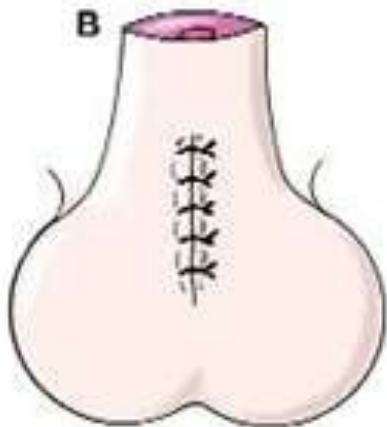


What next?

- The dressing should be kept dry for the initial 72 hours after surgery and then soaked in a bath until the dressing comes off with ease.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- Do not tug at the sutures!!
- On discharge a prescription may be issued for patients to collect.
- A semen analysis will be requested 3 months after the procedure. Hopefully there will be viable sperm. The first analysis may not always be good and a few specimens may be required.
- Please direct all further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



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Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

VASO-VASOSTOMY

**REVERSAL
VASECTOMY**

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Vaso-vasostomy (Reversal)

Why is it done?

- To reverse a vasectomy (sterilization)
- Please bear in mind that this procedure has a 50% success rate if performed:
 - within 10 years of the vasectomy
 - on younger patients (<45 years)

Pre-requirements

- An informed consent is required from the patient.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this to theatre staff and Dr Schoeman**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery.
- The whole scrotum is shaved prior to your admission

NB! You are required to bring 2 pairs of tight new undies for post-operative scrotal support.

How is it done?

- This procedure is performed under general anaesthetic.
- A single incision is made on the midline raphe of the scrotum.
- Each testis and vas deference is then individually extracted through this incision.
- The defect in the vas is identified and prepared for re-anastomosis.
- If semen are present, these may be sent off for analysis to confirm semen viability.
- A large suture material is placed as support inside the lumen and tied outside on the skin. This will be removed in the rooms 5-7 days after the procedure.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected around the vas deferii and into the wound, thus giving post-operative pain relief for the next 4-6 hours.
- No strenuous movements are permitted for at least 14 days.



What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- Bleeding is a common complication.
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- An infection of the wound can occur and requires immediate attention.
- There is a failure rate of 50%.
- Owing to the nature of the surgery and the soft skin of the scrotum, bruising may appear to be much worse than it actually is and is no cause for alarm.
- **DANGER SIGNS:** A scrotum that swells immediately to size of a football, fever, puss. Contact Dr Schoeman or the hospital immediately as this may occur in up to 5% of all cases..

