

## Vasectomy Pack



[www.SydneyVasectomy.com.au](http://www.SydneyVasectomy.com.au) – home page screen shot

# Vasectomy Pack

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# Vasectomy Pack

## Overview

- **Vasectomy** is a safe and effective method of permanent birth control. It is considered safer and less expensive than tubal ligation.
- Some 21,000 men (*Medicare Statistics July 2013 to June 2014*) in Australia choose Vasectomy each year.
- **Conventional Vasectomy**
  - Tying off or closing the vas deferens preventing sperm from being added to the ejaculate.
  - One or two incisions are made in the scrotum with a scalpel. The two vas deferens are revealed, cut and blocked. The incisions are then closed with sutures.
- **No Scalpel Open Ended Vasectomy**
  - Developed in China in 1974, it differs from conventional Vasectomy with
    - Unique local anaesthesia
    - Minimally invasive approach to the vas.
    - Now considered by many vasectomy practitioners as the vasectomy of choice.
    - The no scalpel Vasectomy uses the modern advanced Open ended technique to reduce the risk of post Vasectomy pain.
- **Advantages** of No Scalpel Open Ended Vasectomy
  - Reduction in Complications
  - Minimal Discomfort
  - Minimally invasive
  - No Sutures Needed
  - Quicker Recovery
- **Important Considerations**
  - Dr Mark Elvy has performed nearly 4500 no scalpel open-ended Vasectomies over 15 years.
  - Dr Elvy performs Vasectomies using proven evidence based techniques that include:
    - No scalpel (less invasive, less complications, well tolerated)
    - Open-ended technique (to minimise post Vasectomy pain syndrome)
    - Fascial interposition and Radio-frequency closure of proximal vas deferens (Failure rate around 0.2%)
  - Dr Elvy in Sydney performs this procedure in a dedicated operating theatre with
    - Heated operating theatre bed (patient comfort)
    - Pentrox® self-inhaled sedation (patient relaxation)
    - Hi resolution magnification loupes and LED headlight (improved tissue identification)
    - Registered surgical nurse assistant

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- Regardless, wherever you have your Vasectomy performed ...  
It is important to ask your Vasectomy practitioner:
  - What type of Vasectomy they perform (importantly is it open ended?),
  - How many they have performed.
  - Their personal complication and failure rates for this procedure.
- Any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately qualified health practitioner.
  
- We will discuss the procedure in person to determine the suitability of non scalpel Vasectomy for you. Among other things, we will go over your health history as it is related to Vasectomy and you will receive a brief physical examination. You will be required to sign a consent form, stating that you understand Vasectomy and its possible risks and that it is not guaranteed to result in permanent sterility. It is important that you fully discuss and resolve with me any lingering questions or concerns that you may have.
  
- **No Referral is required for your vasectomy**
- **No Fasting is required before the procedure**
- **For your information, I have included an independent statement from the American Urological Association, with important basic principles all patients need to understand.**
  
- Note: This is a statement that includes all different vasectomy techniques and practitioners with varying experience.
  - Vasectomy is intended to be a permanent form of contraception.
  - Vasectomy does not produce immediate sterility
  - The risk of pregnancy after vasectomy is approximately 1 in 2,000 for men who have post-vasectomy zero sperm count or rare non- motile sperm (RNMS).
  - Repeat vasectomy is necessary in <1% of vasectomies
  - Patients should refrain from ejaculation for approximately one week after vasectomy.
  - Options for fertility after vasectomy include vasectomy reversal and sperm retrieval with *in vitro* fertilization.
  - These options are not always successful, and they may be expensive.
  - The rates of surgical complications such as symptomatic hematoma and infection are 1-2%.
  - Chronic scrotal pain associated with negative impact on quality of life occurs after vasectomy in about 1–2% of men.
  - Few of these men require additional surgery.
  - Other permanent and non-permanent alternatives to vasectomy are available.

## Frequently Asked Questions

Q1. How will Vasectomy affect me?

A. Vasectomy is NOT castration. Vasectomy only interrupts the tubes that carry sperm from the testes to where they are added to your semen. Your penis and testes are not altered. All hormonal and sexual function is unaffected, so

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your voice, body hair and interest in sex remain the same. Your body still produces semen, and erections and ejaculation occur normally. The only difference is that your semen will no longer contain sperm.

