

Vasectomy Center – Seattle * Eastside * Shoreline

Specializing in No-Needle No-Scalpel Vasectomy

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NO scalpel, NO needle technique is achieved by using a spring application of a local anesthetic to desensitize the area and most patients agree that it hurts about as much as having a blood sample drawn from the arm, though many say not at all. The vas deferens (sperm highway) is then isolated and separated. This prohibits sperm from joining the rest of the ejaculate fluid. This is done on both sides. To further decrease risk of reconnecting, the abdominal end is then covered with fat and soft tissue so the two ends don't meet again. A tiny titanium clip is used on both sides to achieve this process. The procedure takes 30 minutes in the office with a return to sedentary work on 2-3 days after the procedure. Usually, it takes three (3) months AND approx. 20 ejaculations post operation, before contraception is achieved. This is to clear all remaining sperm on the other end of the vas deferens.

Vasectomy reversal are not always successful, therefore vasectomy should be considered a permanent and irreversible procedure.

A preliminary consultation visit is not required. We would be happy to do a preliminary consultation however with any patient who wishes to do so prior to his procedure.

VASECTOMY – The possible risks and complications

Vasectomy provides the **most effective**, permanent means of surgical contraception. When compared with other contraceptives, it has one of the lowest incidences of side effects.

Minor side effects immediately following vasectomy may include discomfort, swelling and/or bruising of the scrotal skin, all of which usually disappear without treatment. Some men (about 1 in 20) will experience swelling and a low-grade ache in one or both testes anywhere from three days to six months after the procedure. This is probably due to an exaggerated form of the body's natural response to the obstruction caused by the vasectomy. It usually responds nicely to an anti-inflammatory drug (such as ibuprofen) 600 mg 3 times per day for 3 days, and almost never lasts for more than a week or two but for rare patients, fewer than 1 in 100, **swelling and discomfort** will occur more than once and/or will be severe enough to require prescription pain medications, stronger anti-inflammatory drugs, and one or more days off from work.

Other side effects and possible adverse outcomes include:

1) Failure

Vasectomy is not considered successful until you have been given the all clear after a post-vasectomy semen analysis performed by this clinic. This analysis must be performed 12 weeks **AND** 20 ejaculations after your procedure. There is no guarantee or warranty to this procedure as there are rare cases of both tubes reconnecting. We are happy to do recheck

sperm analysis for free once a year to any patient who we have performed the vasectomy on. Please call the clinic for details.

2) Permanent

Vasectomy is considered a form of permanent birth control. If you feel there is any chance at all you may want to have (any more) children then vasectomy is not a good choice for you. While vasectomy reversal is possible it is expensive and is not 100% effective. You should not rely on having a reversal. There are other relatively safe and effective forms of reversible birth control such as: barrier and hormonal methods and devices such as IUD and Nexplanon which are implanted in a woman. See some options below. Because of the permanent nature of a vasectomy you should consider sperm storage as a potential option prior to your vasectomy if you are concerned. We would be happy to give you referral information upon your request.

3) Lightheadedness and loss of consciousness

Some men become light headed during or after the vasectomy procedure. This can make driving unsafe for you and others. It is strongly recommended that you do not drive for the remainder of the day following your vasectomy. For those taking mild sedative, having designated driver other than patient is mandatory prior to proceeding with procedure.

4) Chance for Infection

Any medical procedure has some risk of infection. Every effort is made to prevent this from this happening and the risk is very low; however, the risk is not zero. If you think you may be developing an infection, contact the patient's hotline on your aftervisit sheet *immediately, so we are able to have you come in and examine you*. Most infections can be easily treated with antibiotics. However, in rare instances, some infections may require additional surgical intervention.

5) Bleeding

There is always some risk of bleeding. The use of the no-scalpel vasectomy technique significantly reduces the risk of bleeding. If you think you may have a problem with bleeding contact this Clinic *immediately*. Most post-procedure bleeding is minor and can be treated with jock-band support and rest. However, in rare instances, some bleeding may require additional surgical intervention.

6) Sperm Granuloma

You will likely form a small pea-like nodule along your vas deferens at some point in the next several weeks after your vasectomy. When this happens, it is due to some associated inflammation that can cause some achiness. The achiness is usually managed without any long-term discomfort with a few days of NSAIDs (E.g., aspirin, ibuprofen or naproxen) and jock-band support.

7) Epididymitis

Painful swelling of the tissues along the side or sides of the testis/testicles. This inflammation is usually self limiting and resolves spontaneously. Treatment with anti-inflammatories or antibiotics may be necessary

8) Post Vasectomy Pain

Some men experience discomfort after the vasectomy. The vast majority of the time the pain is easily managed with NSAIDs and supportive underwear. However, there is a very small percentage of men who go on to have a chronic pain syndrome that is not fully understood. This potentially could have a significant impact on your quality of life. Treatment of the pain could require further surgical interventions such as steroid injections, removal of the epididymis, or even vasectomy reversal.

