

Vasectomy Surgery



Wisconsin Institute of Urology
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What is a vasectomy?

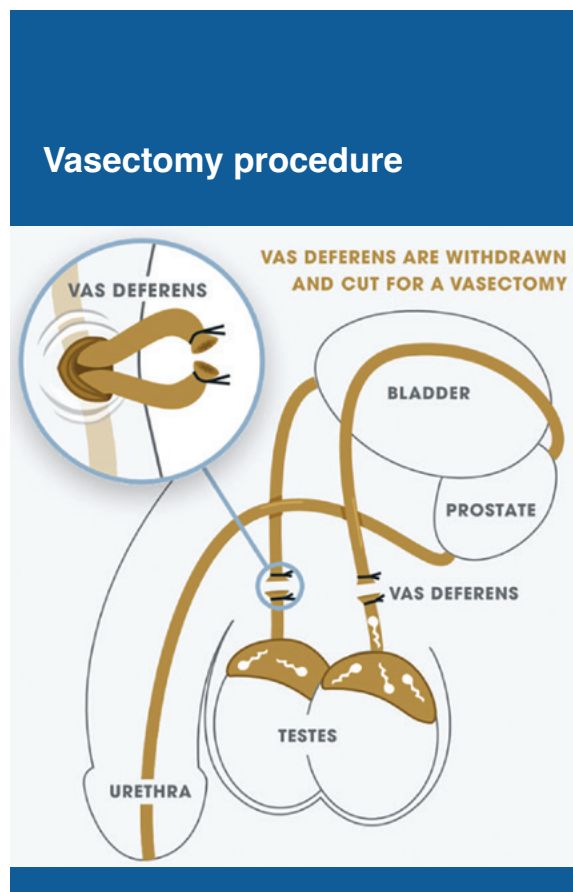
Vasectomy is a minimally invasive procedure to make a man sterile, or unable to have children. Your testes will still produce sperm, but the sperm will die and be absorbed by your body. You will not notice a change in your ejaculate.

Points to consider before vasectomy

While a vasectomy may be reversible, it should be considered a permanent decision. Reversal of a vasectomy is not guaranteed to work and is generally not covered by insurance.

What happens during a vasectomy?

The nurse will verify that pre-procedure shaving has been adequately completed. The procedural site will be cleansed by the nurse with an antiseptic. The doctor will administer local anesthetic into your scrotum. Once the area is numb, the surgeon will make one or two small incisions in the scrotum through which they will work. During your procedure the tubes (vas deferens) that carry sperm from your testes to the penis are cut and sealed off. Thus, preventing pregnancy. You may feel a tugging sensation, but you should not feel any sharp pain. Your incision(s) may be closed with sutures, or your doctor may opt to allow them to close naturally on their own.



What to expect before your procedure

- You must **SHAVE YOUR SCROTAL AREA** prior to your procedure. Do not use an electric razor, Nair, or other hair removal products.
- Arrive at the time indicated on your after-visit summary (AVS)
- If your doctor prescribed Valium for you, you will pick up your medication from the pharmacy prior to your appointment and bring it with you. Nursing staff will have you sign a surgical consent form before taking your Valium. You will need a driver if you are taking valium.
- Bring an athletic supporter (one size larger than your usual size), or supportive compression type underwear, to your appointment. This will provide support for the scrotum after the procedure, as well as holding the dressing in place.

Managing your medications prior to your procedure

Starting 7 days prior to your procedure **STOP** taking the following blood thinning medications/supplements:

- **Aspirin**, also known as **Bufferin, Anacin, Ecotrin, Excedrin**.
- Non-steroidal anti-inflammatory medications used for pain/arthritis. These include **Advil, Motrin, Ibuprofen, Aleve, Nuprin, Naprosyn, Indocin, Naproxen, Feldene, Clinoril, Voltaren, Relafen, and Meloxicam etc.**
 - However, you **may take** Tylenol/acetaminophen for headaches, pain, etc.
- **All vitamins, supplements, and herbal supplements.**
- **Blood thinning medication.** This list is not all-inclusive, **if you are not sure if a medication is a blood thinner, please call.**
 - **Eliquis, Xarelto, Pradaxa and Pletal**, must hold **2 days prior**.
 - **Warfarin, Heparin and Trental**, must hold **5 days prior**.
 - **Plavix**, must hold **7 days prior**.