Q2. Can I discontinue other effective birth control straight away?

A. Note.. Sperm can remain in the vas deferens above the operative site for weeks or even months after Vasectomy. You will not be considered sterile until a post-surgical semen test shows that NO VIABLE sperm remain. Until then you must continue contraception to prevent pregnancy. The semen test is performed at 3 months, when a specimen is dropped off to your local pathology centre. The result will go to Dr Elvy who will contact you with the result.

Q3. Are there any complications of Vasectomy?

A. Yes. Vasectomy is a low risk procedure, but complications occur even with experienced practitioners.

It is important for patients to understand that complications can occur, even with a procedure that is perfectly performed.

Complications include

1. Bleeding (Less than 1%)

No scalpel Vasectomy, reduces the chance of bleeding because the opening in the scrotum is small and procedure minimally invasive

2. Infection (Less than 0.5%)

3. Post Vasectomy pain syndrome (0.5%)

Post vasectomy pain syndrome is a complex, poorly understood, poorly defined condition, usually related to congestive epididymitis (Congestion of sperm in the collecting system of the testicle). Sometimes it may be related to nerve entrapment, sometimes to sperm granuloma, often the exact cause is unknown.

If the surgeon "ties off" the end of the vas coming from the testicle, there is nowhere for the sperm to drain. This can lead to enlargement of the epididymis, congestion, inflammation and pain.

Our Vasectomy is open ended technique (leave the testicular end open to drain), to minimize the risk of congestive epididymitis.

Post Vasectomy pain syndrome, if severe can sometimes require surgical treatment, including reversal or epididymectomy for congestive epididymitis or microsurgical neurolysis of the spermatic cord for nerve entrapment.

Q4. Is Vasectomy painful?

A. Most patients say "it wasn't as bad as they thought it would be". Pentrox® is an inhaled analgesic and anaesthetic nerve block is very quick and extremely effective. Any pain post-operatively can be relieved by simple pain medications. Generally one or two days rest is recovery enough before men return to work and most normal, non-strenuous physical activity. Sex can usually be resumed 7 days after the procedure.

Pentrox® is a very effective short term inhaled analgesic, used before the local anaesthetic block

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Q5. Does Vasectomy have any long term health risks?

A. Many studies have looked at the long term health effects of Vasectomy. The evidence over all is reassuring, suggesting that no serious health risks exist. In 1998, there was a review of 14 original studies into the possible link between vasectomy and prostate cancer. It showed there was no causal relationship between vasectomy and prostate cancer. Recently, an American study suggested a very slight increase in risk. However, most studies do not confirm a link between vasectomy and prostate cancer.

Q6. Can Vasectomy be reversed?

A. In many cases the cut ends of the vas deferens can be surgically reattached. However, this operation, a Vasovasostomy, is expensive and for a variety of reasons does not always guarantee a successful pregnancy. Vasectomy should always be considered a permanent procedure.

If you are thinking about a reversal now, you should take more time to decide whether Vasectomy is the right decision.

Q7. How reliable is a Vasectomy?

A. Even when the operation is performed perfectly, it is possible in rare cases for sperm to find its way across the void between the two ends of the vas deferens. This situation is called recanalisation. It usually occurs by 6 weeks following the procedure. Our Vasectomy technique uses Fascia inter-position and radio-frequency ablation of proximal vas lumen to lower failure rates. (Our failure rate is around 0.2%)

Please note although rare, our failures are picked up when a post 3 month sperm count is undertaken. (these patients had another Vasectomy, free of charge, with a good result.)

The problem is not really failure, it is not knowing about it. We encourage all patients to have a sperm count at 3 months

After 3 months, with a negative sperm test, the chance of the vas re-joining is very rare. (estimated at 1 in 2000)

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## Pre-operative Instructions

### Preparing for your Non Scalpel Vasectomy

- Signatures and completion of your consent form is required and must be brought in with you, it may be downloaded.
- Avoid taking Aspirin or Anti-inflammatory tablets five days before the procedure – If your doctors have prescribed Aspirin or a similar "blood thinning" agent for prevention or treatment of heart or cerebral disease, please contact reception.
- Take 2 Antibiotics the night prior to your procedure. On the day of procedure and the following day, take 1 capsule every 6 hours.
- SHAVE all hair off the genital area – including above the penis and front and sides of the scrotum the night before the procedure using scissors first then using a razor.
- One hour before the procedure take 2 Paracetamol/Panadol tablets with a sip of water.
- Shower using Sapoderm soap 48 hours before the procedure and just before leaving home. Ensure that your bladder is empty at arrival time for your procedure.

