



One Stop Medical Center
Blaine, MN Orlando, FL

www.EZvasectomy.com

Tel: 888-992-0019
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EASY VASECTOMY®

NO-SCALPEL • NO-NEEDLE • No Suture

Vasectomy, chosen by over 500,000 men annually in the United States, stands as a straightforward and secure method of birth control. Its effectiveness, nearly 100%, makes it a reliable means of preventing unintended pregnancies. Importantly, vasectomy has no bearing on one's masculinity, as it exerts no influence over the male hormones produced by the testes. Sexual desire, the capacity to achieve and sustain erections, and the experience of orgasm generally remain unaffected following the procedure. Since vasectomy exclusively obstructs the passage of sperm into the semen (ejaculate), and considering sperm constitutes only 2 - 5% of the semen's volume, most men notice no discernible changes in their reproductive fluids.

Vasectomy is conducted in-office under local anesthesia, with most patients describing the discomfort as equivalent to that of having blood drawn from the arm, and some report feeling no pain at all. We employ a spray applicator known as the MadaJet to administer an anesthetic, finely numbing the skin and penetrating to a depth of approximately 3/16 of an inch. This depth adequately anesthetizes each vas tube individually as it is gently maneuvered into position beneath the skin. After ensuring sterility by cleansing and draping the scrotum in a sterile field, one vas tube is carefully positioned just beneath the numbed skin. A specialized fixation forceps holds it against the skin before it is drawn through a small incision, divided, and the upper cut end is cauterized to encourage sealing through scarring. A small titanium clip is employed to securely close the vas sheath around the upper end, maintaining separation by a tissue layer to minimize the chance of reconnection. (To clarify, this will not trigger airport alarms, nor will your scrotum pose any issues in an MRI machine.) The vas ends are then released back into the scrotum, and the other vas is brought through the same opening and treated similarly. Sutures are unnecessary, as the small incision naturally seals within a few days. We recommend limited activity for the first 48 hours, and patients can usually return to work 2-3 days after the procedure, with normal sexual activity resuming after 7 days.

It is essential to note that vasectomy should be approached as a permanent and irreversible procedure, given that attempts at reversal may not always yield successful results.

INSTRUCTIONS BEFORE VASECTOMY

1. Familiarize yourself with the "Instructions Following Vasectomy" to be **well-prepared** for what lies ahead.
2. Visit a sports store or order at Amazon to purchase a scrotal supporter (jockstrap); a simple one without a plastic cup will suffice. Please bring it with you on the day of your vasectomy.
3. Before heading to your vasectomy appointment, ensure you've **shaved** the front wall of your scrotum and the underside of your penis, and take a thorough shower.
4. Refrain from using any powder or deodorant in the genital area on the day of your procedure.
5. While it's advisable to arrange for **someone to drive you home** if possible, you can drive yourself. However, be aware that unexpected issues like a flat tire or dizziness could potentially lead to complications.

6. To minimize the risk of increased bleeding, **avoid taking aspirin** or other blood thinners for a period of **7 days** leading up to the procedure.
7. Prior to your procedure, be sure to **eat** a regular breakfast or lunch. Nervous individuals who skip meals beforehand are more susceptible to feeling lightheaded during or after their vasectomies.
8. Notify your doctor if you have a history of vasovagal reactions, such as near-fainting or fainting during blood draws, injections, office procedures, or other triggers.

INSTRUCTIONS FOLLOWING VASECTOMY

****For at least three months, it's essential to use an alternative form of contraception, such as condoms or birth control pills.**

