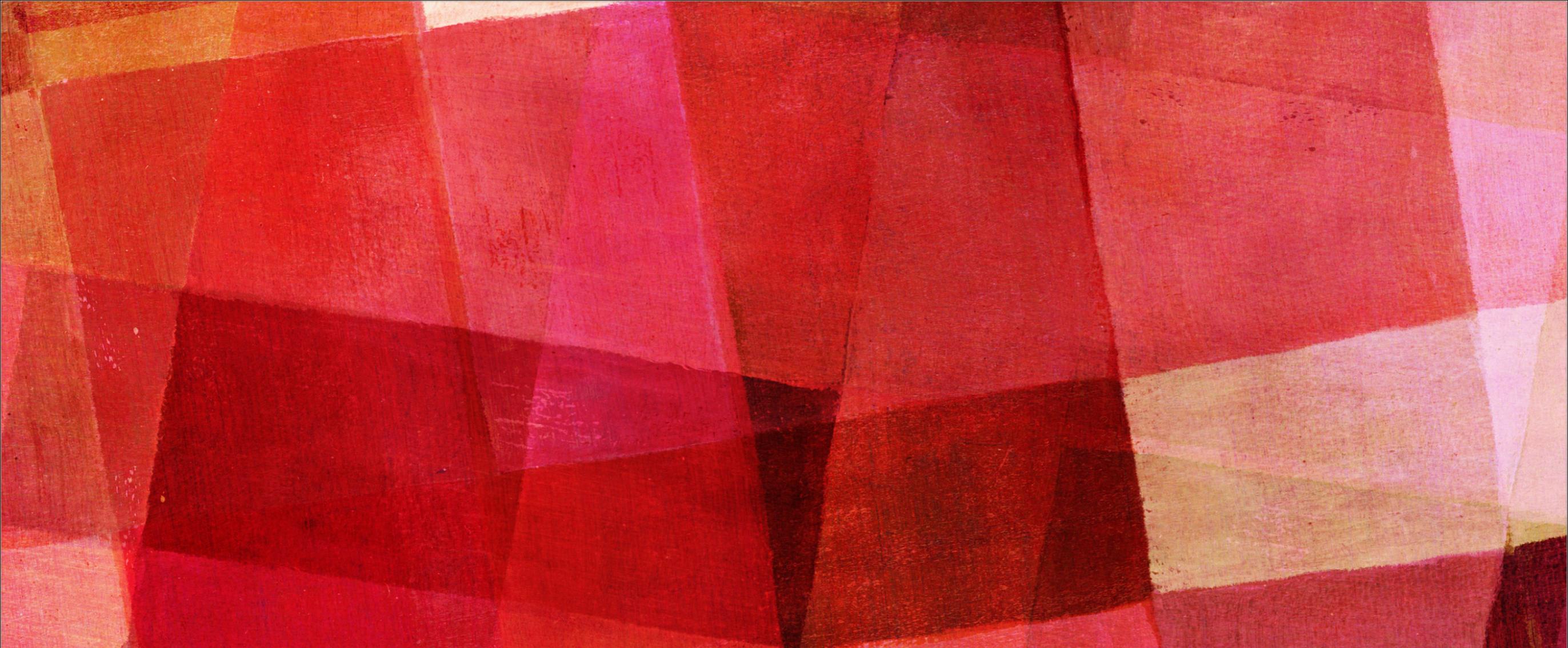


# VASECTOMY

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*Everything you'd want to know... but your wife forgot to ask.*

*John C. McHugh M.D.*



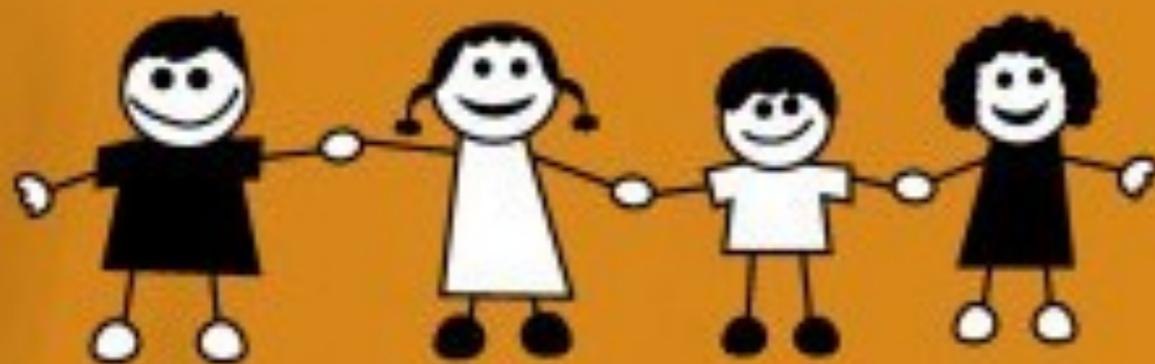
# THINGS YOU SHOULD CONSIDER...

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*Before the procedure.*



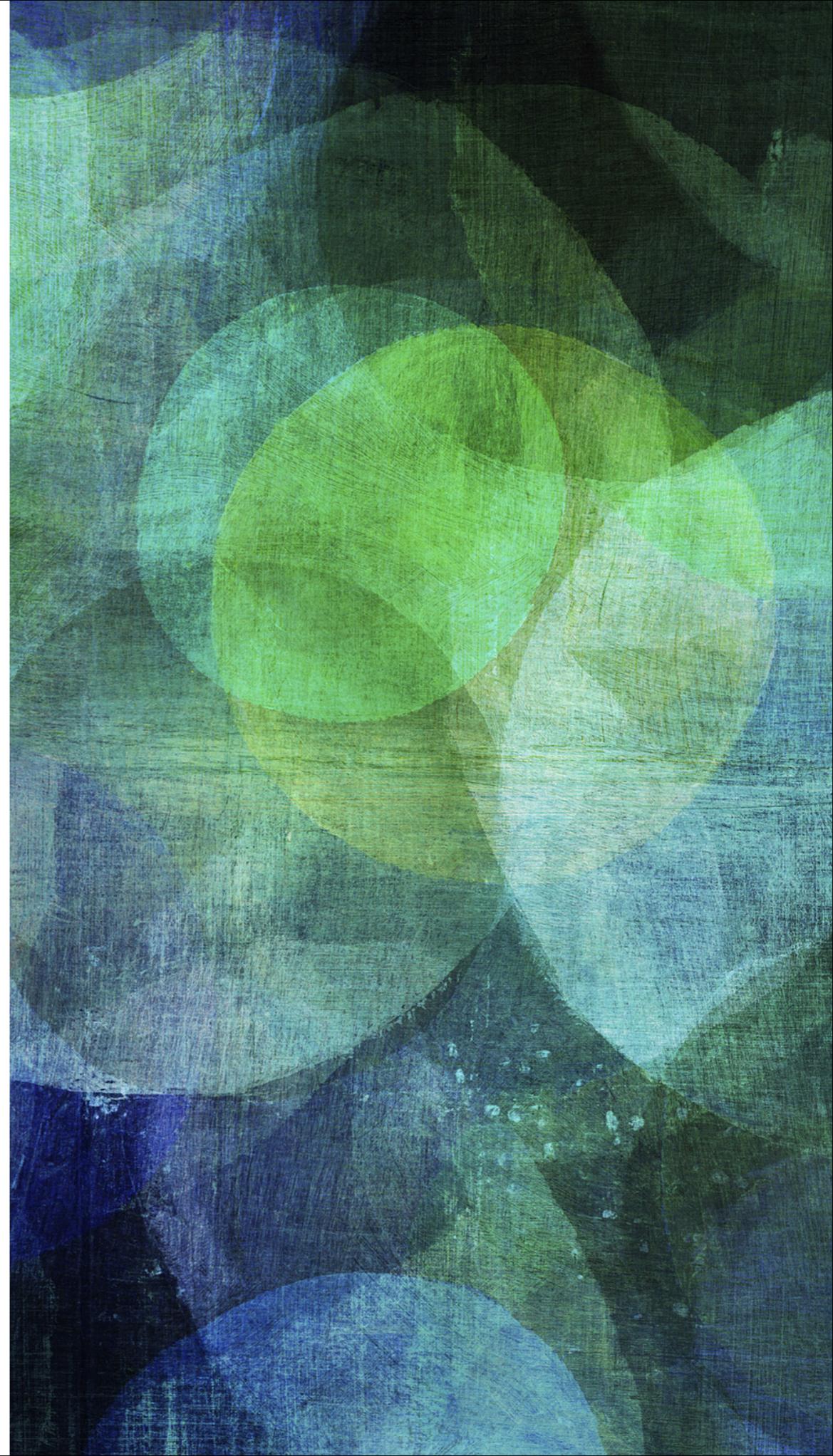
**WARNING: MAY CAUSE  
VASECTOMY**



*"The time to schedule a  
vasectomy is **before**...you wish  
you had."*

# COST

.....  
*A vasectomy is covered by most insurances and the allowable ranges from \$500.00 to \$1000.00. Self-pay patient's cost will vary usually somewhere between what is allowed by insurance.*



# WANT TO KNOW THE COST OF A VASECTOMY BASED ON YOUR SITUATION?

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- Every insurance is different, even the various plans offered by the same insurance varies.
- Self-pay patients in our practice usually pay what the average insurance allows. In other words, their fee is similar to what a quality insurance policy will allow.
- The fee for patients with a high deductible is what their insurance allows for a vasectomy.
- Depending on the wishes of the patient, the type of insurance, whether they are self-pay or high deductible, will allow our staff to recommend an in office vasectomy awake or I.V. anesthesia in our surgery center.

