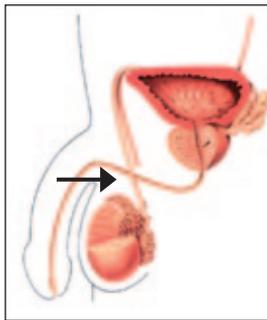


Non-Scalpel Vasectomy (NSV)

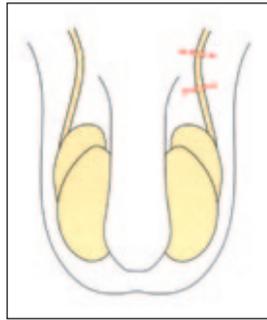
A GUIDE FOR PATIENTS

What is a vasectomy?

Vasectomy is the procedure of choice for men who do not want to father any children (or any additional children). It is indicated for any fully informed man and can be carried out as an outpatient procedure. If the patient has previous scrotal surgery or has any other possible complicating factors (e.g. a needle phobia), the procedure can be carried out under a short general anaesthetic. The non-scalpel vasectomy (NSV) is an innovative approach to exposing the vas deferens tubes in the scrotum using two specialized surgical instruments. NSV, as compared to traditional incision technique, results in less bleeding and hematoma, less infection, and pain, and a shorter operative time.

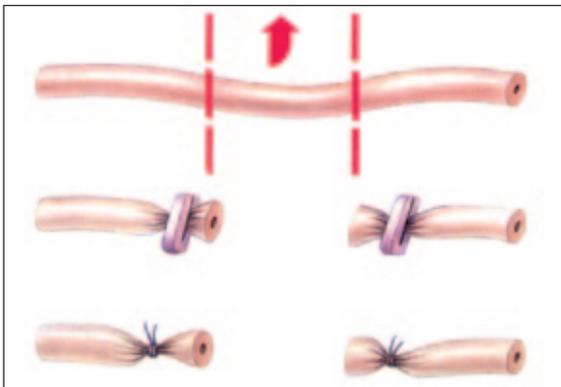


Arrow indicates the position of the vas tube



Site of vasectomy operation

Image supplied courtesy of Mardeno UK Ltd



The vas tube is divided and tied to prevent sperm leaving the testicle

Before the procedure

Before your procedure you will be asked to sign a consent form. This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead. See **Complications** for specific points relating to vasectomy.

Please bring any medications with you.

Make sure you alert the staff if you take warfarin, aspirin, clopidogrel or any other blood-thinning medications.

You will be asked to come into hospital on the morning of the operation. You should be 'Nil By Mouth' for a certain time prior to admission. **Please check when you can eat and drink before the operation as your procedure may be cancelled on the day if you have had anything to eat or drink at the wrong time.** It is advisable that the scrotal sac be shaved before you arrive for your operation.

If you are having a general anaesthetic, the anaesthetist will see you in your room to go through any questions before surgery. You will be asked to sign a consent form, which explains the risks and benefits of the vasectomy procedure.

How is the procedure carried out?

The procedure is carried out under general or 'local block' anaesthesia in the procedure room. The vas deferens tube is then tensed over the surgeon's middle finger and a small ring clamp is then used over the skin to trap the vas tube between the ring forceps and the underlying surgeon's finger. The ring clamp is then closed and locked in place. The tube can then be brought out through the skin using a dissector and the vas tube has a small section removed. This prevents sperm leaving the testicle after the operation permanently. Sperm cells within the testicle are still produced, but as they cannot leave via the divided vas tube, the body recycles these cells.

After the operation

The dressing is gauze padding within a scrotal support to apply some pressure to the wound.

The operation is carried out as a day case. This means that you come into hospital on the day of the operation and go home the same day.

Discharge advice

For men who have had a general anaesthetic, you will need to arrange for a friend or relative to drive you home and stay with you overnight after the operation. Try to keep the wound area dry for 24hrs and then bathe as normal. Soap and tap water are quite all right. Salted water is not needed. It is important to take regular painkillers for 24 hours after the operation. You should restart your normal medications, if any, when you leave hospital.

If the wound site becomes red and inflamed or if there is unusual swelling, please contact the hospital for advice.

You should try and wear the scrotal support for about a week to prevent swelling around the operation site. If bleeding continues, contact us for advice using the numbers below. Avoid sexual activity for a week and no heavy lifting for about two weeks. Driving should be safe after one week if all is well. Check with your car insurance company if you have any doubts.

Complications

You will be asked to sign a consent form prior to surgery. The main complications that may occur are as follows:

Early

- Haematoma (collection of blood at the operation site) – 3.5% of men may have a small collection that will settle with time without treatment. 0.7% may develop a large collection that may require re-exploration of the wound and removal of blood clot.
- Failure to achieve post operation clear semen specimens by six months 1-2%.
- Early post operation pain and swelling 10%.

Late

- Late failure of procedure resulting in pregnancy 0.05% (1 in 2000).
- Late recanalisation (rejoining) of the vas tube after operation 0.1% (1 in 1000).
- Chronic pain after operation 1-4%.

Semen analysis check

You will be given two sample pots to take home when you are discharged from hospital. You will need to provide a semen specimen at 10 and 12 weeks respectively after operation. **It must be stressed that the vasectomy procedure is not considered a success until you have received confirmation from your GP that the two semen samples show no live sperm present. Until that time, you should use another contraceptive method with your partner.**

- Refrain from sexual activity for between two and five days before collection of the specimen.
- The specimen should be produced by masturbation after the genital area has been carefully cleansed with normal soap and water.
- The whole of the ejaculate must be collected in the specimen pot. Specimens must not be collected in a condom as these may contain substances, which will kill sperm.
- Make sure the lid of the pot is securely screwed on and that your full name and date of birth with the time of collection is written on the pot and the form.
- Deliver the specimen with as little delay as possible (certainly within 4hrs for a post-vasectomy specimen).
- Please keep the sample either at room temperature or ideally at body temperature, for example, in a trouser pocket.