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### INFORMATION AND ADVICE ON STERILIZATION

You have indicated to us that you wish to be sterilized, and we believe that you are entitled to know pertinent facts about sterilization.

Voluntary sterilization, also called bilateral vasectomy, or cutting of the sperm ducts, requires consideration of the following legal, surgical, physiological and psychological aspects:

#### LEGAL ASPECTS:

The laws of the Commonwealth of Virginia require:

- A. That the person requesting sterilization be eighteen years of age.
- B. That couples without children have a waiting period of thirty days after the permit it has been signed.

COMMENT: It is our belief that persons under the age of 21 years should not request sterilization unless there are urgent circumstances. The success rate of re-anastomosis (re-connection) of the sperm ducts is known to be low, and the procedure does not necessarily result in normal fertility.

#### SURGICAL ASPECTS:

The procedure is performed on an outpatient basis, usually under local anesthesia. If general anesthesia or intravenous sedation is requested or found to be advisable, a preoperative blood count, urinalysis, and chest x-ray may be required. You will recover in the Recovery Room of the Surgery Center, and are not permitted to drive yourself home, because you are under the influence of a drug.

In the case of local anesthesia, you must have no known allergies to Novocaine, Xylocaine, or similar drugs.

COMMENT: We want to emphasize that local anesthesia carries a risk, be it ever so minimal. If you have high blood pressure, diabetes, heart or lung disease, or allergies against drugs, be sure to let us know. In certain situations, preoperative examination by a specialist may be required. As with general anesthesia, we request that someone drive you home as well after local anesthesia.

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The surgical procedure involves cutting of the sperm ducts through two small incisions in the scrotal wall, one on each side; removal of a short section of the duct, ligation (tying), cauterizing the stumps of the sperm ducts, and closure of the incisions, or modifications of this procedure as deemed necessary by your surgeon.

COMMENT: A section of duct is removed from each side to be examined by the pathologist, and to show on record that the sections removed were, indeed, sections of the sperm ducts.

As in the case of any surgery, the procedure is not entirely painless. However, ice bags and Tylenol usually control the postoperative discomfort, resulting from the swelling of the ducts, during the hours following surgery. Some additional medication will be prescribed for you after the procedure. Postoperative discoloration of the skin of the scrotum is caused by oozing of very small blood vessels into the outer layers of the skin and represents no complications. It usually disappears within several days and causes no pain.

COMPLICATIONS: Complications can arise if the sperm ducts are involved by disease of the genitalia such as previous infections of the contents of the scrotum (testicles and ducts), congenital anomalies, or other abnormalities.

In patients with known or unknown infections of the prostate gland or other parts of the urinary system, a prolonged period of tender swelling of the cords may follow surgery. The treatment is conservative. Bleeding into the scrotal cavity due to sudden opening of a blood vessel or due to injury of the scrotum by accident during the early healing phase may have to be drained or evacuate by syringe. In any of these circumstances, you are advised to notify us immediately.

In a few people, cutting of the sperm ducts may not result in the desired sterility. Spontaneous recanalization of the sperm duct has been recognized and reported in the urological literature. In our own experience and in the urological literature, this complication occurs in about one patient in 40,000. Spontaneous recanalization, or rejoining of the sperm ducts, is usually caused by a peculiar scar formation about the cut ends of the duct, and usually results in a gradually increasing output of sperm in the sperm fluid.

Another extremely rare abnormality of the genitalia, a third or accessory duct, may likewise cause a failure of the operation. Such accessory ducts usually cannot be properly detected before surgery. We would expect to discover the presence of this abnormality after surgery by sperm analysis.

And finally, we must keep in mind that there have been a few reports of late recanalization's if years after vasectomy. For these, we have no explanation to date.

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To be sure that recanalization has not occurred and that the procedure has been successful, it is necessary to continue microscopic examination of the sperm fluid until two (2) negative specimens have been seen. It has been our experience that in most of our patients, the first two specimens, brought in four and eight weeks after surgery, turned out to be negative. However, in some men, postoperative examination of the sperm fluid may have to be continued for several months because of a slow disappearance rate of the sperm, which varies from individual to individual.

You are, therefore, advised to have your semen specimen tested monthly after surgery until two (2) consecutive specimens are recorded as negative. Please note that you will not receive a reminder for the six months follow-up specimen.

Since you are not sterile immediately after the vasectomy, it is understood that either you or your wife will have to continue birth control until two (2) consecutive sperm specimens have been found to be negative.

**RELATIONSHIP OF VASECTOMY TO OTHER DISEASES:** Several studies in the past have discussed the relationship between vasectomies and such diseases as multiple sclerosis, hypercholesterolemia, and more recently prostate cancer. Now, there is no definite proof in the literature that vasectomy causes any of these diseases. The most recent article on the relationship to prostate cancer showed there was an increased risk at twenty years after the vasectomy, but two other studies showed no relationship at all.

Several studies have shown that there may be an increased incidence of prostate cancer 20 to 25 years after vasectomy. Two other studies have shown no such risk. Furthermore, no study has established an increased risk of death from prostate cancer following vasectomy.

Therefore, we feel very comfortable in still recommending and performing vasectomies. If you would like the specific references to read, we will be happy to provide them.

**PHYSIOLOGICAL CONSIDERATIONS:** The procedure is performed through the wall of the scrotum outside the trunk of the body. Consequently, the nerves, lymphatics, and blood vessels of the penis are not within the operative field. Libido (the desire to have intercourse) and potency (the ability to have an erection) will not be affected by this procedure. However, you may experience a decrease in the amount of fluid produced during orgasm.

The function of the testicle is two-fold: to produce sperm and male hormones. The production of hormones continues without change since the hormones are excreted into the blood stream, while the production of sperm after vasectomy continues at a somewhat slower rate. The sperm are continuously broken down to proteins, which in turn are absorbed by the body.

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**PSYCHOLOGICAL ASPECTS:** It is our belief that sterilization should not result in psychological problems in the future if husband and wife are mature and intelligent enough to recognize the purpose of sterilization, possible complications, and the fact that the procedure is not easily reversible.

Psychological problems that have arisen in some men (as well as in some women) have had their cause in conflicts between husband and wife before sterilization, particularly in situations in which the partner to be sterilized only reluctantly yielded to the procedure.

**ADDENDUM:**

We would appreciate your reading these pages carefully before you come to our office. We would also appreciate it if you would ask any questions with respect to sterilization that may not have been answered by this pamphlet.

At your first visit, we will discuss any questions you may have. This will be followed by an examination and by the signing of the sterilization permit. Prior to surgery, you will receive written instructions for the operation and postoperative care at home.

Please bring this page with you on your first day, so that it may become a permanent part of your record.

**STATEMENT: I HAVE READ THE ABOVE "INFORMATION AND ADVICE ON STERILIZATION." I UNDERSTAND THE CONTENTS OF THIS INFORMATION, AND ASSURE THAT ADDITIONAL QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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