- The exact cost specific to your wishes, insurance and whether we do it in our office or surgery center can be determined easily on the day of your consultation.
- Our staff, using your situation, whether you are self-pay, high deductible, or insurance can access the information online to advise of your specific cost *before* the procedure.
- We can tell you exactly the cost and what the breakdown of what the insurance will and will not cover.
- Contact us at 770-535-0001 ext.113 or [kathy.burton@ngurology.com](mailto:kathy.burton@ngurology.com) for any coverage information that may impact your vasectomy decision.

“

Note: Every patient should do his homework and find an experienced urologist. If you are self-pay then you need to find both the right urologist and one with fair self-pay pricing.

# CONSIDER A VASECTOMY PERMANENT

.....



- The urologist will perform the procedure with the intent of achieving sterility.
- If you are considering children in the future if something dramatically changes in your life...then you may want to consider banking sperm before the vasectomy.
- Yes, a microscopic reversal can be done, however the success rate is not 100%.
- Here is a link to success rates for reversals-  
[Gavasectomyreversal.com](http://Gavasectomyreversal.com)

“

"Dr. McHugh saw 95% more vasectomy patients than similar physicians in the U.S. between 2014-2018."

-Amino.com, Inc.

“ 500,000 vasectomies are performed in the U.S. each year. 6% of men who have had a vasectomy will consider reversing it at some later time.

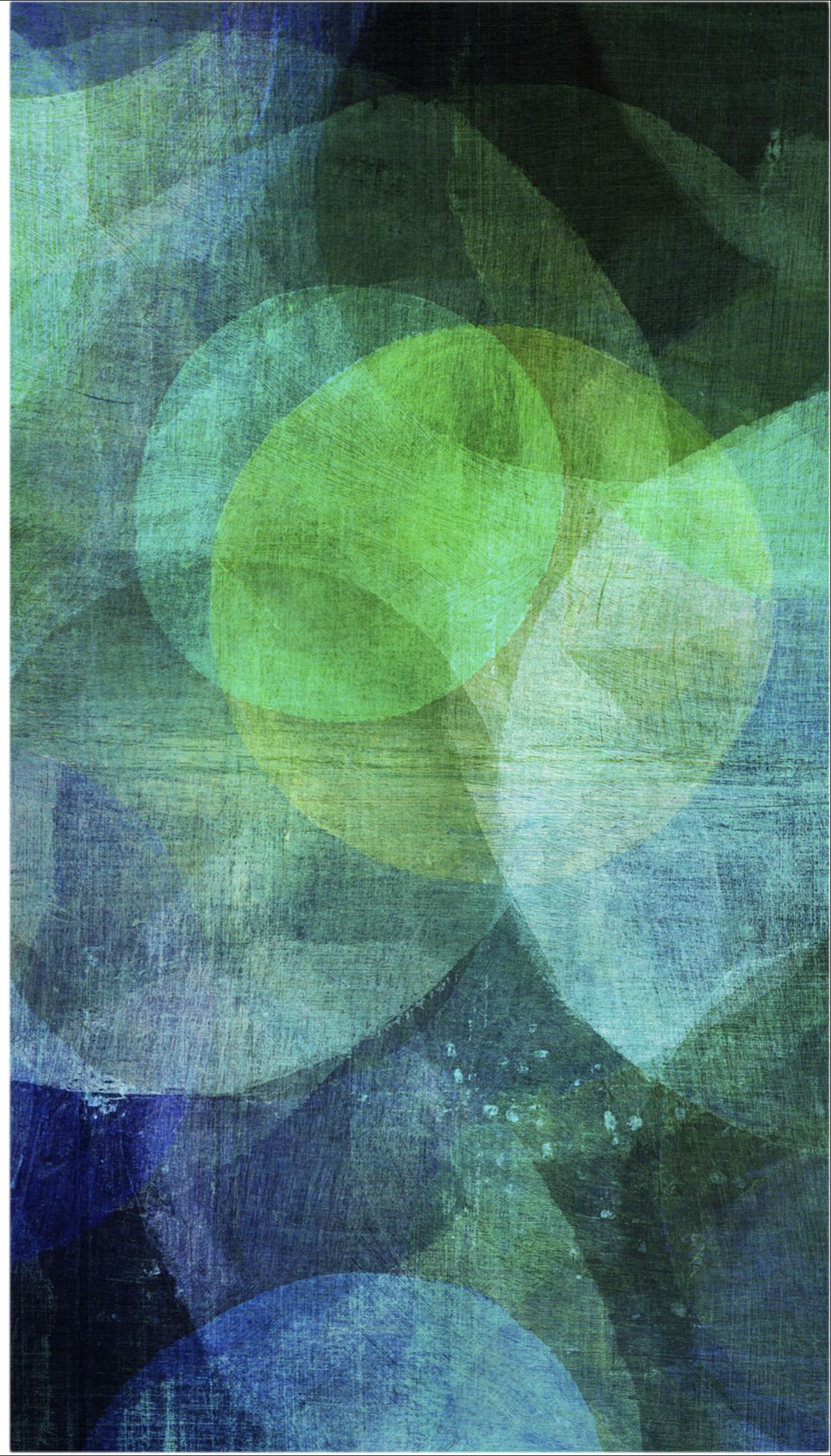
*Dr. McHugh is one of Georgia's most experienced microscopic vasectomy reversal surgeons.*

“ Note: Sperm banking can be arranged at reproductive clinics for a per year fee. Vasectomy reversals are not covered by insurance, are not always successful and the success rate decreases as the time from the vasectomy increases.

# WHO SHOULD YOU CHOOSE TO DO YOUR VASECTOMY?

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*Which urologist is the  
"common denominator?"*



# ARE ALL UROLOGISTS CREATED EQUAL? CHOOSING WHO'LL DO IT.

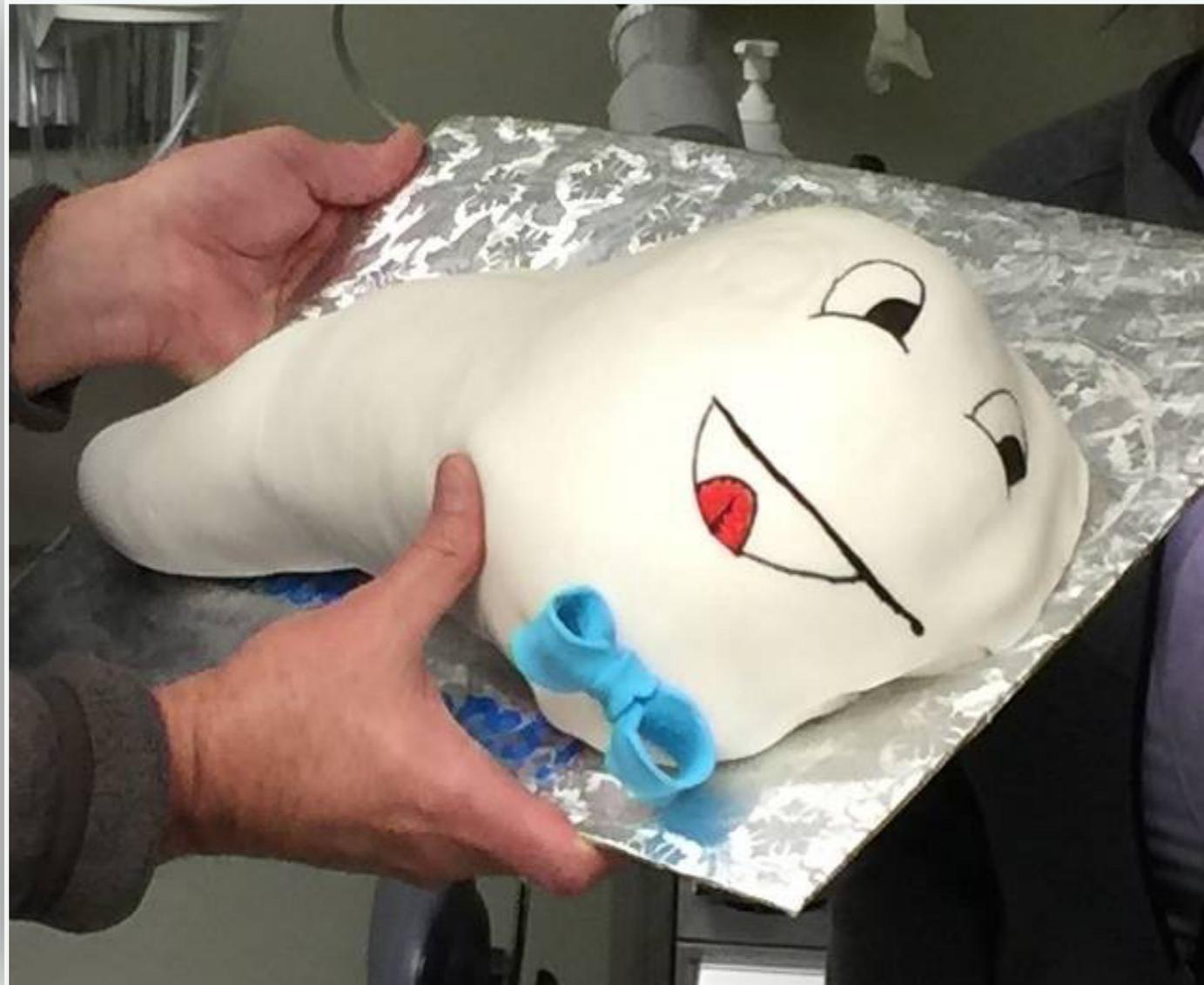
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- Use all resources at your and your friends disposal to make sure your vasectomy is performed by the best urologist (for doing vasectomies) and with the one with the most options for anesthesia, procedure methods, and cost.
- Just because your family doctor recommends a urologist may not mean that one is the best suited for you. Some family doctors, pediatricians and gynecologists are affiliated with a hospital or clinic that encourages using "their urologist." That recommendation is a starting point, but may not be the one you should use. (By far, the vast majority of my vasectomy patients have not been referred by a physician but by word of mouth, internet research, or at the recommendation of a person whom I have performed a vasectomy.)
- Read the bios on the internet, ask friends who have had a vasectomy done and the wives of friends who have had it done to make your decision.

