

HISTORY and SCIENTIFIC RESEARCH

Vasectomies were first attempted by a London surgeon in 1823 who carried out experimental operations on dogs, but the first human vasectomy was performed in 1893.

Vasectomies were first performed in New Zealand in the 1960's. New Zealand now has one of the highest rates of vasectomies performed in the world along with Great Britain, Canada, America and Australia. It is the most reliable form of contraception once your family is complete and is;

- **ten times more effective than a tubal ligation**

(A recent large multicentre study by the Centres for Disease Control found that the failure rate for a tubal ligation was higher than 1 in 200 - Roberts, R. Good practice in sterilization. British Medical Journal 2000;320:662-3)

- **and twenty times more effective than the oral contraceptive pill** (The failure rate for the oral contraceptive pill is approximately 1:100).

It is also noted that two women die every year in New Zealand directly as a result of taking the oral contraceptive pill - (MedSafe: New Zealand Medicines and Medical Devices Safety Authority. Oral Contraceptives and Blood Clots. Ministry of Health. March 2002)

Approximately 42 million vasectomies have now been performed in the world (Halder N, Cranston D, Turner E, MacKenzie I, Guillebaud J. How reliable is a vasectomy? Long-term follow-up of vasectomised men. The Lancet. Vol. 356 July 1, 2000.) and research from the Population Reference Bureau has found that sterilization is the world's most widely used and accepted method of contraception with about 1 in 4 couples using it.

THE NON SCALPEL VASECTOMY (NSV)

The best vasectomy technique (the method used by Dr Masters) is called the non-scalpel vasectomy (NSV) and was pioneered by Professor Li Shunqiang at a Research Institute in China in 1974. This method requires only one small puncture in the anterior scrotal skin and also doesn't require stitches. This method is the best in terms of recovery for men. Since the method requires only one small puncture rather than two incisions, bleeding and bruising is usually much less and the recovery is generally much quicker. In a large Family Health International-sponsored multi-country randomized trial among 1,428 men (705 having NSV and 723 with the standard incisions), the NSV group had only 10 men with haematomas compared with 67 in the standard group, and just one with infection at the entry site compared to eight who had incisions (Network: Fall 1997, Vol. 18, No. 1).

PREPARATION FOR THE OPERATION

- Hair at the front of the scrotum and adjacent area at the bottom of the penis, should be shaved, followed by a bath or shower.
- Close fitting underwear should be worn on the day to support the scrotum.
- Both the patient and his partner should understand the procedure as well as the potential side effects.

POST OPERATIVE INFORMATION

- Keep the area dry for 24 hours.
- No heavy lifting, strenuous work or sport for 3-4 days.
- Sexual intercourse should be avoided for approximately 1 week.
- Alternative forms of contraceptive must be used until two consecutive negative semen samples have been produced.



VASMAN Vasectomy Clinics Level 2 Quay Park Health

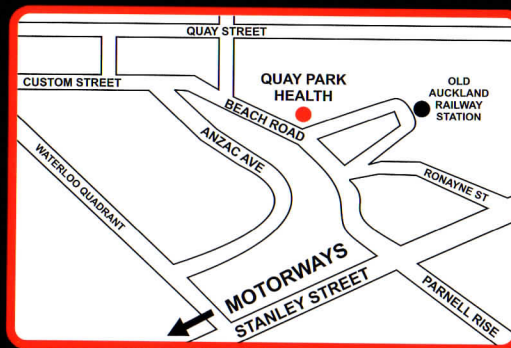
From the North:

Take the City exit off the bridge, proceed along Quay Street then turn right onto Beach Road.

From the South:

Take the Port exit, follow through Stanley Street then turn left onto Beach Road.

Covered parking on Ground Level.
Take the lift to Level 2.



Quay Park Health Medical Centre
68 Beach Road
Auckland

Ph: 919 2615 Fax: 919 2627
Or **0508 VASMAN** (827 626)

VASMAN

VASECTOMY CLINICS



The complete family solution

Phone **0508 VASMAN**

ANSWERS TO FREQUENTLY ASKED QUESTIONS

HOW LONG DOES IT TAKE?

The visit to the VASMAN takes **only 30 minutes** (including the procedure and pre- and post-vas discussion and consent).

CAN I DRIVE HOME?

Patients can drive to and from the clinic by themselves but wives/partners are **welcome** to attend and even watch if they want to.

DOES IT HURT?

The vasectomy procedure uses **local anaesthetic** - approximately 4mL - about the same amount used when getting a filling at the dentist - and the sting of the anaesthetic going into the skin surface lasts about **2 seconds**. (Compare this to delivering a baby!)

HOW BIG IS THE CUT?

