



One Stop Medical Center
Blaine, MN Orlando, FL

www.EZvasectomy.com

Tel: 888-992-0019
Fax: 407-637-2334

Easy Vasectomy Reversal®

A vasectomy reversal is a microsurgical procedure that reconnects the vas deferens where it was interrupted during a vasectomy. While vasectomy has historically been considered a permanent form of sterilization, advancements in microsurgery over the past 30 years have greatly improved the success rates of vasectomy reversals.

Common reasons for seeking a vasectomy reversal include entering a new relationship, remarriage after divorce, or a change of heart with the desire for more children. Other reasons may include improved financial or health circumstances, religious beliefs, and, in some unfortunate cases, individuals who have lost a child and wish to have more children.

The vasectomy reversal procedure is performed at One Stop Medical Center on an outpatient basis. The surgery typically lasts 1.5 to 2 hours, depending on its complexity. A local anesthetic is used, and patients are able to return home or to a hotel room afterward. Dr. Shu recommends that out-of-town patients stay in the Twin Cities or Orlando areas for at least one day following the procedure before traveling home.

Preoperative Consultation

A preoperative consultation is an important step in planning on vasectomy reversal. Thanks to the Internet, the patients can get all information on vasectomy reversal from a well-designed high-quality website.

The following topics related to vasectomy reversal are addressed on our website or discussed in a preoperative vasectomy reversal consultation.

- Review the patient's medical history, vasectomy history, and his wife or partner's fertility.
- Review the anatomy and physiology related to vasectomy reversal
- Discuss the relationship between years of vasectomy with the success rate and other factors affecting the success rate, discuss about the possibility of primary or secondary failure.
- Discuss the rationale and indications to choose V-V and V-E (Dr. Shu doesn't perform the V-E).
- Discuss the concepts of sperm recovery rate and pregnancy rate, and not all successful reversal patients will cause pregnant
- Discuss benefits, risks, complications and alternatives
- Inform the cost and the payment options
- Review pre and post care instructions
- Answered all questions the patients have

“VV” vs. “VE”

After a vasectomy, the fine tubes of the epididymis can become blocked due to scarring caused by chronic inflammation or "blowout" of these delicate structures. The longer the duration of inflammation, the greater the likelihood of scarring and obstruction in the epididymis.

The likelihood of epididymal obstruction increases with the number of years that have passed since the vasectomy. After only 1-3 years, epididymal blockages are rare, but after 20 years, the chance of secondary obstruction may exceed 30%. A vasovasostomy (VV), which reconnects the vas deferens at the site where it was divided during the vasectomy, does not address blockages that occur upstream in the epididymis. In such cases, a more complex procedure, called a vasoepididymostomy (VE), is required. During a VE, the vas deferens is connected to a portion of the epididymis above the secondary blockage.

Vasovasostomy (VV) and vasoepididymostomy (VE) are fundamentally different procedures. VE differs in several key ways:

1. VE requires a larger incision because the testicle must be brought out of the scrotum to access and connect the vas to the epididymis.
2. Surgeons often need to make two incisions, one on each side, extending toward the groin to dissect and loosen the vas for bridging the ends.
3. VE is technically more demanding than VV, as the epididymal tubes are much smaller than the vas tubes. A high-powered microscope is necessary, and the connection in VE is not as strong as in VV, leading to a lower success rate.

Vasovasostomy (VV) is a minimally invasive procedure with a high success rate, less trauma, and greater affordability. It is generally the best option for men with shorter intervals since their vasectomy (less than 10 years) and no adverse physical findings.

VASOVASOSTOMY TECHNIQUES

A vasectomy reversal typically takes about 1.5 to 2 hours and is performed under local anesthesia, similar to the anesthesia used during vasectomy but with a longer-acting agent. Both vas tubes can be reconnected through a single incision less than 1 cm in size. Magnification is achieved using either a surgical microscope or optical loupes, the high-powered glasses used by gem-cutters and cardiac surgeons for delicate procedures like bypassing coronary blood vessels.

Traditional vasectomy reversal surgery often involves general anesthesia, intravenous sedation, and local anesthesia injections. However, Dr. Shu uses a modern no-scalpel technique. Each vas is exposed through a small opening in the front of the scrotal wall under local anesthesia. A MadaJet® spray applicator delivers a stream of anesthetic to numb the skin and each vas tube as it is brought into position beneath the skin. Additional anesthetic can be administered during the procedure if needed.