- Does the urologist offer a fair self-pay fee? This should be approximately what a reputable insurance would allow if one did have insurance.
- Does your urologist offer the option of the No needle-No scalpel technique?
- Are there options for both in office local anesthesia and I.V. general anesthesia in an ambulatory surgery at an acceptable cost?
- Does the urologist offer pre-vasectomy medications for pre-vasectomy anxiety? Oh yes, you are tough, but you'll feel differently on the day of the procedure. In other words does the urologist... **"Cater to Cowards."**

## HOW LONG DOES A VASECTOMY TAKE TO PERFORM?

.....



- The time to perform is dependent on many factors. The most important of which is the skill and experience of the surgeon.
- If done in the office setting, and the patient is anxious this complicates the procedure and highlights the importance of a pre-medication.
- In general a vasectomy should take about 15-20 minutes to perform.

“

"Is a vasectomy easy to perform?"

"Yes, after the first thousand."

## DO YOU PASS OUT EASILY IF YOU SEE NEEDLES, BLOOD, OR OTHER THINGS MEDICAL?

---

- Men passing out during a vasectomy is actually not an uncommon occurrence.
- The click of an instrument, discomfort, sight of a needle or blood, or the smell of cauterizing the vas deferens tube can often lead to a patient passing out. This is called a syncopal episode.
- Both the patient and the urologist would prefer that this doesn't happen.
- The pre-medication helps, a fan in the room to ensure moving air, music and an explanation of what is expected during the procedure will limit passing out occurring. This is where a urologist who is sensitive to this occurrence can limit this happening by using an assortment of techniques mentioned above.
- Why this is important: If your urologist offers I.V. general anesthesia in an ambulatory surgery center at a price that is near that of in the office, then the patient who knows he is not "a good patient" may elect to have I.V. anesthesia. This makes a potentially anxiety riddled vasectomy...a pleasant experience!



A vasectomy is a simple procedure in concept. Performing it in an efficient fashion, with minimal discomfort and limiting post vasectomy complications...requires a skilled and experienced urologist...and one attuned the concerns of the vasectomy patient.

# WHAT ABOUT PAIN?

---



- Our practice offers the option of I.V. general anesthesia by a board certified anesthesiologist. In this case we can guarantee that there will be no pain.
- If the vasectomy is done in the office setting, we use several modalities to limit any discomfort.
- Numbing the skin overlying the vas deferens is uncomfortable and similar to having a tooth numbed before a dental procedure.
- Once numbed, there is no pain. So the hard part the numbing.

# THE RATIONALE OF PRESCRIBING "PRE-MEDS."

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- The vasectomy pre-meds address the two most common issues facing the male the day of the procedure.
- An anti-anxiety agent such as Ativan address any nervousness the male may experience.
- A pain medication such as Norco allows for pain medication to be on board before the numbing of the skin occurs.
- The Madajet injector uses pressurized air to deliver the lidocaine to numb both the skin and the vas deferens.
- The Madajet is both less painful than a needle and eliminates any anxiety in the "needle-phobic" patient.

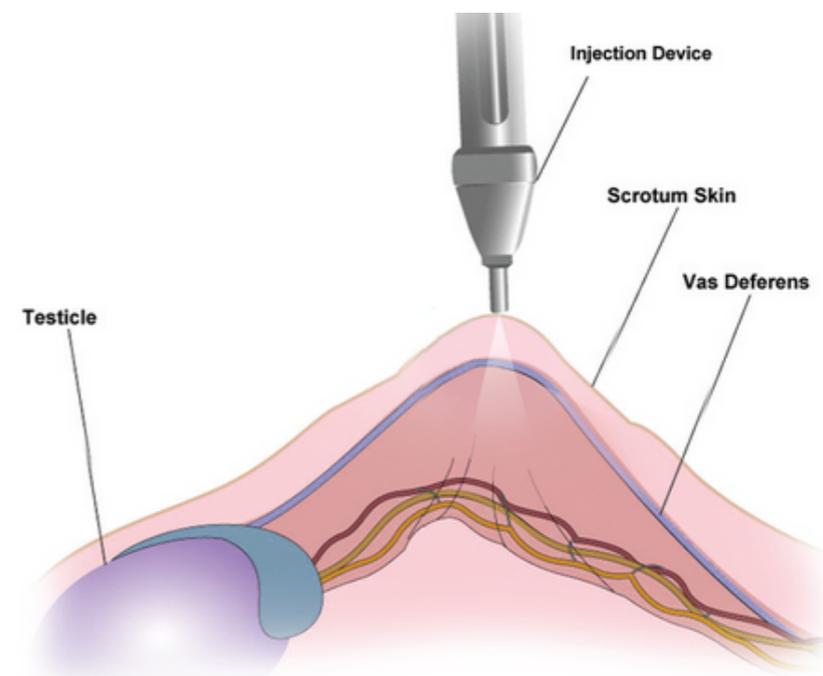
# THE PROCEDURE

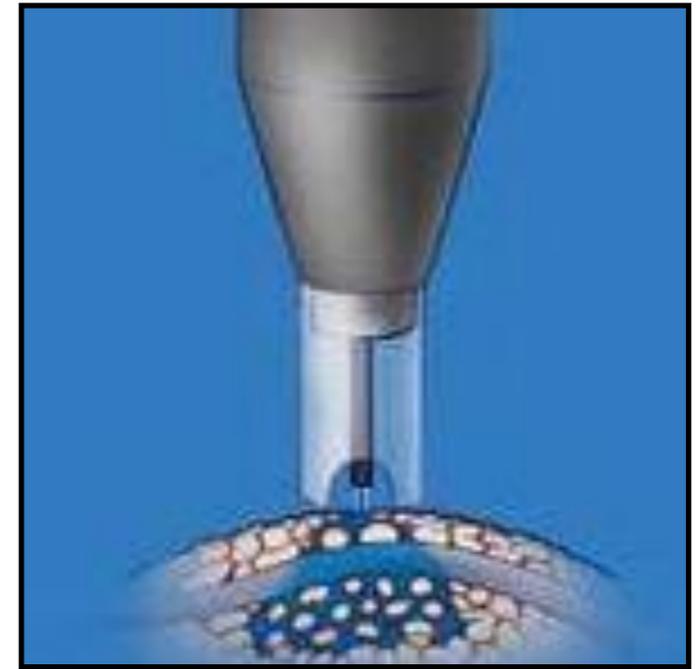
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*A vasectomy in pictures from start to finish  
performed by Dr. McHugh.*

# THE NO NEEDLE VASECTOMY.

.....  
*The No Needle method uses a device that uses compressed air to deliver the lidocaine numbing medicine. Less medicine is used and is beneficial to patients who have a phobia about needles.*





*The Madajet injector allows for anesthesia without using a needle and limiting the volume of lidocaine which in turn makes identifying the vas deferens easier.*

# ADVANTAGES OF THE NO NEEDLE VASECTOMY TECHNIQUE

---

- For the needle phobic patient, knowing there will not be a needle used to numb the skin decreases anxiety and in turn improves the patient experience and the procedure easier to perform.
- Less lidocaine anesthetic is used.
- It is quicker to administer than using needles.
- Onset of action is near immediate and effectiveness of preventing pain is excellent.
- Because of less fluid injected into and around the vas deferens, there is less disruption of the anatomical landmarks which also facilitates the performance of the procedure.
- Lack of needles, effectiveness of pain control may improve the popularity of the vasectomy worldwide.

# THE VASECTOMY OPENING

---



- The penoscrotal junction is where the penis lies over the scrotum.
- If one lifts the penis up, the area just below where it joins the scrotum is where the procedure is performed.
- The No Scalpel technique utilizes a special hemostat which punctures the skin and then spreads it to make an opening instead of a scalpel.
- There is only one opening and it is the size of a "grain of rice" and does not require any sutures.