Both of the vas deferens (the bits that get 'snipped') are operated on through **one small incision** - about **four millimetres** (0.4cm) long. The incision is so small there is no need for any stitches after the procedure.

HOW EFFECTIVE IS IT?

A vasectomy is **10 times more effective** than any other form of contraception other than abstinence. It is absolutely the contraceptive method of choice when your family is complete.

IS THERE ANY ASSOCIATION WITH PROSTATE CANCER?

There is no known correlation with prostate cancer - J Fam Pract. 2002 Sep;51(9):791 - "Vasectomy does not increase the risk of prostate cancer, even after 25 years or more". It is however suggested that all men above forty should see their own doctor regarding prostate screening.

HOW RELIABLE IS IT?

A recent British study (The Lancet. Vol. 356 July 1, 2000) "How reliable is a vasectomy? Long-term follow-up of vasectomised men" by N Halder et al) concluded, "Our study confirms that vasectomy is an **extremely reliable** form of contraception".

IS IT COVERED BY MEDICAL INSURANCE?

Most medical insurance policies cover most if not all of the cost of the vasectomy.

WHERE IS THE OPERATION PERFORMED?

Most vasectomies in Auckland by the VASMAN are performed on Level 2, QUAY PARK HEALTH, 68 Beach Road, Auckland Central. Covered parking on Ground Level.

HOW LONG DO I HAVE TO WAIT BEFORE I AM ABLE TO ABANDON OTHER METHODS OF CONTRACEPTION?

The normal criteria for sterility are two consecutive azospermic semen samples at 16-18 weeks (The Lancet. Vol. 356 July 1, 2000) but most men have clear samples by approximately 16 weeks. Two consecutive negative samples are required.

VASECTOMY

A very effective method of contraception.

THE VASECTOMY

Does not have any effect on masculinity, erection, ejaculation or hormones. Although semen does not contain sperm after vasectomy, about the same amount of semen is ejaculated.

The technique involves a simple operation whereby the tubes (vas deferens) are cut, cauterised, and tied. The procedure is carried out under local anaesthetic through one small opening in the scrotum (approximately 4mm). As the wound seals within 24 hours no sutures are necessary. The testes still produce sperm, which will be absorbed by your body.

Infection, swelling or internal bleeding may occur occasionally, but seldom happen if you rest for the first two days after the operation.

LONG TERM EFFECTS

As there is distension of the tubules in the epididymis (next to the testis) this may become tender and occasionally sperm may leak out of these tubules following minor surgery. This may form a tender lump (sperm granuloma), which usually disappears spontaneously or with treatment. In 1-3% of patients there may be ongoing tenderness or pain in the epididymis, which may even necessitate surgery (either reversal of the vasectomy or removal of the epididymis).

HAEMATOMA AND INFECTION

Approximately 1% of men develop a haematoma (collection of blood in the scrotal sac) and a small percentage of these men may require a small drain to be inserted in hospital. Infection may also occur but can usually be cleared with antibiotics.

MASCULINITY AND SEXUALITY

Vasectomy **does not** affect production or release of testosterone, the male hormone responsible for a man's sex drive, beard, deep voice, and other masculine traits. The operation also has **no effect** on sexuality. Erections, climaxes and the amount of ejaculate remain the same.



REVERSAL AND SPERM BANKING

A vasectomy can be reversed but only about 40 - 50% of reversals will result in a pregnancy, as some men develop antibodies against their own sperm cells.

However, semen may be frozen pre-operatively for later use. (Arrangement can be made for sperm banking by phoning 520 9520 x 68130 and speaking to Robyn Galvin at Fertility Associates). The cost (current at 2004) is \$133/sample and \$156/yr in advance.

There are also modern microinjection techniques available to inject sperm, which are aspirated from the epididymis and injected into egg cells (ICSI).

FERTILITY

Fertility exists for at least 12-14 weeks (and approximately 20-25 ejaculations) after the vasectomy. Contraception should be used until it is confirmed by a sperm count that there are no sperm present in the semen. The first sperm count is done at about 12-14 weeks after the operation, followed by another count about a week later. It may sometimes take up to four months, or longer, to have a zero count.

Failure of a vasectomy, due to spontaneous rejoining of the tubes (recanalisation), occurs very seldom - about one in two thousand.

BOOKINGS AND QUESTIONS

You may phone the VASMAN vasectomy clinic on **0508 VASMAN** to make an appointment. Also, please feel free to phone the VASMAN directly on 021 654 882 if you have detailed or specific medical questions.



Quay Park Health Medical Centre
68 Beach Road, Auckland
Ph: 919 2615 Fax: 919 2627
Or 0508 **VASMAN** (827 626)