What to expect after your procedure

- Wear an athletic supporter or compression underwear for the first 5 days following the procedure, including at night. This will help keep the swelling and pain at a minimum.
- Take pain medication as directed. You will be numb from the lidocaine block for about 3 hours. It is best to start taking your pain medication during this time.
- Ice packs wrapped in a cloth or towel should be applied to the scrotum for the first 48 hours. You do not need to do this during sleep. Ice is a good pain reliever and reduces swelling. Frozen peas work well as an ice pack.
 - **If you have gauze (white) dressing:** place an ice pack on the OUTSIDE of your packing for 2 hours on and 1 hour off.
 - **If you have a clear (Tegaderm) dressing:** place an ice pack wrapped in a cloth or towel on for 15 minutes and off for 15 minutes.
- The scrotum may bruise and look "black and blue", and then turn yellow in color. In time this will go away. The testicles may be swollen. One testicle may be more swollen than the other. This is common and not cause for concern. Continue to apply ice as referenced above.
- You may have a small amount of bloody discharge from the incision site for 1 to 2 days.
- You may shower after 24-48 hours.
- No swimming, hot tubs, or tub baths for 2 weeks.
- Your physical activity should be limited for the first 48 hours following the procedure. This will help prevent excessive pain and swelling.
- For at least 7 days following your procedure you should avoid lifting anything greater than 15lbs and no strenuous exercise.
- **You may return to work in 3 days unless your job requires heavy lifting.**
 - Discuss recommended time off with your doctor at the time of your vasectomy if you have an active or strenuous job.
- You may resume sexual activity when you feel comfortable, but no sooner than 1 week. Do not rely on your vasectomy for contraception until you have a negative semen analysis. **ALTERNATIVE BIRTH CONTROL METHODS SHOULD BE USED UNTIL YOUR STERILITY HAS BEEN CONFIRMED.**

Getting Ready for Surgery

Medical History



You will be asked for your medical history during the time of your pre-anesthesia screening call. Complete responses are part of the planning in providing a safe surgery. All answers are kept confidential. We may ask you the following:

- Do you have a health condition, such as heart disease, high blood pressure or diabetes?
- Are you taking any medications? This includes over-the-counter products, such as aspirin, ibuprofen, vitamins, and herbal supplements.
- Do you use recreational drugs, alcohol, or tobacco? How much and how often?
- Do you have allergies?
- Do you have a family history of malignant hypothermia?
- Have you had any other surgeries?
- Do you have a fever, cold or rash?
- Do you have an Advance Directive?

Planning for Surgery

To help your surgery go as planned, take these simple steps ahead of time.

- You may be required to see your family doctor for a history and physical examination within 30 days of your scheduled surgery. This visit may include having required laboratory and diagnostic testing completed.
- If followed by Cardiology, you may be required to have cardiac clearance prior to your scheduled surgery.
- If you smoke, quit or cut down at least two weeks before surgery. Tobacco use is not allowed on most medical center premises.
- Ask your family doctor about taking your usual medications for diabetes, blood pressure, heart, breathing problems, and blood thinning (Coumadin, aspirin, Plavix, anti-inflammatory medications, etc.). The dosage may need to be adjusted for surgery.
- Call your insurance company and notify them of your scheduled surgery. Verify your coverage and check for any pre-certification requirements to avoid penalties or a benefit reduction.
- Call your WIU doctor if you get a fever, cold or rash. Your surgery may need to be postponed.
- Arrange for a responsible adult to drive you home after surgery. You will not be allowed to drive yourself home.
- Arrange for a responsible adult to stay with you for 24 hours after you go home.
- It is advised not to bring minors with you to the medical center.
- You will be contacted by the hospital or surgery center pre-admission screening department within 1-4 business days prior to your scheduled surgery to provide you an arrival time for surgery.

The Day of Your Surgery

Preparing at home

- Do not eat or drink anything after midnight on the night before your scheduled surgery, unless instructed otherwise. You are welcome to brush your teeth, but do not drink any fluids.
- Take a shower or bath the evening before or the morning of your surgery.
- Do not shave the surgical site.
- Wear loose, comfortable clothing.
- Do not wear make-up or nail polish.
- Do not wear contact lenses.
- Do not wear jewelry.
- Leave all valuables at home.
- Take instructed medications the morning of surgery with a small sip of water if your family doctor/surgeon has instructed you to take them.



What to bring

Bring the following items with you to the medical center:

- Cards-insurance, prescriptions, Medicare, etc. and photo ID/driver license.
- A list of your medications, including name, dose and how often you take each medication.
- Inhalers.
- Eye drops.
- Glasses.
- Money for co-payments, if your required by your insurance provider.
- A copy of your Advance Directive, if you have one.
- Walker, crutches, or any personal assistive devices.
- A case with your name on it to hold items you may need to remove and store, such as dentures or glasses.
- A responsible adult to drive you home.
- Take instructed medications the morning of surgery with a small sip of water if your family doctor/surgeon has instructed you to take them.

Checking in

Arrive at the medical center a few minutes before your assigned arrival time.

At registration, you will be asked to:

- Verify your contact information.
- Present your photo ID and insurance card.
- Make a co-payment, if required by your insurance provider.
- Sign a release of information and financial policy form. These forms allow the surgical center to bill your insurance provider for your surgery.



After registration, you will be escorted to your individual surgical prep bay, where you will be prepared for surgery. We will complete the following:

- Check your blood pressure, pulse, and temperature.
- Start IV (intravenous) in your arm or hand. The IV will be used to give you medications and/or fluids during and after the surgery.
- Arrange for you to meet with Anesthesiologist. They will tell you what kind of anesthesia (medicine) will be used. This medication will keep you comfortable during your surgery.
- Arrange for you to meet the surgeon to discuss the designated surgery and answer any last-minute questions you may have.
- Have you sign your surgical and anesthesia consent.