“

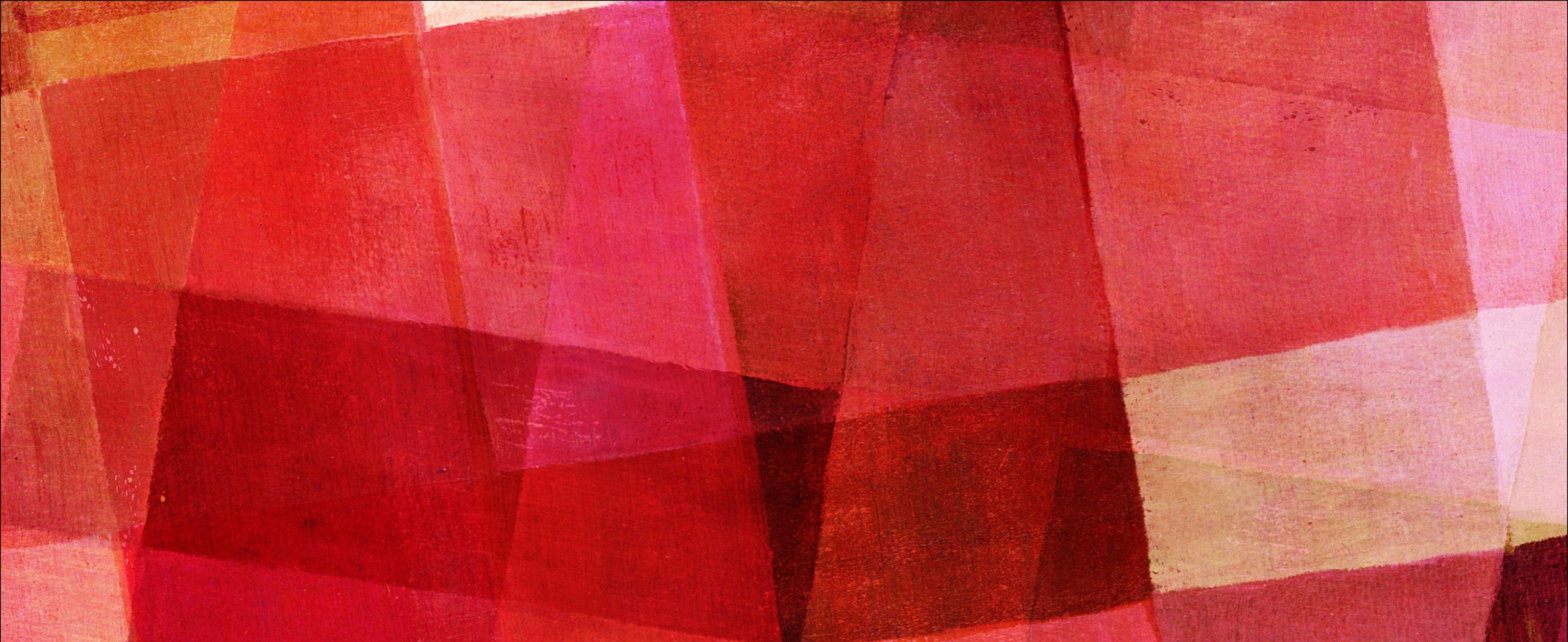
The fact that there is only one opening and that it is so small is...  
huge.

“

Why did the patient come to the vasectomy clinic dressed in a tuxedo?  
If he was going to be impotent, he wanted to look impotent.

“

A vasectomy causes sterility...i.e no sperm in the ejaculate. Impotence means the inability to get an erection. A vasectomy does not cause erection issues. That is why the tuxedo joke may be funny but is factually incorrect!



# VASECTOMY MYTH #1

---

*A vasectomy affects the male's testosterone.*



“

Both sperm and testosterone are produced in the testicle. However, only sperm leaves the testicles in the vas deferens. Only the vas deferens is treated by a vasectomy. Testosterone is unaffected as it leaves through the blood stream.

# THE NO NEEDLE HEMOSTAT

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- One of the most important elements of the No Scalpel technique is the instruments required to perform it.
- The hemostat to the right allows the urologist to make a small opening without making an incision.
- Skin that is spread to open as opposed to cutting, heals better and is less likely to need sutures.
- This instrument also helps deliver the vas deferens out of its protective sheath.

# THE NO SCALPEL OPENING

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Once the skin of the scrotum has been anesthetized, the fine pointed hemostat is used to puncture the skin at the penoscrotal junction.

The hemostat then gently spreads the skin and underlying tissue to make a small opening through which the procedure is performed.

This is the size of a grain of rice, there will only be one opening and it will not require any sutures.



## *The "No" Vasectomy*

- No needle
- No scalpel
- No "two openings." Only one small "grain of rice" opening
- No closing suture required

# THE CANTILEVERED GRASPER.

---



- Although the No Scalpel Vasectomy technique emphasizes making the vasectomy opening without a scalpel, the cantilevered loop grasper also revolutionized the procedure.
- This instrument can be placed through the small grain of rice opening and isolate the vas deferens and deliver it to the surface.
- Once delivered, a segment can be removed and the remaining ends cauterized.
- The cantilevered design allows the surgeon to grasp the vas without damaging or bruising the surrounding tissues.

# CAPTURING THE VAS DEFERENS

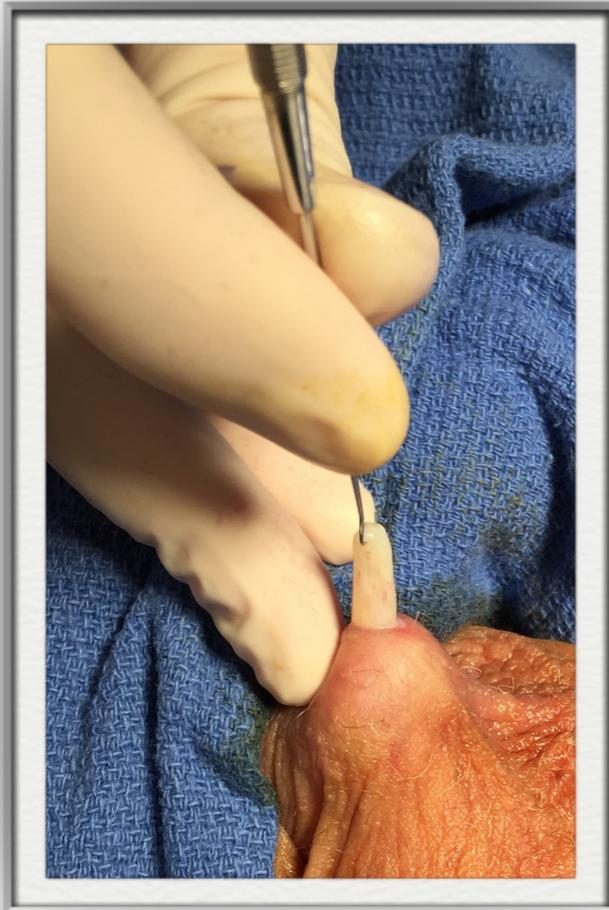
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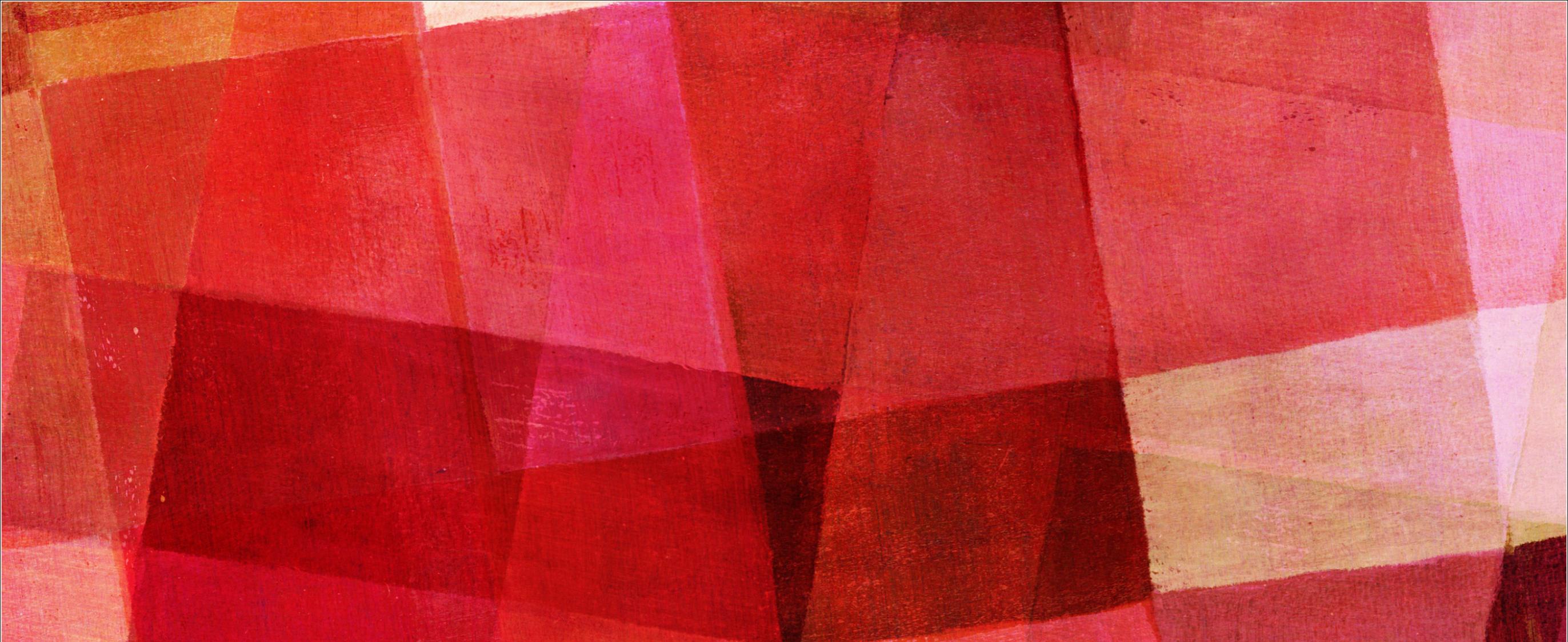
- The cantilevered grasper is placed into the opening made by the fine pointed hemostat and captures the vas deferens and brings it to the skin.
- What is captured is the vas deferens and the outer sheath which surrounds it.
- This is one of the most protective coverings in the body and for good reason. It protects the perpetuation of the species.

# THE VAS IS ISOLATED

.....



- The vas has been separated from its surrounding coverings and brought out of the scrotum to above the skin surface.
- The vas at this point is looped much like a piece of spaghetti.
- Two limbs of the vas are seen here joined by connective tissue and small blood vessels.