1. Following the procedure, a combination of gauze and an athletic supporter will be placed over the incision. It's advisable to recline on your bed or sofa and **minimize physical activity**. There's **no need for ice packs**.
2. For the initial **2 days**, make sure to **wear the athletic supporter** as recommended. You can also enjoy a **quick shower on the evening of the second day**.
3. Two days after the procedure, you're free to **return to your office work** and regular daily activities. **Avoid heavy lifting and strenuous physical activities** for the following week.
4. No follow-up visit is necessary.
5. After **1 week**, you may engage in **sexual intercourse with appropriate protection**. It's not uncommon to experience a small amount of blood in the semen or mild discomfort during the first few ejaculations.
6. It's common to notice some **mild scrotal swelling and bruising in the first week** after the surgery. However, if you observe significant bruising, pain and an expanding scrotal sac, please contact our office at 952-922-9999.
7. If you experience pain or discomfort, you may take acetaminophen (**Tylenol**) at a dosage of 1 tablets every 4 hours or alternate **Ibuprofen** (Advil) at a dosage of 600mg (200mg, 3 tablets) , two to three times a day with food. Should your pain intensify, please don't hesitate to reach out to us at 888-992-0019.
8. Infection is exceedingly rare following the procedure. Contact us if you notice any excessive redness, tenderness, warmth, or drainage from the surgical site.
9. Some men may develop a small, **tender nodule** where the vas was cut. These sperm granulomas can be uncomfortable but typically resolve on their own. If you have concerns, you can arrange for a re-examination of the site.
10. While the success rate of current no-scalpel vasectomy techniques is very high, a semen analysis is still necessary. This testing should be conducted approximately 12 weeks (3 months) after your vasectomy. If you live or work near our clinic, we will provide you with a container for your semen sample. If you are farther away, we can send you a mailer to return your sample by mail, or you can visit a local lab; in that case, we will provide you with a lab order.
11. **For at least three months, it's essential to use an alternative form of contraception, such as condoms or birth control pills.**



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THE POSSIBLE COMPLICATIONS

Vasectomy stands as the most effective and enduring form of surgical contraception available. When compared to alternative contraceptives, it boasts one of the lowest rates of side effects, particularly when considering that unintended pregnancy can be viewed as a side effect of contraceptive failure.

Notably, there have been no reported fatalities associated with vasectomy in developed countries. Comprehensive old studies indicated that the overall incidence of complications was less than 5 per 100 vasectomies performed, and the complications rate with the current no scalpel techniques should be much lower than that .

Immediately following vasectomy, minor side effects may include temporary discomfort, swelling, and bruising of the scrotal skin, typically resolving without the need for treatment. Around 1 in 20 men may experience swelling and mild aching in one or both testes, often occurring between two weeks to six months post-procedure. This is usually attributed to an exaggerated response to the vasectomy's natural obstruction and generally responds well to an anti-inflammatory drug, such as ibuprofen (600 mg, three times per day). In rare cases, fewer than 1 in 100, severe swelling and discomfort may necessitate prescription pain medications, stronger anti-inflammatory drugs, and a few days off from work.

Early complications, such as hemorrhage and infection, can rarely occur after any surgical procedure. Based on extensive studies, the overall incidence of hematoma (a blood clot in the scrotum) or infection is less than 2% among vasectomy patients.

1. **Bleeding** can occur during or after a vasectomy, regardless of the method used; however, it is less common with the no-scalpel technique. If bleeding occurs within the scrotum, drainage of a scrotal hematoma (blood clot) may be necessary. Smaller hematomas typically do not require surgical intervention, but the scrotum may become discolored (black and blue) for about a week, and tender swelling can persist for several weeks. Both large and small hematomas are quite rare.
2. **Infection** is a rare complication but can occur, especially if a hematoma develops. Patients with an infection are usually treated with antibiotics, and occasionally surgical drainage may be necessary. Among the 5,000 vasectomy patients treated by Dr. Shu in the past 10 years, there have been zero cases of scrotal infection.
3. **Delayed lightheadedness (fainting)** with bodily injury can occur hours after a vasectomy, even in men who feel fine when leaving the office. If this happens while a man is driving, he could injure himself or others. If he is standing, he could fall and sustain injuries. To reduce the likelihood of this occurring, we offer all patients a soft drink or water, and we strongly recommend that men arrive and depart with a driver. While we have never had a patient sustain an injury from this, delayed fainting and bodily injury should be considered a risk, as it has occurred in other practices.

In the long term, vasectomy may lead to the following conditions:

1. **Sperm Granuloma**: This is a small, tender mass that may form when the body reacts to and isolates sperm that could leak from the lower end of the cut vas. While occasionally requiring removal, most patients do not

experience discomfort unless they intentionally manipulate the mass. A sperm granuloma may actually enhance the chances of success in a reversal procedure.