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### Post-operative Instructions

- Take it easy for the first 48 hours. Do not lift heavy objects or undertake any strenuous activities for 10 days.
- Take painkillers (Panadeine) as soon as the anaesthetic begins to wear off and take 1-2 tablets every 4 hours until pain eases.
- Some ice may be applied to the area to help reduce swelling.
- The dressing applied at the end of the procedure will fall off by itself. Shower as normal.
- Keep wound clean and dry by applying antiseptic (e.g. Betadine, Savlon) to the wound following showering for 5 days.
- No swimming for 7 days.
- No ejaculations for 7 days..
- You have been given a pathology request and instructions to have a post-vasectomy sperm count carried out at your local pathology in 3 months' time.  
The specimen should be delivered to the pathology laboratory within ½ an hour after collection. Please phone the Pathology centre before collection to confirm the timing of delivery, for the specimen.  
We will forward a letter or text message to you advising you of the results.
- It is important to continue alternative contraception until this test has been performed and returned with a '0' sperm count. In the event that this test shows "viable sperm" this test will then be repeated one month later to confirm that the operation was successful.
- Should you have any concerns you can contact Dr Elvy at the surgery on 02 6658 0222 or after hours on 0412 645 322



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## Consent Form

Sydney Vasectomy – Dr Mark Elvy - Consent for Non Scalpel Vasectomy

I.....of.....

Consent to the procedure and anaesthetic involved in the Non Scalpel Vasectomy.

I understand that complications can occur.

I acknowledge:

- I have read and understand the information in the Vasectomy Pack
  - Vasectomy is intended to be a permanent form of contraception
  - Vasectomy does not produce immediate sterility
  - Following vasectomy, another form of contraception is required until vas occlusion is confirmed by post-vasectomy semen analysis (PVSA)
  - Even after vas occlusion is confirmed, vasectomy is not 100% reliable in preventing pregnancy
  - The risk of pregnancy after vasectomy is approximately 1 in 2,000 for men who have post-vasectomy zero sperm count or rare non-motile sperm (RNMS)
  - Repeat vasectomy is necessary in <1% of vasectomies
  - Patients should refrain from ejaculation for approximately one week after vasectomy
  - Options for fertility after vasectomy include vasectomy reversal and sperm retrieval with "in vitro" fertilisation. These options are not always successful, and they may be expensive
  - The rates of surgical complications such as symptomatic haematoma and infection are 1-2%
  - Chronic scrotal pain associated with negative impact on quality of life occurs after vasectomy in about 1-2% of men. Few of these men require additional surgery
  - Other permanent and non-permanent alternatives to vasectomy are available
  
- I have understood the following possible complications:
  - Infection
  - Bleeding
  - Post vasectomy pain syndrome
  - The potential of failure (rejoining of the vas may occur any time after vasectomy)
  - Initial failure rates estimated between 1 to 3 in 1000 (picked up at 3 month sperm test)
  - Late failure rates (after a negative sperm count at 3 months) estimated 1 in 2000
  
- And understand that I must continue to use birth control until I've undergone the seminal analysis test approximately 3 months after this procedure and have confirmed a '0' viable sperm count with Dr Mark Elvy.
- That vasectomy is a permanent form of contraception and not always easily reversed.
- And agree to the quoted fee for the consultation and procedure

Signed.....Date.....

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Email Address..... Mobile .....

I consent to the use of electronic communication as per the email address/and mobile number (SMS) provided above as a method of communication. I understand that there may be a risk of privacy and confidentiality breaches.

Signed..... Date .....

Are you allergic to any of the following drugs?

Aspirin.....Yes/No

Celebrex.....Yes/No

Local anaesthetics.....Yes/No

Sulphur based drugs.....Yes/No

Penicillin.....Yes/No

Others – please list.....

Are you currently on Warfarin.....Yes/No

Do you have any allergies to the following?

Betadine or Savlon Preps..... Yes/No

Micropore Tape..... Yes/No

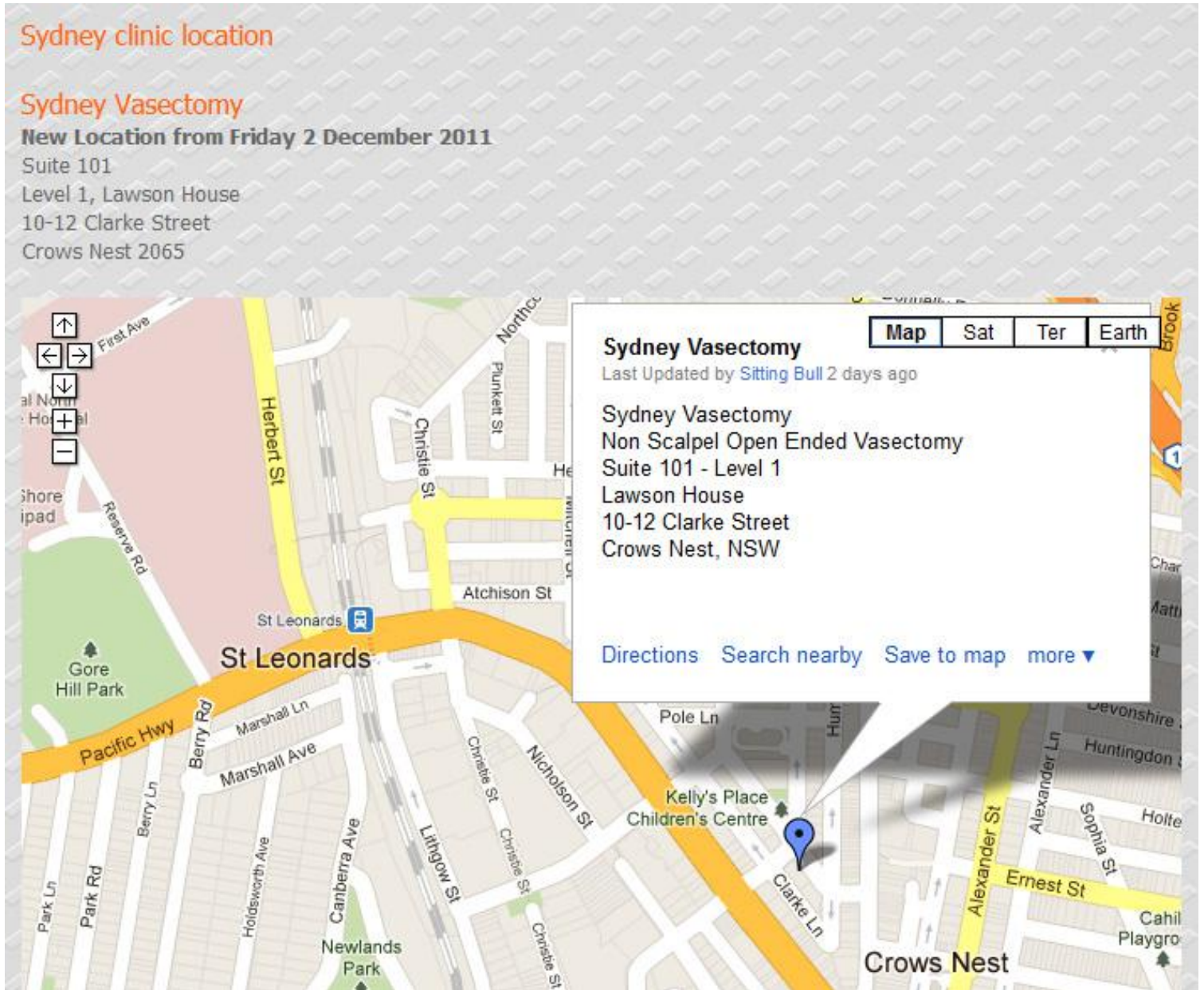
Please inform the nurse of any relevant medical history before the commencement of the procedure

Staff Witness.....Date.....

Nurse Signature.....