# VASECTOMY MYTH #2

---

*A vasectomy will decrease my sex drive (libido). Sex drive is determined by the male's testosterone. Sperm and testosterone are produced in the testicles however, the levels of testosterone are not affected by a vasectomy.*



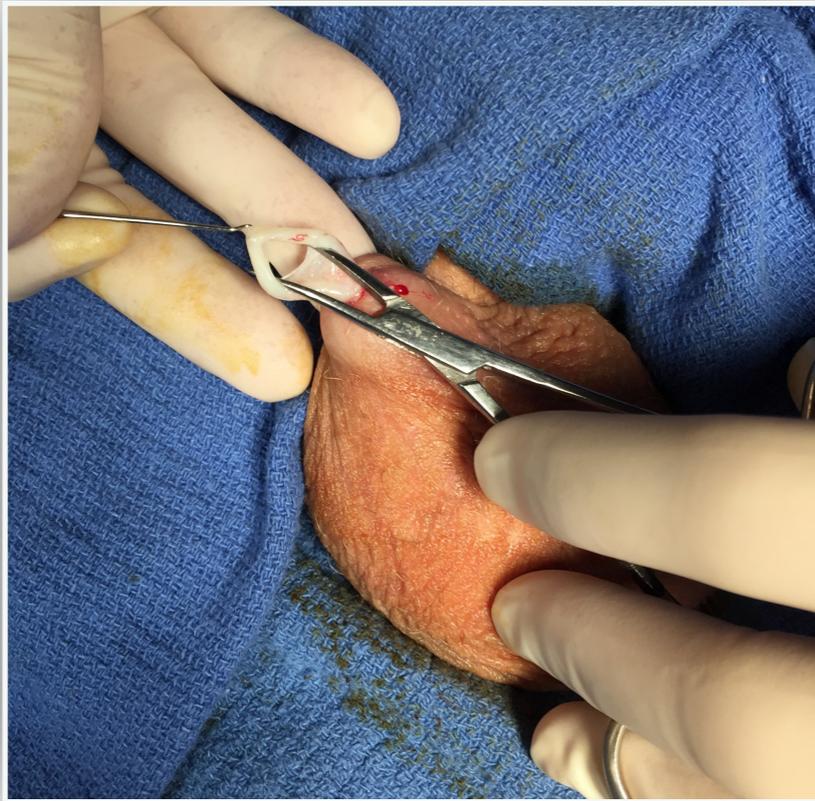
“

Q: True or false: After a vasectomy you'll "talk like a girl." This is the most common ribbing the male's coworkers will use.

A: Duh...false. A vasectomy affects only the sperm and its purpose is to prevent achieving pregnancy...only.

## THE TWO LIMBS OF THE VAS ARE DELINEATED

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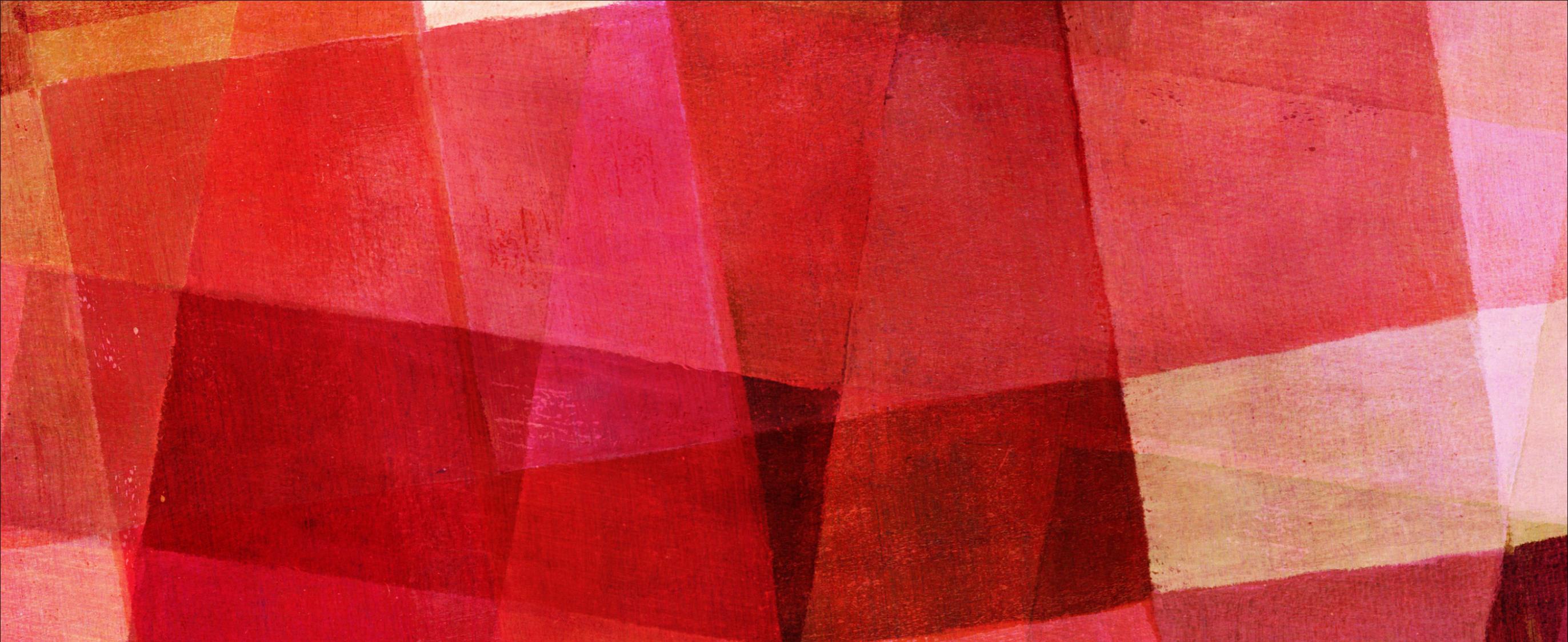
- Using the fine pointed hemostat the vas deferens is further delineated into two limbs.
- This maneuver clearly separates the connective tissue and vessels from the vas deferens.
- The vas deferens is now prepared for the division and disruption of the continuity of the flow of sperm.

“

A common complication after a vasectomy is a hematoma. It usually results from oozing of blood from the small vessels that surround the vas deferens.

“

*There is a... "Vas Deferens"... between who  
you choose to perform your vasectomy!*



## VASECTOMY MYTH #3

*.....Most pregnancies that occur after a vasectomy are not the result of an ineffective performance of the procedure, but rather the couple having unprotected sex before having two negative specimens.*





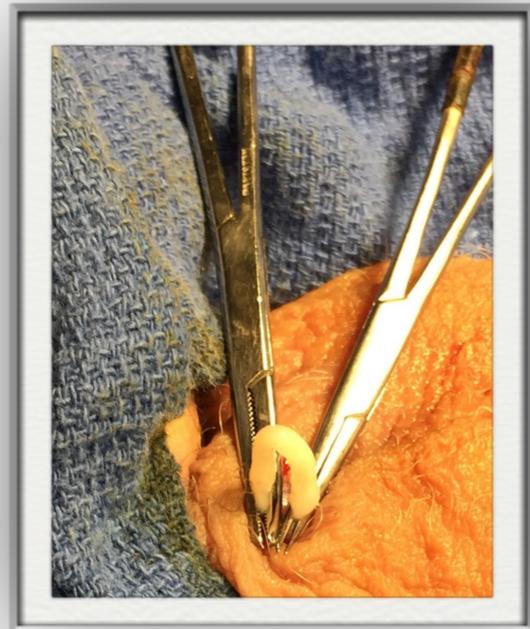
*"It ain't done till we say it's done!"*

The two most important post vasectomy instructions-

1. Strictly off your feet for the first twenty-four hours.
2. Absolutely no unprotected sexual activity until two specimens are negative for sperm.

