

Vasectomy Center – Seattle * Eastside * Shoreline

Specializing in No-Needle No-Scalpel Vasectomy

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No Scalpel, No Needle Vasectomies Frequently Asked Questions

What is a no-scalpel vasectomy?

No-scalpel vasectomy is a procedure first introduced in the United States in 1985. The end results are the same as with a traditional vasectomy, but the procedural technique is, in our opinion, far superior.

What does “no-needle” mean?

“No-needle” refers to the way anesthesia is given. The doctor uses a special auto-injector using air pressure rather than needle injections to numb the skin and vas. This is far more comfortable for the patient.

How does the no-scalpel vasectomy differ from a traditional one?

A traditional vasectomy involves the use of a scalpel to make two incisions in the skin of the scrotum (as opposed to a single small puncture with the no-scalpel approach). The No-Scalpel technique requires less anesthesia (no needle sticks) and the risks of infection and bleeding are much lower.

Is a vasectomy painful?

Most men feel little, if any, pain with a no-scalpel vasectomy. There is mild discomfort with the application of anesthesia. You may experience a slight tugging or pulling sensation during the procedure. The effects of the anesthesia will last for several hours and this will allow you time to go home, lie down and apply an ice pack. Tylenol, Aleve or ibuprofen will be all that you require later for inflammation and pain relief. There will be a small amount of swelling and bruising that may last for three to seven days.

You say "no needle" but might you use a needle during the procedure?

Yes, in some cases the no needle technique does not penetrate as deeply as we'd like and we find it necessary to add an additional amount of anesthesia using a syringe and tiny needle. This is referred to as “after-loading”. Since the skin has already been numbed with the spray, it is unusual for patients to feel any discomfort

What can I expect at your clinic?

The no-scalpel, no-needle vasectomy will be performed by one of our board certified doctors who have had years of experience in the no-scalpel approach. An initial consult is not required as we do send you an online video explaining the process and answer all your questions prior to performing the procedure on the day your scheduled. However, we DO offer consultation appointments to those who would like to meet their surgeon

and go over the procedure details prior to the date of the procedure. Please let our appointment desk know your preference when you call to make an appointment.

Why is the consult and watching online vasectomy video important?

We strongly feel that it is important to have a period of time to review the materials discussed during your consult or online vasectomy review. This should be considered a permanent procedure and it is important for our patients to have a chance to reflect upon their decision before proceeding.

Do I need to discontinue any medications prior to my vasectomy?

Any aspirin and NSAIDS (Advil, Aleve, etc.) containing products should be stopped seven to ten days before your vasectomy as these can significantly "thin" the blood. Other meds including Coumadin (wafarin) and Plavix should be discontinued as well. IF you are taking the medication due to medical necessity, we do need you to notify us so that Dr. Abano can discuss with you your options.

Will I need to miss work?

We recommend that you remain sedentary for two days following your vasectomy. You should avoid heavy lifting and strenuous exercise for one week. Most men who have the procedure on a Friday or Saturday will be back to work on Monday.

When can I resume sex?

Most patients can resume intercourse after the first week following their vasectomy. You must continue to use some form of effective birth control until post-surgical semen tests show that no sperm is present. This may take several months but usually will take 2-3 months.

Am I immediately sterile?

NO! Sperm will remain "downstream" within the vas deferens for several months. It will take approximately 12 weeks and 20 ejaculations or more to evacuate the vas deferens of sperm and, obviously, it is important that you and your partner continue another form of birth control until the system has cleared.

How will I know when I am sterile?

You will be given a specimen containers before you leave the clinic. Approximately 12 weeks (and after about 20 ejaculations) following your vasectomy, you will be asked to bring in your first sample. We highly recommend you continue using some other form of birth control until we see samples free of sperm.

What are the possible complications?

As with any surgery, regardless of how minor, there are risks of bleeding, pain(short term and long term) and infection. These are exceedingly rare with the no-scalpel approach and occur in less than one per cent of patients. Occasionally, tender swelling at the end of the vas may occur. This is called a sperm granuloma. In most cases no treatment is required.

Are there long-term health risks associated with a vasectomy?

No. Vasectomies were first performed in the U.S. during the late 1930s. Many studies have since looked at the lasting health effects and found no long-term health risks

associated with vasectomy. In 1993 a panel assembled by the National Institutes of Health reaffirmed the conclusion of most medical experts that vasectomy is safe.

What are the chances of my vasectomy failing?

This is called recanalization and occurs in less than 1 per 2,000 patients. This rare complication means that you are NOT sterile and can be diagnosed by the presence of sperm in the post-vasectomy specimens.

Will a vasectomy affect my sex life?

Your vasectomy will have no effect on your erections, sex drive (libido), hormone levels or performance in any way. Some people feel intercourse is more spontaneous when there is no fear of unwanted pregnancy.

Is my vasectomy reversible?

In most cases the vasectomy can be surgically reversed. The success rate depends on the number of years that have passed from the time of your vasectomy to the time of the reversal. The procedure is quite expensive and requires several hours of micro-surgery. A vasectomy should be considered permanent sterilization.

What are the advantages of vasectomy over tubal ligation?

A vasectomy is faster, cheaper and, most importantly, safer than a tubal ligation. Unlike a vasectomy, a tubal ligation requires general or regional anesthesia, a day-surgery setting, and is performed within the abdominal cavity. Because it is a more complicated procedure, a tubal ligation carries greater health risks and has a longer recovery period than a vasectomy.

Is it possible to store my sperm before my vasectomy?

Yes. For more information regarding cryo-preservation of sperm call the Pacific Northwest Fertility Clinic at (206) 515-0000. They are located on the Swedish Medical Center First Hill Campus.

Will my insurance pay for my vasectomy?

This, of course, depends on your individual health care plan. In most cases a basic health care plan does cover elective sterilization. We do accept most insurances. We also accept payments from HSA/ HRA/ FSA accounts. We do offer significant discounts to patients who are uninsured and paying out-of-pocket for their procedure. We believe in providing a wide access to our services.