The scarred ends of the vas are removed at the point of blockage caused by the vasectomy, and the upper ends are irrigated with saline to check for patency. The fluid quality from the lower end, closest to the testicle, is also inspected. If the vas structure is suitable, the ends are reconnected to reestablish the passage for sperm (vasovasostomy). The anastomosis is performed using #9 nylon sutures in a modified single-layer technique, typically using 10 sutures. The small wound is closed subcutaneously with absorbable sutures.

Depending on the vas anatomy after a vasectomy, some cases may present technical challenges. If the vas tubes were originally cut too high, too low, are too short, or have excessive scarring, reconnecting the two ends may



One Stop Medical Center
Blaine, MN Orlando, FL

www.EZvasectomy.com

Tel: 888-992-0019
Fax: 407-637-2334

be impossible. In such cases, alternative options to vasovasostomy may need to be considered (see below). Successful vasovasostomy requires at least one side of the vas to be connected. Dr. Shu generally does not perform secondary vasovasostomy if the first attempt has failed.

SUCCESS RATE

The success rate of vasectomy reversal is typically reported in two ways: sperm recovery rate (patency success rate) and pregnancy rate. While statistical averages from large groups of patients can provide general guidance, your individual results may vary based on several personal factors, such as age of vasectomy, the surgeon's vasectomy technique, your age, both partners' fertility, and other variables.

The most important factor influencing the success of a vasectomy reversal is the time interval between the vasectomy and the reversal. Statistically, the sperm recovery rate is thought to decrease by about two percent each year after the vasectomy, as the likelihood of epididymal obstruction increases—especially after 7-10 years. However, many men do not develop any obstructions even after 15 or 20 years and may therefore experience a higher sperm recovery success rate with a vas-to-vas (vasovasostomy) procedure.

Accurately tracking success rates can be challenging, as not all patients follow up, and clinics typically track sperm recovery rates rather than pregnancy rates, as pregnancy depends on both partners' fertility. Additionally, pregnancy rates are usually lower than sperm recovery rates. For example, some clinics may selectively report data, potentially skewing results. A clinic might claim a 95% sperm recovery rate by only publishing data from 200 cases out of thousands, which would not accurately reflect overall success rates. Therefore, it can be difficult for patients to compare success rates across different reversal clinics.

Vasectomy reversal outcomes vary, and success rates and fees differ from one clinic to another. Couples need to evaluate where they will get the best value for their investment. For example, if a candidate's interval since vasectomy is less than eight years, and one clinic offers a success rate of 80-90% for \$3,000, while another clinic offers 90-95% for \$10,000, only the couple can determine whether the higher success rate is worth the additional cost.

Not all men who have a successful reversal will result in a pregnancy, as pregnancy rates are always lower than sperm recovery rates. Achieving pregnancy involves both partners, and even if sperm count and quality are high after the reversal, female fertility factors, the interaction with the male partner's sperm, and other factors such as anti-sperm antibodies can affect the chances of success.

BEFORE VASECTOMY REVERSAL

1. Since the procedure is performed under local anesthesia (you will not be put to sleep), **no special laboratory tests are required.**
2. Visit a sports store or order from Amazon to purchase **two scrotal supporters (jockstraps)**. A simple design without a plastic cup will work perfectly. Please bring **one** with you on the day of your vasectomy. The second can be used for changes, as you will need to wear them for three weeks following the surgery.

3. Have a **hearty breakfast** and **lunch** on the day of the procedure but try to **limit fluid consumption**. You will be asked to empty your bladder just before the reversal, but then you will not have an opportunity to urinate for the next 2 hours. Were you to drink a lot of fluids beforehand, you might make enough urine during the procedure that your bladder would become uncomfortably full.
4. **Please shave the scrotum** and take a good **shower** before you leave home for vasectomy reversal. You will be asked to refrain from doing so again until 2 days after your procedure.
5. Arrange to **have someone drive you home** or back to your hotel. That person need not wait around during your procedure but should pick you up about 2 hours later.
6. **Do not take any aspirin-containing medication for 7 days before the procedure**. Aspirin has a slight effect on blood clotting mechanisms and can promote bleeding.