9) Loss of Testicle

In very rare instances, the artery to the testicles can be injured. The effect of that injury can be impaired blood flow that causes loss of a testicle. This may require additional surgery.

10) Emotional Reactions

Both patients and their partners can sometimes have unexpected emotional reactions to a vasectomy. This can potentially impair sexual function and effect relationships. However, most men have increased sexual function after a vasectomy.

11) The Unforeseen

Vasectomy is a very low risk procedure with minimal side effects. However, receipt of healthcare services is not without risk. Every procedure, intervention and medication can have unforeseen and unpredictable effects. Each body is different and human physiology is only partially understood by even the most expert medical providers. There will always remain the risk of unforeseen consequences of each intervention and every medical procedure.

There are a number of **alternatives to vasectomy**:

- 1. Barrier methods.** You could wear a *condom*, your partner could use a *diaphragm*, or you could use *both together*.
- 2. Spermicides.** There are *foams and creams* that can be placed into the vagina before intercourse to kill sperm before they can fertilize your partner's eggs. Spermicides can be used alone or in combination with barrier methods.
- 3. Hormonal methods.** Your partner may use birth control *pills, shots, patches, or implants* to prevent the release of eggs from the ovaries or the implantation of fertilized eggs into the uterus (womb). *Emergency Contraception* (EC, Plan B, or the "morning-after" pill) will prevent pregnancy if taken within 72 hours of intercourse during which no contraception was used, or during which a condom slipped off or broke.
- 4. Intrauterine device (IUD)/sub dermal implants.** Your partner may have a small device placed into her uterus or biceps to decrease the likelihood of fertilization (sperm and egg coming together) and to prevent implantation of fertilized eggs into the uterus.

All of these **alternatives** are less effective than vasectomy, but they **are reversible**. You should be familiar with them before proceeding with vasectomy. Please ask us if you would like more information, and feel free to postpone your vasectomy if you need more time to evaluate information about alternatives. There is no form of fertility control except **abstinence** that is **free of potential complications**.

Filling out this intake form and signing below signifies your consent to give Dr. Abano permission to proceed with performing your vasectomy, that you have read the above facts and risk statements. That you have also been given the opportunity to ask questions clarifying any risks of the vasectomy and to address any concerns you may have during the time our staff calls you to schedule your procedure. You also understand that complications are possible and if one occurs, you may need further treatment, tests, operations or hospitalizations, at your own expense:

I acknowledge that information provided is correct. I authorize release of any medical information necessary that an insurance company may request to process a claim if I seek reimbursement. I understand and accept that I am responsible for any and all charges incurred for professional services rendered to me. I also understand and accept that I am responsible for any charges incurred should collection proceedings become necessary to enforce this agreement. I understand that the vasectomy center has a cancellation policy in which I must cancel my appointment 48 hours prior to my appointment. A late cancellation or no-show appointment will result in a \$100 charge to me. I have reviewed the before and after (pre and post) vasectomy instructions at the beginning of the registration page. I have watched the counseling video by Dr. Stein that is linked to the registration and on the website.

I, the undersigned, request that John Abano, MD will perform a bilateral vasectomy, a procedure to produce obstruction of the vas deferens for the purpose of producing permanent sterility. I understand there can be **no absolute guarantee or warranty** that this or any procedure will be successful or remain successful throughout the years. It is understood, however, that my semen will be checked following the operation and that I will be responsible to submit a sample, 3 months after procedure. I understand that contraception must be practiced until there are no sperm present or when Dr. Abano has notified me that I may discontinue current contraception met. I also understand that while the reversal success rate is quite good, it is not 100%, and vasectomy should therefore be considered a permanent or non-reversible procedure. I recognize a small chance that I might have to come to Dr. Abano's office or go to a hospital for evaluation and surgical treatment of a very rare complication. By consenting to vasectomy and accepting the risks outlined above, I release Dr. Abano from liability for time lost from work, salary unearned, and medical expenses incurred to treat complications.

I understand that while Dr. Abano is in practice, I am able to submit a semen sample once a year for recheck of sterility.

I acknowledge that the procedure may be photographed and videotaped for educational purposes. Patient will be anonymously labelled via patient ID number. Patient may opt out but would need to inform staff and doctor.

I acknowledge that I may be required to sign this procedure consent in person at The Vasectomy Center in addition to this online/electronic consent.

Patient's signature/Date