2. **Epididymal Tenderness:** Some patients (approximately 5%) may experience intermittent tenderness of the epididymis, the tube behind the testis where sperm are resorbed by white blood cells after vasectomy. Since this resorption process involves inflammation, it typically responds well to a short course (3-7 days) of an over-the-counter anti-inflammatory drug like ibuprofen. Occasionally it could be one of conditions known as "post-vasectomy pain syndrome" (see below).
3. **Post-Vasectomy Pain Syndrome (PVPS):** About one in 2,000 patients will experience chronic discomfort after a vasectomy, known as PVPS. This condition is defined as testicular pain lasting over three months, severe enough to interfere with daily activities and requiring medical attention. In severe cases, pain relief may necessitate procedures such as vasectomy reversal, epididymis removal, or a specialized technique called neurolysis (the division of sensory nerves from the testes). A larger percentage of patients (according to medical literature, 1-15%) may experience milder forms of chronic pain that can affect quality of life, but not to the extent that they seek surgical intervention.
4. **Recanalization:** The failure rate of vasectomy using modern no-scalpel techniques is exceedingly low, at less than 1 in 2,000 to 4,000. Failures can occur due to early or late recanalization, where the cut ends of the vas deferens reconnect after the procedure; but the odds of this occurring is far less after vasectomy than the odds of pregnancy with any other form of birth control including birth control pills and tubal ligation (female sterilization). With contemporary three-step vasectomy techniques (severing, cauterization, and placement of a titanium clip), the risk of recanalization is extremely minimal. Since adopting these advanced no-scalpel methods, our office has not encountered any failure cases, having performed over 7,500 successful vasectomies in the past two decades. We offer semen checks after vasectomy at no cost to our patients.
5. **Antisperm Antibodies:** These antibodies appear in the blood of approximately half of vasectomy patients and may reduce the likelihood of pregnancy even if a successful vasectomy reversal restores sperm to the ejaculate. Importantly, these antibodies have no adverse impact on overall health.
6. **Prostate Cancer:** Research has not definitively shown a significant association between vasectomy and an elevated risk of prostate cancer. Most international experts conclude that there is no plausible biological mechanism linking vasectomy to prostate cancer. Some studies that initially suggested a small increased risk in 1993 were later interpreted as potentially due to chance or bias. Subsequent studies have largely failed to establish a clear relationship between vasectomy and prostate cancer risk.

ALTERNATIVES TO VASECTOMY

1. **Barrier Methods:** You have several options for barrier methods. You can choose to use a condom, your partner can use a diaphragm, or you can opt for both methods simultaneously.



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2. **Spermicides:** Spermicides come in the form of foams and creams that can be inserted into the vagina before intercourse to immobilize sperm and prevent fertilization of your partner's eggs. Spermicides can be used on their own or in conjunction with barrier methods.
3. **Hormonal Methods:** Hormonal contraception provides various options for preventing pregnancy. Your partner can consider birth control pills, shots, patches, or implants, which work by inhibiting ovulation and the implantation of fertilized eggs into the uterus. Emergency Contraception (EC), often referred to as the "morning after" pill, can also be effective if taken within 72 hours of unprotected intercourse.
4. **Intrauterine Device (IUD):** An IUD is a small device that can be inserted into your partner's uterus. It reduces the chances of fertilization and prevents the implantation of fertilized eggs into the uterus.

It's important to note that while these alternatives are less effective than vasectomy, they offer the advantage of being reversible. It's recommended that you become well-informed about these options before proceeding with a vasectomy. If you require more information or need extra time to consider these alternatives, please don't hesitate to ask us. Keep in mind that no method of birth control, except abstinence, is completely free of potential complications. Candidates for vasectomy should carefully weigh the risks associated with vasectomy against the risks for their partners when using alternative contraception methods, as well as the risks associated with unplanned pregnancy, including the options of induced abortion or childbirth. Vasectomy provides a permanent birth control solution with a low likelihood of complications and a high degree of effectiveness and safety.

FEES

For **self-pay** patients seeking vasectomy procedures, we offer a discounted rate of **\$690.00** for patients in Orlando FL office and **\$790** for patients in Blaine MN office. These rates apply when payment is made using cash, a check, or a charge card.

Please note that an initial consultation is not required since you are able to get all vasectomy information from our website, but if you require an initial consultation before undergoing a vasectomy, there will be a charge of \$190 for this service.