AFTER VASECTOMY REVERSAL

1. You will go directly home (or back to your hotel room) and minimize activity. **Spend the evening in bed or on a sofa** (your scrotum should be as high as your heart to minimize scrotal venous pressure and bleeding), doing nothing more than reading or watching television.
2. Take the **antibiotics** on schedule.
3. Scrotal support should be left on during bowel movements.
4. If you have any discomfort at all, plain Tylenol will help, no aspirin. We may provide a prescription for pain pills, but most patients don't need them.
5. Keep the small wound clean, apply antibiotic ointment daily.
6. Two days after the procedure, you may take a **shower**. Wear the scrotal support for 21 days (3 weeks), day and night (except during showers) for 10 days, then daytime only.
7. It is normal to have some **discoloration of the skin** around the incision. Sometimes, this discoloration even extends part way down the shaft of the penis.
8. You may **return to light work** on the 5th post-operative day (wearing the scrotal support) but lift no more than 20 pounds for additional 2 weeks.
9. You may resume **intercourse** 21 days (3 weeks) after the procedure. You may notice some blood in the ejaculate; this is no cause for concern.
10. Semen analysis will be performed in 6 weeks after your reversal, you may repeat semen analyses as instructed. Remember, it is important to abstain from intercourse for 2-3 days prior to providing a semen sample. Insurance will often cover lab tests.

THE POSSIBLE COMPLICATIONS

In general, vasectomy reversal in healthy men is a very safe surgical procedure. Local anesthesia avoids the risks from general anesthesia. Regarding the procedure, **hematoma** (collection of blood) occurs in less than 5% of men. Temporary swelling, mild pain, and bruise are expected after such surgery. The delayed wound healing happens sometimes. Infection occurs less than 1%. Dr. Shu routinely asks the patients to take antibiotics for a week after to minimize it. The other rare complications include chronic pain, referred pain in the groin areas, painful and inflammatory nodules, and change of testicle position (lifted due to vas shortage in one or both sides).



One Stop Medical Center
Blaine, MN Orlando, FL

www.EZvasectomy.com

Tel: 888-992-0019
Fax: 407-637-2334

ALTERNATIVES TO VASOVASOSTOMY

Certainly, there are other ways to build a family and have more children besides vasectomy reversal (Vasovasostomy).

- Vasoepididymostomy
- Sperm retrieval with In Vitro Fertilization IVF & Intra-cytoplasmic sperm injection ICSI
- Intrauterine insemination (IUI)
- Donor sperm and Adoption
- Childfree living

FEEES

Scheduling Deposit

To reserve a day for your surgery, a \$990.00 **non-refundable and non-transferable fee** is required. This is credited toward your actual surgery cost. If you **cancel or re-schedule** for any reason, your \$990.00 will not be refunded, and you have to pay **new deposit** of \$990 if you **re-schedule** your surgical appointment.

ENTIRE PROCEDURE COST IS DUE 2 WEEKS PRIOR TO SURGERY DATE! You may make payments up until that point or pay in full, but everything must be paid 2 weeks before your surgery. The full payment is **\$3190** if you choose the same day consultation or \$3000 if you have the consultation before surgery. We charge \$190 for the consultation.

Cancellation and Refunds

Please understand that the One Stop Medical Center must uphold these policies as we have an obligation to our patients who may have requested the same day and to our surgical team who are scheduled to work. Also, there are numerous medical supplies that are ordered specifically for your surgery.

If you cancel or re-schedule for any reason, your \$990 will not be refunded, and you have to pay new deposit of \$990 if you re-schedule your surgical appointment.

The price listed in this fact sheet may not reflect the latest price adjustment, and therefore it is subject to the online price on the clinic website.

Treatment and Complications

The practice of medicine and surgery is not an exact science. Although good results are anticipated, there can be no guarantee or warranty, expressed or implied, by anyone as to the actual results you may get. Surgical intervention and/or other medical treatment or management of complications may be required. These may result in additional charges for which you are responsible.

Dr. Steven Shu, M.D., MBA, is a board-certified family physician and a laser surgeon who specializes in office procedures, and he is not a board-certified urologist. Please review his profile on our website.