# PREPARING FOR TRANSECTION

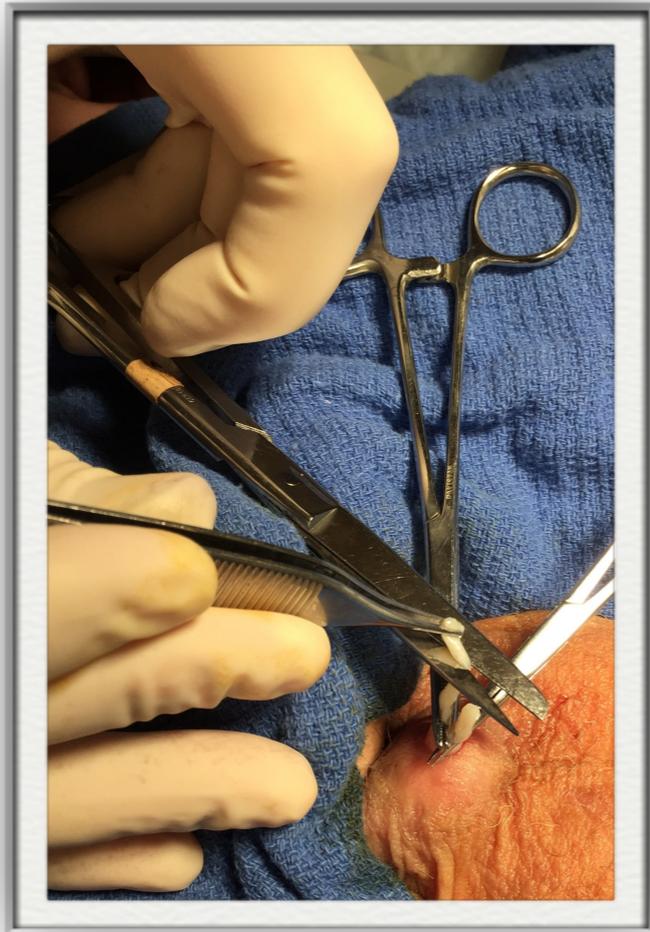
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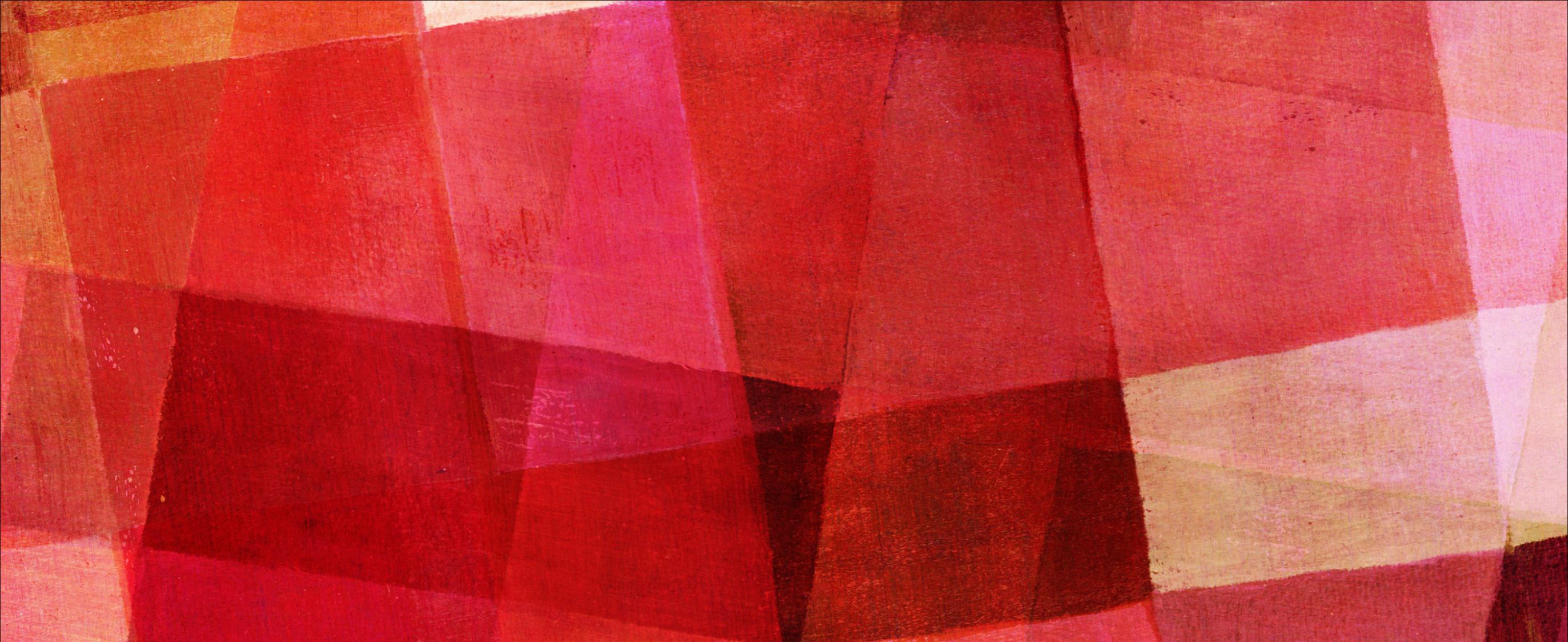
- The vas tube has been delivered into the surgical field, the connective tissue dissected away, and readied for transection and treatment.
- A properly prepared vas prior to transection will limit the unfortunate post procedure complication of a hematoma.
- A hematoma is a collection of blood at the site of the vasectomy. If one occurs it can take several weeks for the body to absorb it. Although aggravating, it seldom causes future issues once resolved.

# DIVISION OF THE VAS

---



- ▶ A segment of the vas tube is excised.
- ▶ The remaining limbs are now exposed and ready for cauterization.
- ▶ Although cauterization is the preferred method of the Dr. McHugh, a vas can be closed with sutures, clips, or electrocautery. All are for the most part equally effective.



# VASECTOMY MYTH #4

---

*Having a vasectomy causes prostate cancer and heart disease.*

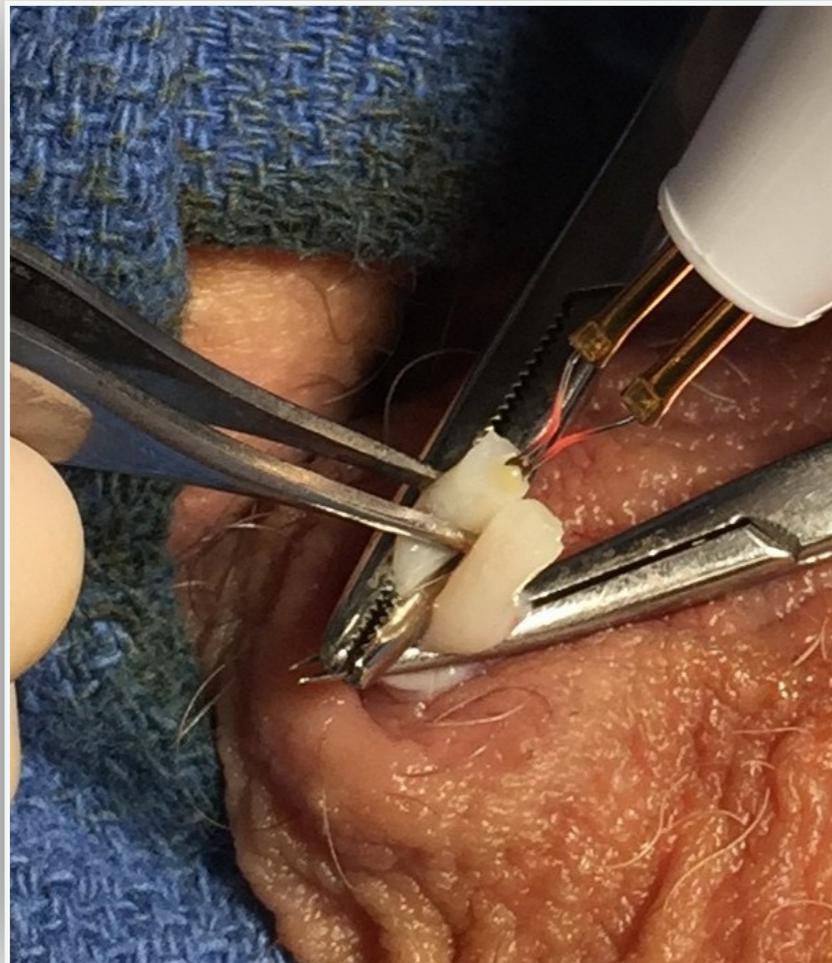


“

No study has definitively shown that having vasectomy causes prostate cancer or heart disease.

## CAUTERIZING THE LUMEN OF THE VAS

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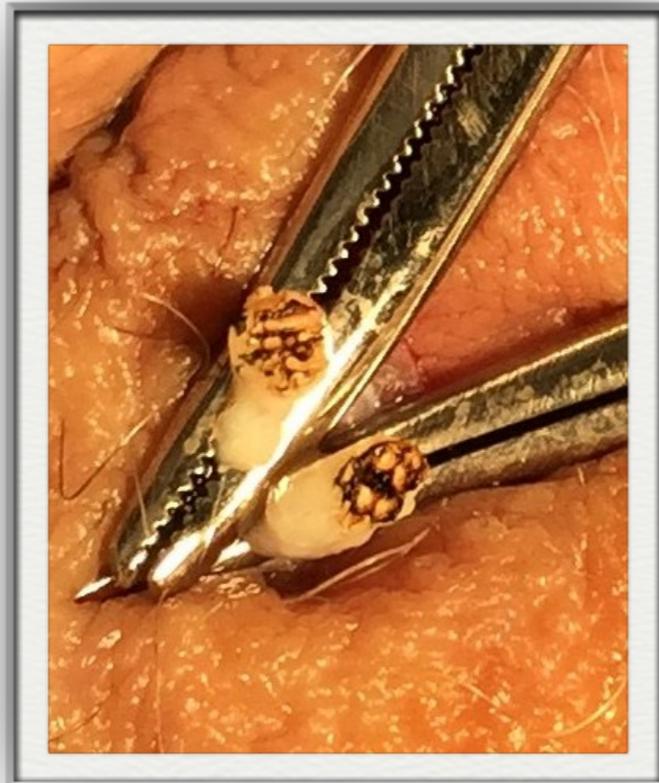
- ▶ The lumen or opening in the vas in which sperm travels is the size of the O in God on penny.
- ▶ In this picture a specially designed battery powered cautery device made for vasectomies is used to cauterize and hence destroy the lumen of both sides of the excised segment.
- ▶ The body in responding to this trauma and the healing response reacting to it, assures that the lumen is destroyed and preventing the passage of sperm.

