confirmation that your vasectomy has been successful if the sample we have received is sperm-free.

If not, you will need to provide further samples. If you have infrequent sex, masturbation will help clear the sperm.

It can take up to 7 months before some men receive all clear.

On very rare occasions, a small number of immobile sperm remain in the sample. No pregnancies have been reported in these rare cases. If this happens, you will be offered choice of ‘Special Clearance’. Your surgeon will discuss this in detail when required.

Any Queries/Concerns?

Kindly discuss with your surgeon at the earliest opportunity if you have any queries and concerns about the procedure.

Remember, you can change your mind at any time.