

Welcome to the Sentinel Vasectomy Service – we are committed to delivering great health care and seek to deliver a truly excellent service for you. **Important: This pack contains important information and a consent form - you MUST read it carefully before the operation and bring it with you on the day of your appointment.**

Whilst this appointment is a see and treat clinic we understand that some patients would like to chat with their surgeon before the appointment date to get a better idea of what is involved and we are more than happy to arrange this on request. Please call the number below to confirm your appointment and if you would like you can also book a telephone call with your prospective surgeon to discuss things in advance. You are welcome to back down and cancel your operation at any time, even on the day, but if you are having second thoughts in advance please do call us sooner rather than later and let us know - a single missed vasectomy appointment cost the NHS many hundreds of pounds.

Things that may stop you having a vasectomy (unless we know about them in advance)

If you have a major medical problem it would be worth phoning the vasectomy service on

01752 434102 prior to your appointment

so we can arrange a pre-operative telephonic review and ensure that we do not disappoint you by cancelling your surgery on the day due to a medical issue.

You specifically need to call us immediately if any of the following apply

- 1) You have diabetes**
- 2) You take any blood thinning medication** (warfarin, rivaroxaban, apixaban, dabigatran, aspirin, clopidogrel, ticagrelor, dipyridamol)
- 3) You are on any immune suppressant medication** (oral steroids, intravenous immunoglobulins, oral or injectable immune suppressants, disease modifying anti-rheumatic drugs eg: methotrexate).

These conditions /drugs do not necessarily stop you from having a vasectomy but we need to plan your vasectomy around your current health and medications to ensure your safety. **If you are in any doubt** about whether your medical problem or the drugs you take could affect your surgery **please call us on 01752 434102.**

Yours sincerely

Vasectomy Service Administrator

Sentinel Vasectomy Service

You **MUST** now confirm your booking by speaking to the Sentinel office on:

01752 434102*

** If you do not confirm your appointment within 7 days your appointment may be offered to another patient but you will be able to rebook at another time on the above number.*

Introduction

Sentinel is a local not-for-profit company that has been offering vasectomies on the NHS for many years. We have four qualified surgeons delivering this service to very high standards. This booklet tells you all about vasectomy, what to expect and a consent form that you must complete prior to your appointment. **If you have any questions before your appointment you can arrange a telephone consultation with your surgeon by calling 01752 434102.**

Information and a video regarding the procedure is available on the Sentinel website -

<https://www.sentinelhealthcare.co.uk/patients/nhs-vasectomies/>

What exactly is a vasectomy?

A vasectomy is a procedure designed to render a man permanently sterile and unable to father any more children. This is achieved by cutting the sperm tubes (vas) and sealing the ends. The testicles continue to produce sperm but the sperm cannot get into your ejaculate (cum). The sperm are then broken down in the scrotum by your body's own immune system.

Sperm actually provide very little volume to your ejaculate so you continue to ejaculate as normal after the procedure and sex should be unchanged.

Vasectomy is not immediately effective and as such **you will need to use additional contraception** for at least the first 4 months and up until you have sent off a postal sperm sample and we have written to you to tell you it is free of sperm. Over 95% of men are declared sterile (ie the vasectomy has worked) after that first sample but about 5% of patients still have sperm in their ejaculate and need to do further tests. Usually these are postal tests but if we continue to see sperm in these samples we then ask you to travel to Exeter to do a fresh sample (this is unfortunately the closest lab that offers fresh post vasectomy sperm tests). Most patients clear these sperm in time but there is about a 1 in 150 chance that the body re-joins the sperm tubes early in the healing process and in these cases the procedure does not work. Should this happen we can offer you a further operation.

Making sure vasectomy is the right thing for you

Vasectomy should be considered a permanent procedure and you should only go forward with the operation if you are **absolutely sure** you want no more children. You need to ask yourself how you would feel if your current relationship broke down – would you want children with a new partner? Equally, should something catastrophic happen to your family, for example a major car crash, would you get a new partner and want more kids? Neither of these things bear thinking about but you do need to think along these lines before committing yourself to a vasectomy due to the fact that it will render you unable to have any more children of your own.

You will be aware of vasectomy reversal procedures but these are not available on the NHS, cost many thousands of pounds, and do not always work, and you need to be aware that you may never regain your fertility through a reversal procedure.

Studies suggest that about 6-7% of men regret having their vasectomy done because they later decide they want more children. We know that when there have been difficulties in the relationship between a man and their partner in the months before vasectomy that the rate of regret rises to 25%. So if you have been arguing a lot with your partner recently then maybe it is better to delay vasectomy until things have settled down.

Remember that there are many other options to vasectomy. Has your partner tried all the reversible forms of contraception? Both types of pill? The implant? The Depot? The intrauterine system? If not, and if you are not 100% sure you will not want more children, please go back to your GP with your partner and discuss the best way forward.