“

*The chances of a vasectomy failing by growing back together (recanalization) are approximately one in two thousand. No one method is superior to another and the one employed is usually at the discretion of the urologist.*

## TRANSECTION AND SEALING COMPLETED

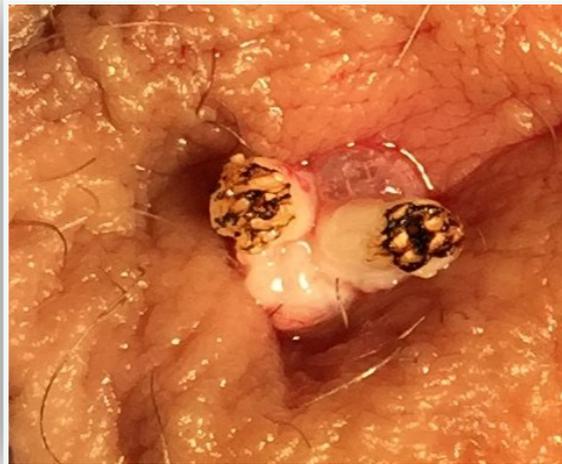
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- The vas deferens on the left side has been transected.
- A segment has been removed.
- Both limbs of the vas have been cauterized a fourth of an inch into the channel where sperm flows.
- And...each limb has been tied off with an absorbable suture.
- And that is why the chances of the tubes growing back together is less than 1/2000!

## COMPLETED VASECTOMY ON ONE SIDE

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- The two limbs are observed for any bleeding and none is seen.
- The skin is retracted above the vasectomy site allowing the vas deferens to return to its anatomical location.
- The same opening will then be used to bring the opposite vas into the surgical area to repeat the process and complete the vasectomy.

“

Is it a fair question to ask the urologist how big the opening will be and if it will be one opening or two?

You're darn tooting it is!

## SUTURE PLACED AT BASE OF VASECTOMY SITE

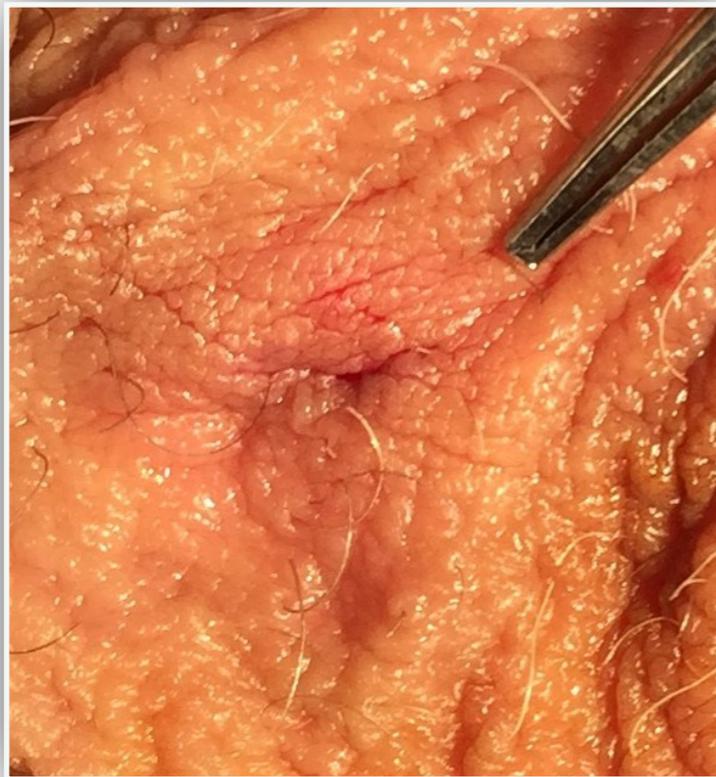
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- A hematoma after a vasectomy is the most common complication.
- Although not life threatening it is aggravating and complicates the post vasectomy healing process.
- An additional measure employed by the author is to add a suture to the base of the vasectomy site to seal small vessels that may not be seen but will ooze later to cause a hematoma.
- This additional suture also aids in the closure of the lumen to increase the success of the procedure.

# CAN YOU FIND THE OPENING?

---



- The No scalpel technique separates the skin with a special instrument.
- Only one opening is made.
- The size of the opening is that of a "grain of rice" and sometimes it is hard to find.
- No sutures are required due to the small size of the opening.
- Skin that has not been "cut with a scalpel" heals better.

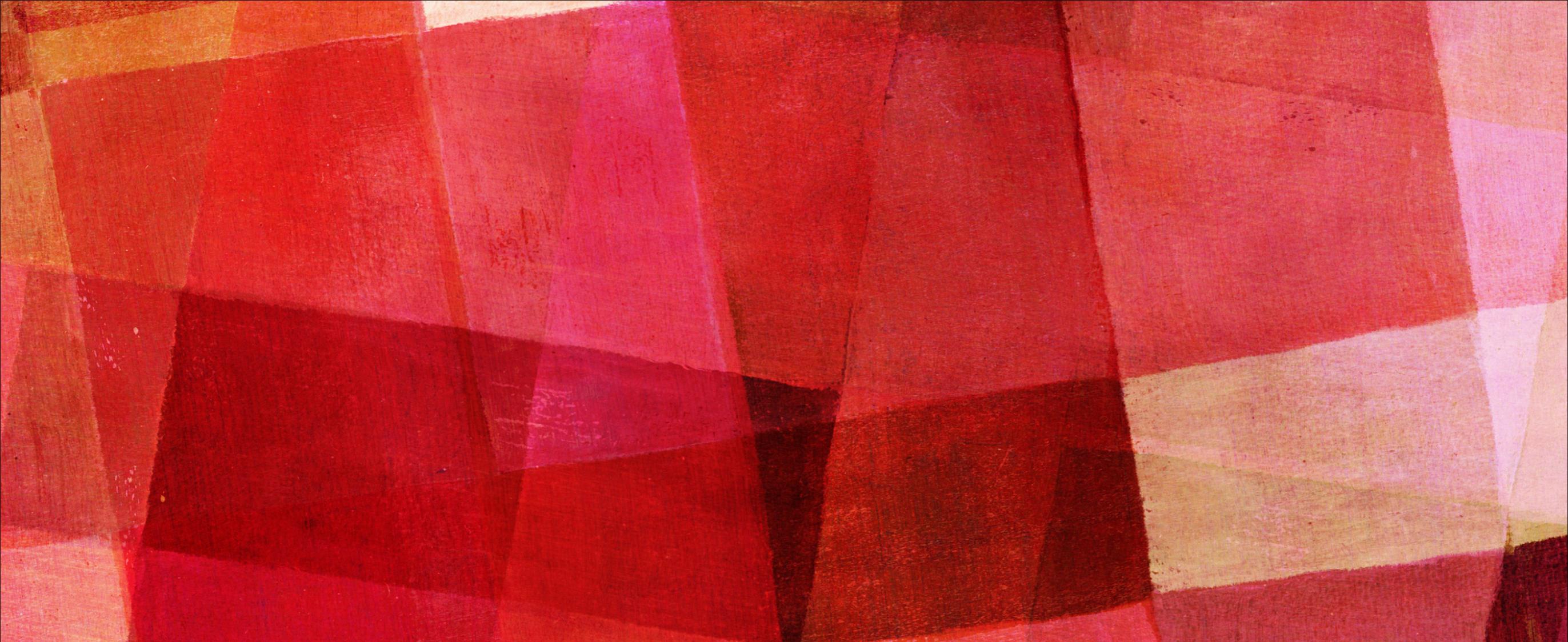
# POST VASECTOMY INSTRUCTIONS

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- *Most patients have a vasectomy on a Thursday or Friday and return to normal activities/work on Monday. Any day can be chosen but prior to a weekend is most common.*
- *Strictly off your feet for the first twenty-four hours and then no strenuous activity for the remainder of the weekend.*
- *Ice over the incision for the first two hours home. Neosporin to the small opening for one week.*
- *May shower the day after the procedure but not letting water hit the procedure site directly*
- *No sexual activity for one week.*
- ***No unprotected sexual activity until two negative semen evaluations by microscopic exam at 6 and 8 weeks.***

“

If you have a very strenuous job or have a vigorous exercise routine, then resume previous level of activity gradually.



# VASECTOMY MYTH #5

---

*It is easier for the female to have a tubal ligation than for the male to have a vasectomy.*



“ A tubal ligation procedure requires general anesthesia, is more expensive than a vasectomy, takes longer, is not as effective and sometimes requires post procedure hospitalization.

This is one of those occasions where the male needs to "step up!"

