

# Vasectomy Reversal Consultation Office Visit 101

---



Dr. McHugh offers a free of charge and in office consultation to any couple desirous of a vasectomy reversal. Although this is the desired method of a pre-operative visit, in the male with no significant health issues, a phone consultation or seeing the patient the day of the procedure is acceptable.

- The procedure will be performed by Dr. McHugh with general anesthesia provided by a board certified anesthesiologist in our accredited urological surgery center.
- The procedure will last approximately two and a half hours.
- There will be two one inch incisions at upper aspect of the scrotum. Dissolvable sutures will be used and will be gone at two weeks.
- A Zeiss operating microscope and microscopic suture will be utilized for the procedure.
- The method used for the procedure is a modified two-layer closure with the usual total number of sutures being 12 -14 on each side. These are non dissolvable sutures.
- The vasectomy site is delineated, excised and the testicular end of the vas and the body end will be freshened up, examined under the operating microscope to be sure they are pristine, and then the microscopic anastomosis will begin.
- Microscopic instruments, fashioned for this procedure, will be used.
- The reversal will be watertight and tension free assuring the best chance of a patent vas deferens and successful presence of sperm in the ejaculate.
- The fluid from the testicular end of the vas deferens will be examined under a microscope however the findings will not affect the type of procedure performed (vasovasostomy). The patient and wife will be informed of the findings; seeing live numerous sperm is a positive predictor of success.

- The potential need for a vasoepididymostomy is more likely if the patient had his vasectomy over ten years prior to the procedure. Patients are made aware of this possibility preoperatively and given the option of seeking out a surgeon who has experience in performing this procedure regularly.
- If there is no fluid or there is a paste-like fluid in the testicular side of vas the likelihood of an obstruction before the vasectomy site is more likely however in our experience this happening on both sides is uncommon. Only one side of a vasovasostomy is necessary to achieve pregnancy although obviously the presence of sperm on both sides increases the chances of sperm in the ejaculate and subsequent pregnancy.
- The patient leaves our center with ice over the incision which should remain for two hours.
- The small incisions should have Neosporin placed on them daily until healing and taking a shower the next day is okay if care is taken not to let the water hit the incision site directly.
- After the surgery, the patient should refrain from sexual activity for three weeks as well as strenuous activity. If the procedure is performed on a Thursday, for instance, he should be able to return to work on a Monday if it is a non-strenuous job. The more time taken off from work to be off your feet the less likely there is for swelling and bruising. Bruising and swelling to some degree is expected due to the length of the procedure and should not be a cause for alarm.
- Use of exercise compression shorts instead of a “jock strap” provides the elevation and pressure to the testicles to encourage the healing of the vas repair site and decreases bruising and swelling.
- If a patient desires to evaluate a semen specimen for sperm post-reversal we recommend waiting 4-6 months to allow the testicles to readjust to the now unobstructed vas deferens.
- We offer complimentary hotel accommodations for the family who is out of town and prefers to arrive the night before or stay the night after the procedure.
- The success rate of a vasovasostomy is multi-factorial. The reversal has to be patent, the length of time between the procedure and the vasectomy is an important factor, with the shorter time period having the best results and then the normal impediments of pregnancy that occur between any couple in normal circumstances.
- Patency means that after the procedure the patient has sperm in the ejaculate. Achieving pregnancy is dependent on the quality of the sperm and factors related to the female. Because of this, there is a difference between seeing sperm in the ejaculate after the procedure and achieving pregnancy. For instance at 5 years after a vasectomy, following a vasovasostomy the chance of patency is approximately 75% where as achieving pregnancy might be 60%. These numbers vary pending on the various studies. Understanding patency vs. pregnancy and the length of time between the vasectomy and the vasovasostomy is important.
- The fee charged is all inclusive except for the prescription given post op for an antibiotic and pain medications.
- We usually give the wife the prescription which she can fill while we perform the procedure. We will call the wife to say we are done with the first side and are beginning the second side. This allows the wife to be mobile if she prefers not to be in the waiting room the entire procedure.

(Some patients have brought children and they go to the mall or playgrounds while the two and half hour procedure is performed.)

- Local anesthesia is placed in the incision sites to limit post operative pain on the trip home and the anesthesiologist takes measures as well by providing intravenous medications for pain control and the prevention of post anesthesia nausea.
- Our surgery center nurse R.N.s will call post operatively to check on you and answer or handle any issue that may arise.
- Finally, we'd appreciate a call when pregnancy is achieved and would really like a picture of the baby.

Finally on behalf of the Northeast Georgia Urological Ambulatory Surgery Center staff and Dr. McHugh, we look forward to working with you and together achieving the new addition to your family.



#### Vasectomy Reversal Success Rate

Less than 3 years- Patency 97% Pregnancy 76%

3-8 years - Patency 88% Pregnancy 53%

9-14 years - Patency 79% Pregnancy 44%

Greater than 15 years - Patency 71% Pregnancy 30%

*Belker AM, et al. Results of 1,469 microsurgical vasectomy reversals by the Vasovasostomy Study Group. Journal of Urology 1991; 145(3):505-11.*