Special considerations if your partner is over 40

If your partner is in her 40s or above you should also consider the menopause in your decision making. If your partner is nearing the age when her mother went through the menopause or if your partner has menopausal symptoms (reduced frequency of periods, hot flushes, etc) it may be that the vasectomy will not be needed for very long and thus the risks of the procedure may outweigh any benefit.

We are happy for a woman to abandon the need for contraception if she is over 50 and has not had a period in 1 year or for women who are between 40 and 50 who have not had a period for 2 full years. When thinking about this bear in mind that the vasectomy does not work immediately and there is at least a 4 month wait until your first test.

Additionally if your partner were to consider HRT the safest way of giving HRT is with a progesterone releasing coil that will not only help with menopausal symptoms (in conjunction with a tablet or patch) but will also provide effective contraception – so if your partner thinks she may use HRT please discuss your options more fully with your GP or alternatively call us and request a phone consultation with one of our doctors.

What's having a vasectomy like?

The thought of having a vasectomy will make most gents quite anxious – will it hurt? What will things be like afterwards? But, it's actually much better than you might imagine – a number of patients have commented that it is easier and less painful than a trip to the dentist!

On the day of the operation you will meet your surgeon in person and get a chance to chat things through and ask any questions you want. At the start of the procedure you will have some local anaesthetic injected into the scrotal skin: this stings a bit but this only lasts for about 10 to 15 seconds. You might then feel a deeper “ball ache” as your surgeon injects local anaesthetic around your Vas (sperm tube) but this again fades after about 10 seconds or so.

After the local has taken effect the surgeon will start the procedure by locating your vas and then making a small cut in the skin less than half a centimetre in length so that he can see the sperm tube. He will then use a device to cut the tube and seal the ends and then repeat on the other side.

All in all the operation lasts about 20 to 30 minutes. Other than the initial sting of local anaesthetic going in you should feel NO pain – if you do feel any discomfort, no matter how minor, simply tell your surgeon who can pop in a bit more local. Although we aim for an essentially painless procedure some patients do get a little discomfort but this is thankfully rare. We collected data from 139 consecutive patients in the past year and 53% said they experienced no pain or minimal pain. A further 28% described the operation as only mildly painful.

Over 80% of our patients report no pain or only mild discomfort during the operation

Post vasectomy care

First and foremost ***please ensure you have someone to drive you home from the vasectomy.*** This is because there is a very small chance of fainting in the few hours following vasectomy. This is rare (1 in 1000 to 1 in 10,000) but you don't want to be driving a car if this happens due to the risk to yourself and others. Furthermore any accident you have may not be covered by your insurance company. It is also recommended not to take a bus home by yourself.

After the procedure you should wear tight fitting underwear (tight briefs are ideal) and then take it easy for the first few days. After a few hours, when the local anaesthetic wears off, you may feel a minor ache down below but usually nothing more than a bit of paracetamol and ibuprofen can't sort out: **Please ensure you have a supply of paracetamol and ibuprofen in your house as we recommend taking it regularly for at least the first 3-4 days following the procedure whether or not you are in pain.** The pain fades over the next few days for most people although some patients have a mild discomfort for a few weeks.

Pain after a vasectomy is usually less than you might expect:

Post operatively 73% of our patients reported that they had no pain or only mild pain at worst

The pain generally gets better quickly:

- Half our patients were pain free within 1 week,
- 4 in 5 were pain free within 2 weeks
- Only 1 in 10 had any pain that lasted longer than 3 weeks

You can return to normal activity after 1-2 weeks. Most people can return to office based work after 1 to 2 days but we would recommend avoiding any heavy manual labour or contact sports for the first 10 days. Similarly we would advise a 10 day wait before getting back to sex but we know some people get back to it sooner and that's fine if it's comfortable to do so and you're very gentle and careful.

Excessive manual labour or sex in the first 10 days post procedure does increase your risk of complications like haematoma (bleeding into the scrotum) and this in turn could increase your risk of longer lasting pain after the procedure.

If you have a job involving heavy manual labour please ensure you book a week off work or arrange to come back doing light duties only following your vasectomy.

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Vasectomy Consent Form

Patient Details:

Anaesthetic used:
Lignocaine % m/s batch no.....
Xylocaine + Adrenaline.....%m/s batch no.....

The vast majority of men have no problems with their vasectomy and are very happy with the result but like all surgical procedures you need to be aware of a number of factors regarding the procedure and also the things that can go wrong. We need to tell you about all common complications (those that occur in more than 1% of cases) and anything serious no matter how rare.

If you have any questions about vasectomy or this consent form you can phone Sentinel on **01752 434102** to arrange a telephone appointment with your surgeon prior to your operation. You will also be given the opportunity to discuss all of this on the day of your surgery.

