

Vasectomy & Reversal Centers of Florida

Vasectomy consult date: Online _____ **Name:** _____

Details of the vasectomy procedure were presented by counseling video, and any questions were answered. He has our instructions for before and after vasectomy and he understands and has signed the consent, which includes an explanation of potential complications and alternatives.

Exam: Vasa ___ easy to feel. Other findings re. vasa: _____
 Testes symmetrical. Other findings re. testes: _____

Notes: _____

Vasectomy Date: _____ **Surgeon:** Douglas G. Stein, M.D. / John Curington, M.D.

Antibiotic: cephalixin 500 mg minocycline 100 mg None: refused / other

NO SCALPEL MADAJET VASECTOMY: The anterior scrotal wall was shaved if necessary and the loose hair gathered with tape. One vas was lifted to a subcutaneous position beneath the median raphé of the upper aspect of the scrotum. The overlying skin was prepped with alcohol. A Madajet was used to inject **0.1 or 0.2 ml (one or two squirts)** of anesthetic (2% lidocaine) into the skin just adjacent to the median raphé and around the underlying vas. The other vas was then similarly injected from opposite points just adjacent to the median raphé. The scrotum and surroundings to a distance of 3" was then prepped with antiseptic (4% chlorhexidine/alcohol/water). A sterile drape was applied with only the scrotum showing through. The vas was brought back into position and grasped through the skin with an NSV ring fixation clamp. If the patient experienced any discomfort during this maneuver, 1% lidocaine was injected alongside the vas using a 30g needle and the grasping maneuver was repeated*. The ring clamp was deflected downward and the elevated portion of the skin over the loop of vas was pierced with 1 tip of an NSV dissecting clamp down into the vas lumen. Then both tips were inserted and spread for exposure of the vas interior and separation of the skin to a distance twice the width of the vas. Then a single tip of the dissecting clamp was used to lift the vas out of its sheath as the NSV ring clamp was removed from its original position and reapplied to one wall of the slit vas. With one tip of the NSV dissecting clamp, a vasotomy opening was made a few mm toward the prostate from the ring fixation clamp. A vasector thermal cautery unit was introduced and used to cauterize 6 mm of the prostatic end lumen. Then the thermocautery unit was used to divide the vas at the vasotomy site. As the prostatic end slid proximally back into the sheath, a Hemoclip/2-0 silk/3-0 vicryl was used to close the vas sheath around the prostatic end and thereby provide fascial interposition between the ends. A portion of the prostatic end was excised only if necessary to facilitate fascial interposition. Hemostasis was addressed using thermocautery/suture. The vas ends were dropped back into the scrotum. The other vas was lifted to a position beneath the puncture site, grasped with the fixation clamp, delivered and treated in the same way as had been done with the first side. A folded 4x4 gauze was applied to the skin puncture site, and a scrotal support was used to hold the gauze in place. He'll leave it just as it is until tomorrow morning, when he can remove the support and take a shower. After his shower, he'll replace the support and wear it for 2 days when up and around, for 7 days during sports.

- On the left side, the patient did **not** require additional lidocaine after use of the Madajet.
- On the right side, the patient did **not** require additional lidocaine after use of the Madajet.

Return in 12 weeks with a sample. He'll mail a semen sample to the office, in the mailer provided, in 12 weeks.

Notes: _____