

The No-Scalpel Vasectomy

Over 500,000 [vasectomy procedures](#) are done each year in the United States.

Vasectomy is a simple, safe surgical procedure for permanent male [fertility](#) control. The tube (called a “vas”) which leads from the testicle is cut and sealed in order to stop sperm from leaving.

The procedure usually takes about 10 to 20 minutes.

Since the procedure simply interrupts the delivery of sperm it does not change hormonal function – leaving sexual drive and potency unaffected.

The No-Scalpel vasectomy is a technique used to do the vasectomy through one single puncture. The puncture is made in the scrotum and requires no suturing or stitches.

The primary difference compared to the conventional vasectomy is that the vas deferens is controlled and grasped by the surgeon in a less traumatic manner. This results in less pain and fewer postoperative complications.

This procedure is done with the aid of a local anesthetic called ‘Xylocaine’ (similar to ‘Novocaine’).

The actual interruption of the vas which is done with the No-Scalpel technique is identical to the interruption used with conventional techniques.

The No-Scalpel technique is simply a more elegant and less traumatic way for the surgeon to control the vas and proceed with its interruption.

Before your Vasectomy

Your Appointment

Please bring the following to your scheduled appointment:

- Your insurance card or payment if you are not using insurance
- A list of your medications
- Pertinent medical information

Risks and Other Important Information

As with any surgical procedure, the primary risks of vasectomy are infection and bleeding. These risks are generally low for this procedure.

It is also important that each patient understand that vasectomy is approached as an irreversible procedure. While vasectomy can be reversed surgically at times, its successful reversal cannot be guaranteed.

Also important is the fact that the vas deferens can grow back together on its own. This is called recanalization and occurs only rarely – less than 1/2 percent of the time.

The Effects of a Vasectomy

A vasectomy leaves the patient unchanged except for the fact that the sperm cord (vas) is blocked. The testes still produce sperm, but the sperm die and are absorbed by the body. Since the ejaculate is mostly seminal fluid its volume decreases only very, very little after a vasectomy.

The level of male hormone remains the same and all sexual characteristics remain the same. Ability to have an erection is also entirely unchanged.

Preparing for Your Vasectomy

1. SHAVE ALL HAIR FROM THE FRONT OF YOUR SCROTUM. This means just under the penis onto the scrotal sac. The area shaved should measure about 2-3 inches around. Do this on the day of the vasectomy.
2. After shaving the area, shower or bath with soap and water to remove all the loose hair.
3. Bring a scrotal support (jock strap or suspensory, or tight jockey shorts).
4. Wear comfortable trousers.
5. If possible, bring someone who can drive you home.
6. Refrain from eating or drinking for three hours before your vasectomy.

After your Vasectomy

Following your procedure it is important that you remain off your feet as much as possible for 24 to 48 hours. This is important in order to minimize the chance of a post surgical complication.

The anesthetic will wear off approximately 1 to 3 hours after surgery. You should have someone else drive you home.

If you have pain or discomfort immediately after the vasectomy, taking Tylenol or Ibuprofen should suffice.

You may shower at your leisure. Sexual activity may be resumed in approximately 3 to 4 days (at this time you are not yet sterile and safe from pregnancy).

Your doctor will ask you to bring in 2 semen specimens approximately 6 and 10 weeks after your procedure.

[Continue](#) to use some other method of birth control until you have had your semen specimen analyzed and have been told that you are infertile.

More Information

Vasectomy is a simple surgical procedure for permanent male fertility control, in which the tube leading from each testicle is cut and sealed in order to stop sperm from reaching the prostate, where it mixes with the semen. This tube is called the vas deferens, hence “vasectomy”. Without sperm in the semen, a man cannot make his partner pregnant.

A vasectomy leaves the patient unchanged except for the fact that the sperm cord (vas) is blocked. The testes still produce sperm, but they die and are absorbed by the body. The level of male hormone remains the same and all sexual characteristics remain the same. Ability to have an erection is also entirely unchanged.

Over 500,000 vasectomy procedures are performed each year in the United States. The procedure is usually done in an office setting with the use of a local anesthetic such as Xylocaine and takes between 10 and 40 minutes, depending on the surgeon, his technique, and the patient’s specific anatomy. A vasectomy is far safer and far less expensive than female tubal ligation. Furthermore, the effectiveness of a vasectomy can be verified after the surgery with a semen analysis; the only way a woman could know her tubal ligation was ineffective would be if she became pregnant or had expensive X-ray tests.

As with any surgical procedure, the primary risks are infection and bleeding. These risks are generally low for vasectomy. While vasectomy can be reversed surgically at times, its successful reversal cannot be guaranteed, and vasectomy is done with the intent of being

permanent. Conversely, the vas deferens can rarely grow back together on its own and cause a pregnancy. This is called recanalization and occurs substantially less than one percent of the time.

Over the years, many questions have been raised regarding possible long-term effects of vasectomy. Issues as to whether vasectomy causes arthritis or atherosclerosis of heart disease have long been put to rest. Most recently, some studies have suggested that vasectomy may cause a slight increase in the risk of getting prostate cancer. By and large, these studies have also been refuted by other urologic data. Studies including tens of thousands of vasectomy patients have shown no clear trends regarding an association between vasectomy and heart disease, arthritis, atherosclerosis, or cancer.

A recent advancement in the vasectomy technique is the no-scalpel vasectomy. In a conventional vasectomy, the physician may make one or two small incisions with a scalpel, and then use sutures or stitches to close them at the end of the procedure. In the no-scalpel method, rather than making an incision, the doctor makes only one tiny puncture into the skin with a special instrument. This instrument is used to gently stretch the skin opening so that the tubes can be reached easily.

The tubes are then blocked, using the same method as a conventional vasectomy, but because no incision was made, there is very little bleeding and no stitches are needed to close the tiny opening. The opening will heal quickly with little or no scarring.

The technique of the no-scalpel vasectomy was developed in 1974 by a Chinese physician, Dr. Li Shunqiang, and has been performed on over 8 million men in China. No-scalpel vasectomy was introduced to the United States in 1988 and is now used by many doctors in the U.S. and elsewhere.

Compared to the traditional incision techniques, the no-scalpel vasectomy usually takes less time, causes less discomfort, and may have lower rates of bleeding and infection. Recovery following the no-scalpel procedure is usually complete in three to five days.

The vasectomy only divides the vas and has no effect on sperm that are already beyond that point. It is important not to have unprotected intercourse until the absence of sperm from the ejaculate has been confirmed with two negative sperm checks 4 to 6 weeks apart.

Overall, vasectomy is a simple and safe form of birth control which is often preferable to birth control pills, a tubal ligation, diaphragms, or spermicidal. Some men say that without the worry of accidental pregnancy and the bother of other birth control methods, sex is more relaxed and enjoyable than before.

Common reasons for having a vasectomy:

- * You want to enjoy sex without worrying about pregnancy.
- * You do not want to have more children than you can care for
- * Your partner has health problems that make pregnancy difficult
- * You do not want to risk passing on a hereditary disease or disability
- * You and your partner don't want to or can't use other birth control methods.
- * You want to save your partner the more extensive surgery involved in tubal ligation, as well as the extra expense.

A vasectomy may not be right for you if:

- * You are very young
- * You are having a vasectomy just to please your partner and you do not really want it

* You are under a lot of stress

* You are counting on being able to reverse the procedure in the future

For more information about the No-Scalpel Vasectomy, please visit:

- www.noscalpelvasectomy.com

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