If having read this form you are happy to proceed with your vasectomy, please sign this form and bring it with you on the day of your surgery.

Please tick each box in the list below to indicate you have read and understood the corresponding point.

Regret

- Regret:** As discussed in the attached paperwork 6-7% of patients are thought to later regret having had a vasectomy and this rate of regret rises to 25% if there have been arguments with your partner prior to your vasectomy
- Permanency:** You need to be aware that vasectomy should be considered to be a permanent procedure and realize that reversal procedures, whilst possible, are not available on the NHS and are frequently unsuccessful

Success Rates

- Vasectomy is not immediately effective:** This is because semen remain in the system for up to 16 weeks following the procedure. We only know if the procedure has been successful after you have provided us with a sperm sample and we have given you the all clear. Please continue to use other forms of contraception until we have contacted you with the results of your sperm sample and given you the all clear.
- Vasectomy is not effective in every case:** Early success rates are in the region of 99%, but a small percentage of men (about 1 in every 100 to 200) will remain fertile after the procedure because the body rejoins the tubes. Should this occur we can offer you a further vasectomy either through Sentinel or through our hospital colleagues.
- Late failure:** We know that about 1 in 2000 men have a late failure: by this we mean that after having the all clear there is a 1 in 2000 life time risk of fathering another child. (NB: this still makes vasectomy by far the most effective form of contraception)

Complications

- Post op pain /discomfort:** Although most patients experience very little discomfort some do have a more severe or longer lasting pain but in most cases the pain settles quickly. About 1 in 10 men still experience a degree of scrotal discomfort at 6 months but this is usually mild; only about 1 in 100 men have pain that is regarded as “quite severe” or “noticeably affecting their quality of life”. Pain is thought to continue to improve with time.
- Chronic Scrotal Pain:** A very small percentage of patients may develop a longer lasting testicular pain which can occasionally be severe. The data on how frequently this occurs is a bit uncertain. The British Association

of Urological Surgeons quotes a rate of chronic pain of 1 in 7 to 1 in 20 but this seems rather excessive to us! One of our surgeons has a case series of over 1000 patients of whom only one has reported chronic pain. Another excellent surgeon in the USA wrote to his patients sometime after their vasectomy and only 3 in 1000 reported a degree of chronic discomfort and none of those 3 regretted having had their vasectomy.

- ❑ **Sexual dysfunction:** Some patients do find that their sexual function and satisfaction can change after vasectomy but this is not thought to be a common problem but there have been no high quality studies on this subject. There is no physical reason for an otherwise uncomplicated vasectomy to affect sexual desire, function or erections and any changes in this area are probably psychologically mediated. We think that for the vast majority of men all aspects of sexual function are unchanged and for some probably improved as they are no longer worrying about the risk of pregnancy.
- ❑ **Bruising & Haematoma:** Minor bruising is not unusual but this is rarely serious. A small percentage of patients have a more significant bleed into the scrotum where the scrotum fills with blood. This is not common though and the risk of this is minimized by the use of tight fitting underwear and not overdoing things too soon after the operation.
- ❑ **Time off work:** Most people feel comfortable enough to return to work within a few days of their surgery. It is rare to need more than a week off work but this can occur (usually only if you get a complication like a haematoma or infection). This can be particularly important for people who are self employed. Reduce your risk of needing a prolonged period off work by wearing tight under wear and NOT returning to heavy manual labor or the gym for at least 10 days.
- ❑ **Infection:** About 2% of patients develop an infection. This is usually mild and can usually be treated with tablet antibiotics but can very occasionally be more serious.
- ❑ **Testicular damage +/- atrophy (testicular shrinking) +/- surgical removal:** This is a very rare complication – so rare in fact that we are unable to give figures on just how rare. But it has been reported in the literature so it has to be included on the consent form.
- ❑ **Further surgery:** Should we be unable to complete your vasectomy due to technical difficulties or should you get a large haematoma or suffer from a major and rare complication you may need further surgery. But this is very rarely required.

Other

- ❑ **Driving:** Some people may feel faint during or after vasectomy and we do not recommend you drive home from the procedure and we encourage you to bring a partner or relative to drive you home.
- ❑ **Vasectomy is a non-essential medical procedure:** Vasectomy is a medical procedure designed to help us enjoy our sex lives without worry of further pregnancy. But it is associated with the risks outlined above. Not having a vasectomy and either not having sex or using alternative forms of contraception should be carefully considered when deciding whether to have a vasectomy. By signing on the following page you acknowledge:
 - **Time to consider your options:** You should feel that you have had enough time to make an informed decision as to whether or not to proceed with vasectomy. If you have any concerns about proceeding or want more time to consider things we recommend not proceeding today and coming back another day.
 - **You agree not to hold us responsible for any children you father prior to an “all clear result”:** Please note it is essential to do a post op sperm test and get and all clear before relying on vasectomy for contraception.

Patient Specific Concerns

Do you have any questions about the procedure or the risks involved that are not covered in the information leaflet or this consent form? If so please write them in below:

Specific concerns and risks for you as an individual?

This section is for completion by the clinician if they believe you are at any increased risk of a specific complication or if there are any unique factors you need to consider prior to proceeding with vasectomy:

By signing below you confirm that you have read the above information and on the basis of this information you are happy to proceed to vasectomy surgery:

Name

Signature Date

Clinician confirmation

By signing below your clinician confirms that they have discussed the above form with you and given you the opportunity to ask any questions you deem appropriate and your clinician is confirming that you are happy to proceed and that this is a suitable procedure for you

Name

Signature Date

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Post op advice

Immediately following surgery

The local anaesthetic wears off after an hour or two and you may start to notice a mild to moderate “ball ache”. This is normal. To minimize the discomfort please take paracetamol and ibuprofen as soon as you get home and wear tight fitting briefs but loose fitting trousers.

What to expect

You have a small cut on your scrotum less than 5mm in length. This is so small it does not usually require stitches. When we do use stitches we use absorbable stitches and these fall out on their own in a few weeks time. Some surgeons like to leave the wound open to the air, some like to cover it with a dressing and some like to use glue. There is no definitive answer as to which method is best but your surgeon will talk you through their chosen method. If glue is used it will simply flake off in a few weeks time

The wound will ooze a small amount of thin yellow /pink fluid for the first 4 to 5 days and this is normal. The wound will get a red ring around it with up to a 5mm radius and this is the body’s immune system helping to heal the wound. If you get redness spreading further than this or if you develop a fever or if the wound starts oozing pus (thick, yellow liquid) you should seek medical help within 4 hours – this may be your GP for advice during working hours or call 111 out of hours.

Washing and cleaning

You can shower the day after your operation. Please pay attention to patting the wound and scrotum dry rather than rubbing it vigorously. Please do not get in the bath or swim for the first 7 days and until the wound has stopped oozing fluid.

You do not need to do anything specific to the wound to keep it healthy – the body is excellent at healing itself!

Getting back to work

If you have an office based job you can usually return to work the next day or the day after. If you do a more manual job we would recommend 7-10 days off very physical labour but you can return to a more relaxed role after a few days.

Sports and Gym work

Avoid any vigorous physical activities that are going to rub or impact on the scrotum (eg: running and cycling) for the first 7-10 days.

Sex

Most surgeons advise 7-10 days off sex after this operation but we know that some patients get back to this before this time. This is not a major problem but we would advise caution – no swinging from the chandeliers please! You may notice some blood when you first orgasm.

Clearing the sperm

We do a single postal sperm test at 16 weeks after your operation – we need to wait at least 16 weeks for the body to have had the chance to rejoin the tubes (if it is going to rejoin your tubes this is likely to have occurred before 16 weeks). AND we require you to ejaculate at least 24 times between your vasectomy and your sperm test but the more the merrier! If you think “at least twice a week” you should be on track – just remember to wait 7-10 days before starting to clear those sperm.

Until you get the “all clear” result from us confirming that you are no longer producing any sperm ***it is essential that you continue to use additional contraception.***

Problems you may encounter

- **Bleeding:** If the wound bleeds please pinch it firmly between your thumb and forefinger for 10 minutes without letting go (you cannot do any damage to yourself by grasping the wound firmly). If at 10 minutes the wound is still bleeding please go to your local A&E department
- **Infection:** If you get a fever, get pus from the wound or notice spreading redness please seek same day help from Sentinel on Tel: **01752 434102** /your GP /111
- **Swelling:** This is usually mild and will settle with time – swelling can be minimized by wearing tight fitting briefs and loose fitting trousers – if you have any concerns or if there is a really large swelling please give us a call on **01752 434102**, or if it can't wait until our offices are open again please call 111
- **Pain:** Usually all you need is simple pain relief like paracetamol and ibuprofen. If this is not sufficient please call us or your GP (try us first as we are usually easier to get hold of). If you are getting pain that is bothering you after 2 weeks please do call us as we are more than happy to review you and offer further advice. If in two minds about whether to call or not please just call us – we would much prefer to speak to you than not. Do not let pain drag on without seeking advice from us: worrying about pain or your operation can make you more likely to develop longer lasting pain.

Contacting us

You can reach us on **01752 434102**.

If you run into any problems no matter how minor,
please do let us know even if you have sought help elsewhere.

Our offices are open between the hours of **8am to 5pm**.

Please contact your own GP's out of hours service outside of these hours.