# POTENTIAL COMPLICATIONS

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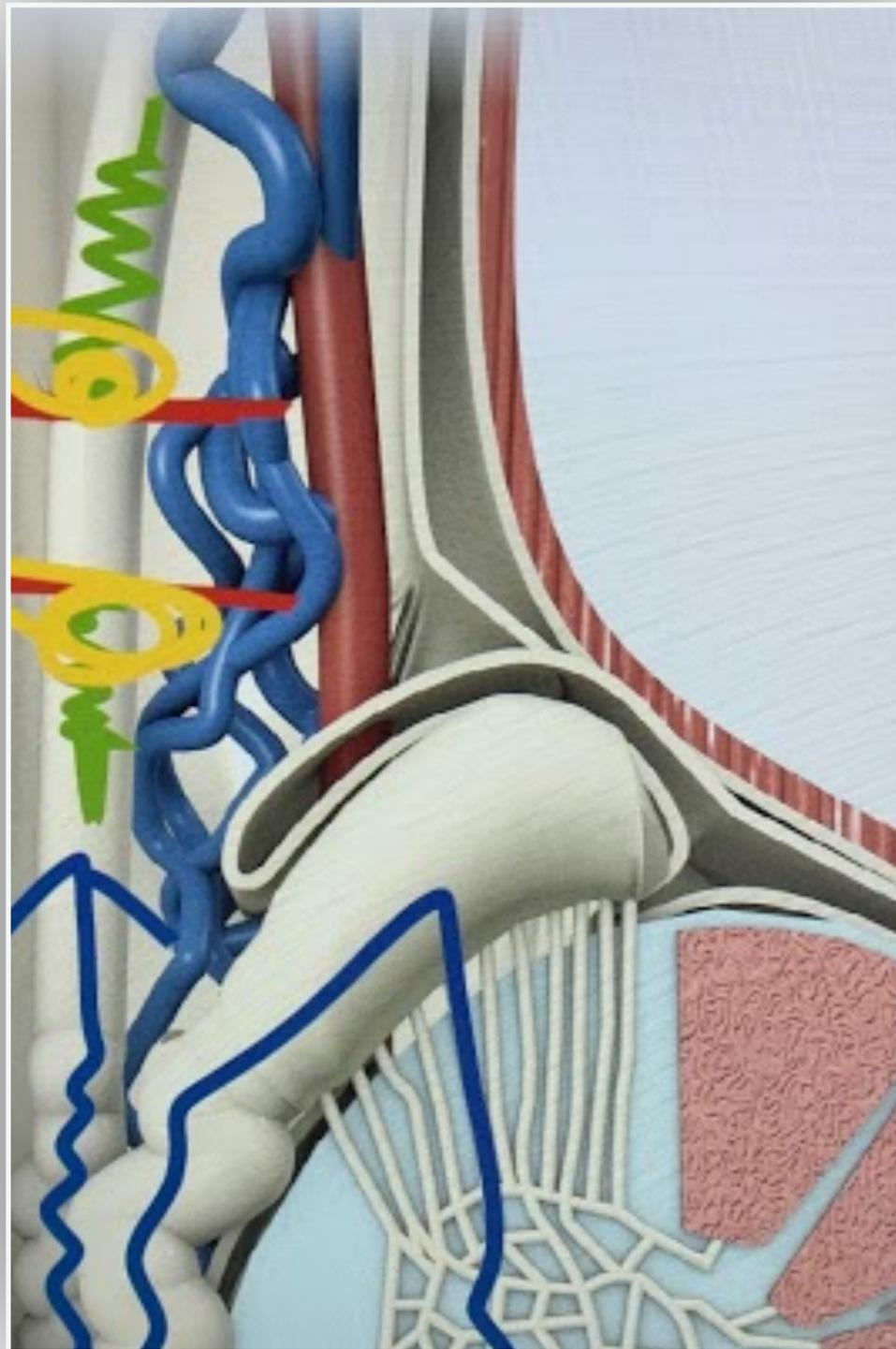
Calm down!  
You're getting a vasectomy.  
You ain't being neutered.  
[northeastgaurology.com](http://northeastgaurology.com)

- There will be no effect on the male sexuality.
- Some mild swelling and bruising near the opening site is common.
- There is no effect on urination.
- After a vasectomy, there is a mild increase in the pressure gradient in the vas deferens closest to the testicle. In some patient this manifests as a pressure sensation in the testicle. This is not common but if it occurs it is usually short lived.

- Post vasectomy pain syndrome (PVPS) is an uncommon pain syndrome of the testicles after a vasectomy occurring in 1-2% of vasectomy patients. This is usually managed with medications and conservative measures, although some patients will have a vasectomy reversed in hopes of eliminating the discomfort.
- A sperm granuloma is a knot that forms at the actual vasectomy site. It can be tender but in most patients the knot will persist but the discomfort will go away. It is usually size of a lima bean or smaller.
- A hematoma is a collection blood that forms around the vasectomy site. It is the result of slow oozing of small vessels closely associated with the vas deferens. It resolves slowly with time and usually without consequence.

# A VASECTOMY IN COLORS

.....



- Blue: This is the pathway of the sperm from the testicle, epididymis and up the vas deferens.
- Red: The two red lines represent the area of vas deferens that is excised.
- Green: The portions of the vas which have been transected are now cauterized and sealed.
- Yellow: The McHugh method then adds a dissolvable suture at both ends to seal small vessels to prevent a hematoma.

“ In the previous picture of the testicle, note that sperm travels in the "White" vas deferens. Testosterone is also produced in the testicle but it travels out by the "Blue" blood vessels. As a result testosterone is not affected by a vasectomy.

# CUT-BURNED-AND TIED.

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- Think of the end result of having a vasectomy as the hands pictured to the left.
- Two hands represent the two sides of the vas deferens that remain after the vasectomy.
- The ends have been treated and will scar. There is a space where a segment of the vas was removed.
- Just beyond the fists, a suture has been tied...for good measure.
- Likelihood of this opening up?  
1/2000!

# UNPROTECTED SEX? WHEN?

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- ▶ After you procedure you will be given two specimen containers.
- ▶ Checking a post vasectomy specimen is easier than if checking for fertility.
- ▶ The patient is usually advised to drop off a specimen for microscopic exam at six and eight weeks.
- ▶ If two consecutive exams show no sperm, then...you're good to go!

“

After a vasectomy, there is sperm in the vas tube beyond where the segment was treated. It takes about 25 ejaculations to clear this sperm out of the ejaculate.

“

The sperm in the ejaculate accounts for only 5-10% of the volume. Most of the fluid in the ejaculate comes from the prostate, not the testicle. So one will hardly notice any changes in the volume of the ejaculate.

# SUMMARY OF HAVING A VASECTOMY FROM START TO FINISH.

---

- You decide you don't want any more children. If you are not sure you don't schedule a vasectomy, or you bank sperm.
- Pre-vasectomy consult- The procedure and method of Dr. McHugh is explained. You are examined, the pros and cons and risks of the procedure are explained.
- All of your questions are answered to your satisfaction.
- You are given a prescription for the pre medications.
- We'll discuss if an in office procedure with you awake but with pre medication and Madajet injector anesthesia of the skin is best for you. Or, if you are a better candidate(would really like to sleep through it) for I.V. general anesthesia in our surgery center.

- Our staff will discuss the vasectomy in terms of financial considerations. You may have a choice of office or surgery center at no additional cost.
- Your insurance may have a condition that you must be in an office setting. (Some insurance will only cover a vasectomy if done in an office and will pay for the procedure with the patient only responsible for their usual office co-pay.)
- Self-pay patients are not encumbered by the rules of insurance and actually have more options of where they would want the procedure performed.
- On the day of the procedure, the patient takes the pre-medication when he leaves home. (Usually 30-45 minutes before.)

- You will have shaved the hair off the front of the scrotum the night before the procedure.
- If you are an in-office vasectomy, you will be on an exam table, the area of the scrotum will be prepped and draped for the procedure.
- There will be a fan in the room to move air around and there will be music...these are diversions as males as a rule do not make good patients. (Particularly considering where we will be working.)
- I'll ask if there are any additional questions, and if not, the EMLA will be used to numb the skin and the underlying vas deferens.

- A small opening will be made in the midline at the penoscrotal junction, the right vas is isolated, a segment removed, both ends cauterized, and then tied with dissolvable suture.
- The right vas tube will be released to its rightful home and then a similar procedure will be done on the left side.
- As a rule the procedure takes about 15 minutes.
- Everything is the same if done in our surgery center except you won't need to be numbed. You'll have an I.V. and anesthetic agents designed for the purpose will be used to put you to sleep for the 15 min procedure. (These agents have a very quick onset and when stopped, you will awake quickly.)

- The pre-meds you are given has 1 sedative and 16 pain pills. You'll take one of each before the procedure. Although you may not need all of them, they are available if you do have discomfort after the procedure.
- You'll be advised to be strictly off your feet until the next day and then for the most part off your feet for two days. The vast majority return to work that Monday or three days if you have your procedure early in the week.
- Ice over the area for the first two hours at home and a small amount of neosporin ointment on the small opening for one week.
- No sex for one week to allow things to heal. No unprotected sex until two specimens are negative for sperm at six and eight weeks.

- There is nothing special that needs to be done regarding the specimens. There is no time frame. Most patients will drop off at some point during the day, we examine them and call back later in the day. The two negative specimens need to be consecutive.
- Although it can be frustrating, it is not unusual for there to be an occasional dead sperm in the specimen. This finding is very unlikely to be sufficient to achieve pregnancy, however we want to see two in row with no sperm. (The more sexually active you are after a vasectomy the sooner the sperm clears. It takes about 25-30 ejaculations to clear the sperm already in the tube beyond the vasectomy site, but this varies in individuals.) *Note to the patient...you're welcome!*
- You'll be given the specimen containers. Dr. McHugh evaluates the specimens microscopically and the nurse will relay the results, in vast majority of cases, that day.

# IF YOU HAVE A POST VASECTOMY ISSUE.

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- A small amount of swelling near the opening or bruising is common and can be expected.
- A large amount of swelling (a hematoma) is not common and you should call to discuss or be seen.
- It is not uncommon for patients to have some pressure pain or the feeling of discomfort into the next week. If there is no external swelling or pain, this is probably normal and related to the body adjusting to the changes as a result of the vasectomy occluding the vas tube.
- If an issue, you can call for an appointment, call to discuss, or email a concern. Phone: 770-535-0001 ext 113 or [Kathy.burton@ngurology.com](mailto:Kathy.burton@ngurology.com)

# AND FINALLY...

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- ▶ We do hundreds of vasectomies a year so we understand a little about not only the procedure but also the concerns of the male patient having a vasectomy.
- ▶ We offer minimally invasive techniques, fair pricing if you are self pay, we accept almost all major insurances, and we offer the option of local anesthesia in the office or I.V. general anesthesia in our accredited surgery center.
- ▶ We are committed to making your vasectomy experience as pleasant as possible.
- ▶ We look forward to working with you!

**CONTACT US:**

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***Associates***