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## Location Map



Next page – see walking directions from St Leonards Station to the Sydney Vasectomy Clinic in Clarke Street.  
Also see nearby Parking Stations located at A B D and E

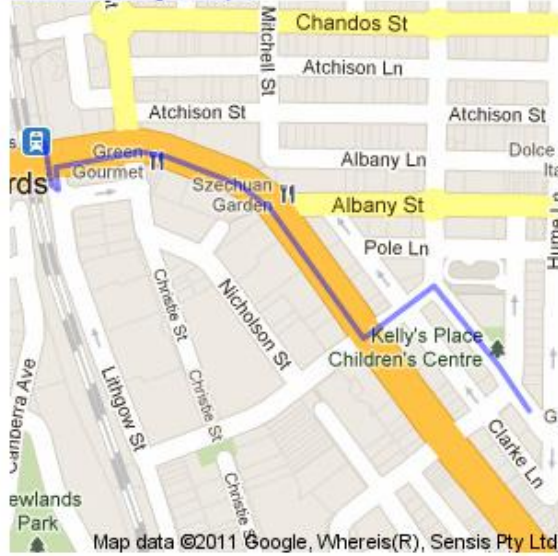
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## [St Leonards Railway Station](#)

- |   |       |
|---|-------|
| 1. Head south towards Lithgow St                              | 56 m  |
| 2. Sharp left onto Lithgow St                                 | 24 m  |
| 3. Turn right onto Pacific Hwy                                | 400 m |
| 4. Turn left onto Oxley St                                    | 94 m  |
| 5. Turn right onto Clarke St Destination will be on the right | 170 m |

## [10-12 Clarke St Crows Nest NSW 2065](#)

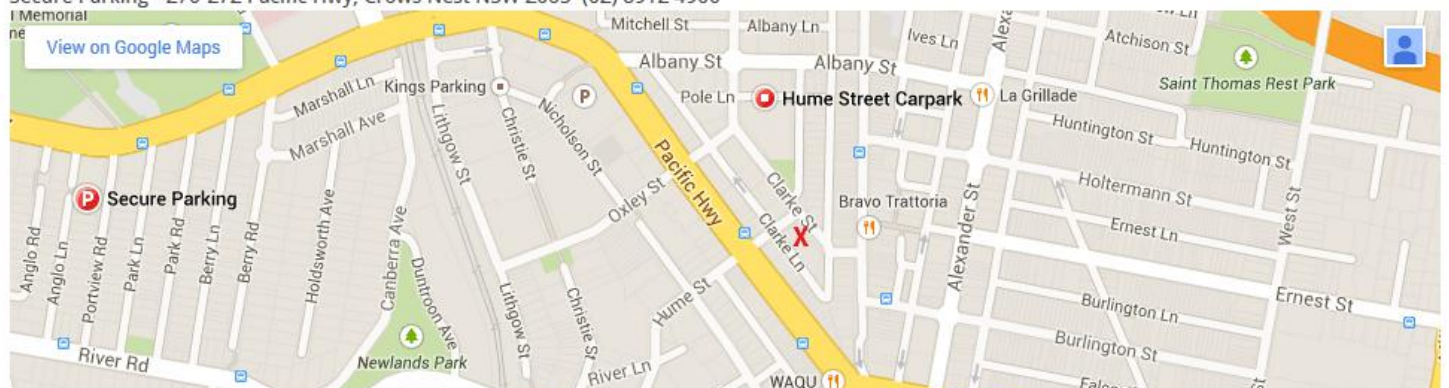
[Show on Google Maps](#)



Parking near Sydney Vasectomy in Clarke Street

Free Parking - Hume Street Carpark - Pole Ln, Crows Nest NSW 2065

Secure Parking - 270-272 Pacific Hwy, Crows Nest NSW 2065 (02) 8912 4900



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### Estimate of Fees

Payment is to be made on the day of the procedure

We accept cash, cheque, debit card and credit card (Visa or MasterCard)

Receipt will be given for Medicare Rebate

Vasectomy consultation, Procedure + Nerve Block

Relaxant sedation Pentrox®

**Total** \$880

**Medicare Rebate is:** \$373.40 (minimum)

\*You may be eligible for 80% rebate of the gap payment with the Medicare Safety Net.

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### Contact Details

**Phone:** 02 6658 0222

**Fax:** 02 6651 9313

**Dr Elvy:** 0412 645 322

**Email:** SydneyVasectomy@gmail.com

**Postal:** 14 Arthur Street  
Coffs Harbour  
NSW 2450