Your family member or friend can stay with you until it's time for surgery. During your surgery, your family member or friend will be escorted back to the surgical waiting area to wait for you while you are in surgery.

The Operating Suite



The operating room (OR) provides a safe and sterile place for surgery. You will be taken to the OR on a bed.

Your surgical team members include your surgeon, registered nurses, operating room technicians and anesthesia. This team constantly monitors your progress and well-being throughout your surgery.

Operating room equipment:

- Bright lights will be located above the operating bed.
- A cuff will be placed on your arm to track your blood pressure.
- Sticky pads will be placed on your chest to track your heart rate.
- A clip will be put on your finger to measure the oxygen level in your blood.
- You will be given a warm blanket.
- If you are given general anesthesia, you will breathe anesthetic gases through a face mask, or a breathing tube inserted through your mouth after you are asleep. It will be removed before you wake up.

Post-Operative Care

After surgery, you will be taken to the post-anesthesia care unit (PACU) where you will be monitored closely as the anesthesia wears off. Your nurse and surgeon will decide when you are ready to be transported to your individual surgical prep bay.

As the anesthesia wears off you may:

- Notice that noises sound louder than usual.
- Feeling drowsy and remembering little or nothing about surgery.
- Have blurry vision, a dry mouth, mild nausea or chills.
- Have a mild sore throat if a breathing tube was placed during surgery.
- Have an IV in your arm or hand.
- Feel discomfort in or around the area of your surgery.
- Your vital signs will be monitored closely.

Pain management

You will be asked to rate your pain on a scale of zero to 10. Using a pain scale can help to communicate your personal level of pain.

Remember that all pain is real. There are many ways to control pain. Ask for medication to control pain when you need it. Don't try to "tough it out," as this can make you feel worse.

Following these medications tips to help control your pain following surgery:

- Take your medications as ordered.
- Tell your nurse or doctor if the pain does not improve.
- Know that medications will reduce, but not take away all your pain.



When you go home on the day of surgery

After your anesthesia wears off, you will be moved to your individual prep bay. You may be there for one or two hours. When you feel alert, your nurse can assist you to get dressed. Your family member or friend may join you. Your discharge instructions will be reviewed with you and your family member or friend. When your questions have been addressed, we will assist you to your vehicle that will take you home. It is important to have a responsible adult to drive you home.

Your role in recovery

Your role is to become active as soon as directed by your WIU doctor, while still giving yourself time to heal. Rest when you feel tired. You may be asked to do the following to enhance your overall recovery:

- Cough and breathe deeply. This helps to clear and expand your lungs and can prevent pneumonia. You may be given a w to practice deep breathing. A staff member will show you how to use the spirometer if needed.

- Do mild physical activity. Walking or moving your legs helps your circulation and body functions return to normal.
- Actively manage your pain. Managing your pain lets you move in comfort. We will ask you to rate your pain on a scale of zero to 10. It is your responsibility to tell your nurse where and how much you hurt so your pain can be treated.

Going Home

Before you go home, you will be given discharge instructions. Ask a family member or friend to listen to these instructions with you. That way, he or she can help you during your recovery.

The following topics will be reviewed with you prior to being discharged home and included in your written discharge instructions:

- Bathing and showering.
- Diet-what to eat, what to avoid.
- Incisional care.
- Driving restrictions.
- Medications-dosages and when to take them.
- Pain control-what to expect, what to do.
- Physical activity.
- Returning to work.
- Signs of infections and what to do.

A follow-up visit will be scheduled with your surgeon or their care team. The appointment date and time will be listed on your discharge instructions. Bring a list of your questions or concerns to this visit.

Call your physician

It is important to call your WIU doctor if you have or feel any of the following:

- You have a fever over 100.4 degrees Fahrenheit or higher.
- You notice excessive chills, increased redness, localized tenderness or swelling around your wound/incision.
- You notice red streaks in the skin leading away from the wound/incision.
- You notice drainage from the skin/excision that completely saturates the surgical dressing in the first 24-48 hours post-op.
- You notice moderate or severe swelling under the skin excision.
- You develop severe or escalating pain at your surgical site while taking prescribed pain medications.
- You develop difficulty emptying your bladder.



Patient responsibility

We advise you to contact your insurance company and notify them of your planned procedure/surgery. Please ensure you also discuss with your insurance company any out-of-pocket costs. Any non-covered charges are the responsibility of the patient/guardian.

For those individuals without insurance (self-pay), arrangements regarding financial responsibility should be made with each medical facility and/or specialist.

Important Phone Numbers

- **Anesthesia: 920-729-3100**
- **WIU Financial Advocate: 920-886-7148**
- **WISE Financial Advocate: 920-886-7134**
- **Surgery Scheduler: 920-886-8979**; request to speak with your surgeon's surgery scheduler.

Our Locations to Serve You

Main Office

1265 W. American Drive, Suite 100
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920-886-8979 or (800) 897-7747
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Our Satellite Locations:

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