

## VASECTOMY

PATIENT NAME:

DATE OF PROCEDURE:

Preoperative Diagnosis: Desires Sterilization

Postoperative Diagnosis: Desires Sterilization

Procedure: Bilateral Vasectomy

Surgeon: Glenn Betrus, MD

Anesthesia: 2% lidocaine with sodium bicarbonate-local

Procedure: The patient was placed in the supine position, and prepped and draped in a sterile manner. The left vas was grasped between my thumb and index finger. The skin and vas were anesthetized with 1 cc of local anesthetic. The skin of the midline scrotum was punctured and separated with the vas dissecting hemostat. Subcutaneous bleeding vessels were controlled with the battery cautery unit. The vas was grasped with a vas clamp. The sheath of the vas was opened and the vas was identified. The deferential vessels were carefully dissected off the vas for a distance of approximately 2 cm. A 5 mm section of the vas was excised. The lumen of each end was then cauterized for a distance of approximately 5 mm. Each end was then tied with 4-0 Ethilon suture. The distal end of the vas was returned to its sheath and the sheath was closed over it with a 3-0 chromic suture. Thus, each end of the vas was buried in different fascial levels. An identical procedure was then performed on the right vas. After ensuring adequate hemostasis, the skin was closed using 3-0 chromic suture. A sterile gauze dressing was then applied to the area of the incision. Blood loss was negligible.

The patient tolerated the procedure well and left the office in satisfactory condition. He was given a postoperative instruction sheet. The need to continue to use other means of birth control until azoospermia is confirmed was stressed.

Rx:

\_\_\_\_\_ Patient verbalizes understanding of instructions given

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name:

Date of Birth: