



METROCENTRE
VASECTOMY AND VASECTOMY REVERSAL

Vasectomy:
The
Metrocentre
Way



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What is a vasectomy?

A vasectomy is a surgical procedure undergone to inhibit the reproductive process. There are three main types of vasectomy: traditional vasectomy, no scalpel vasectomy (NSV) and open-ended vasectomy. Each of these procedures is performed with the same end goal in mind: to prevent the sperm and semen combining inside of the testes which is required for fertilisation of the female egg.

The 3 main techniques used for vasectomy procedures

At Metrocentre, we only perform the open-ended vasectomy due to the pioneering work of our mentors Prof Owen, Dr Bruce Errey and Dr Walters.

1. Open-Ended Vasectomy

A true open-ended vasectomy should take at least 25 minutes to perform.

This procedure involves two tiny incisions to access the vas tubes. The tubes are then cut and the testicular end is left opened and unsealed, with both ends of the tubes separated by layers of tissue within the scrotal sac by fine suturing. Sperm continues to be produced after the vasectomy so this fluid travels from the testicle up the vas where it then flows out of the vas and into the tissues. The body reabsorbs this naturally. The testicular vas deferens and the vas deferens that leads to the prostate reconstructed in separate compartment to minimise the risk of failure.

As a result of this technique:

- Sperm does not suddenly build up in the testicle, so the development of an inflammatory cascade, blow out and scarring of the fine epididymal tubules is avoided.
- Sperm flow is directed and absorbed under the skin rather than left to clog up the tubules.
- An open-ended vasectomised patient is unlikely to be aware that they have had a vasectomy unlike the closed ended vasectomy patients that often experience some form of aching and tenderness.
- The nature of this technique prevents the build-up of sperm and the associated congestion (post vasectomy pain syndrome), a lower rate of postoperative pain, and a better potential for vasectomy reversal in the future.

It is highly important to use contraception for the first few months after surgery. This is done to allow the remaining sperm to be flushed out beyond the scrotal ties. It is important to note that sperm will continue to be produced in the testicles after surgery.

2. No Scalpel Vasectomy (NSV)

A "no scalpel" technique merely describes how the vas tubes are accessed. Once the skin is opened, a traditional technique is generally used to perform the vasectomy.

A "no scalpel" technique involves tearing the skin with sharp pointed forceps to access the vas tubes. Both ends of the tubes are then cut, tied or cauterised to prevent the movement of sperm.

3. Traditional Vasectomy

A traditional vasectomy takes around 10 minutes to perform.

This technique uses either a scalpel or sharp forceps to access the vas tubes. It is usual to have either one central or two large incisions, the vas tube is cut and sealed (burnt, tied or stapled) and sections of the vas deferens may be removed.

If large sections are removed and sutures or staples damage the blood supply in the scrotum, then a vasectomy reversal may be more difficult after this technique is used. By tying the ends attached to the testicles, blow outs and scarring of the fine storage tubules called the epididymis is more likely to cause chronic scrotal pain of varying severity (post vasectomy pain syndrome) and a more complex vasectomy reversal.

In one case we repaired, 10 metal staples (counted on ultrasound) were used in the vasectomy. This can cause significant collateral damage to important blood vessels, nerves and lymphatics that can increase the long term risk of complications and lessen the chance of successful vasectomy reversal if there was a change of circumstance.



What are the benefits?

The open-ended vasectomy we offer at Metrocentre offers a range of benefits over traditional procedures.

Dr Lekich has trained extensively under Dr Bruce Errey, who had pioneered and performed over 30,000 open-ended vasectomies. As men continue to produce more than 20 million sperm per day after a vasectomy, the open-ended technique is engineered to reduce the inflammatory pain associated with the blockage of the testicular vas deferens that occurs during traditional vasectomy procedures.

During this procedure the testicular end of the vas deferens is left open to allow sperm to continue to move through the surrounding tissues, which means that the clogging and inflammation associated with the sealing of the vas tubes is avoided.

The benefits of an open-ended vasectomy:

- Reduction in Post Vasectomy Pain (congestion) Syndrome as a post-operative complication
- Retain normal function of the male reproductive organs
- Maximise the potential of a successful future reversal
- Preserving lymphatics, nerves, veins and arteries

Contrary to popular belief, open-ended vasectomies do not have a higher failure rate, as the two ends are separated and placed in different scrotal positions to prevent the two ends joining together once more.

Dr Lekich sees many vasectomised men using the ultrasound for vasectomy reversal assessment and is amazed that even at 30 years after an open-ended vasectomy the testicular structures look much less inflamed and scarred than those of a traditional vasectomy performed six months earlier.



Are you a candidate for a vasectomy?

Any man single or married, with or without children may consider undergoing a vasectomy.

Although at Metrocentre open-ended vasectomies can be reversed in many cases, this is still considered a permanent procedure.

During your initial consultation, all aspects of the procedure will be discussed to ensure you are an appropriate candidate. As for every patient, counselling is important.

For men who have not fathered children, it is advised you have your consultation on a separate day to your procedure. This will allow you to discuss all issues in detail and have time to think about how you feel once you have spoken to the doctor. Dr Lekich has reversed vasectomies on many males who have never fathered children.

Men whose partners are pregnant should consider waiting until the baby is born in the event the pregnancy or birth becomes complicated.

Vasectomy Q&A

What analgesia is used during the open-ended vasectomy procedure?

At Metrocentre we use local anaesthetic to avoid the side effects associated with general anaesthetic.

This means most men can drive to and from the procedure. Many of our patients report that they experience little to no discomfort during and after the procedure.

How will I feel after the procedure?

The effects of the local anaesthetic should wear off after about 2 – 3 hours and after this time, most men report that they experience minimal discomfort.

We will send you home after the procedure with an ice pack on the area – the more ice you can keep on for the rest of the day of the procedure, the better you will feel the day after the procedure.

As many of our patients experience minimal discomfort after the procedure, we suggest taking at least one dose of paracetamol before bed is beneficial. Don't be brave – if you have any unrelieved pain – no matter how little, use paracetamol.

How long does it take after the procedure for me to become totally sperm free?

For most males it takes around three months for the sperm to be cleared from the tubes.

On the day of your procedure, we will give you everything required for your three month sperm test. This test can be performed by your local pathology lab and they will send the results through to us. We will then notify you of these results.

During the procedure some of the sperm will be flushed out 'downstream'. After the procedure when you feel comfortable and up until you perform your three month sperm count, it is recommended that you have at least 30 ejaculations (sex with your partner will result in the most forceful muscular contractions at orgasm). This will completely flush out residual sperm and usually achieves a nil result on your sperm test.

Use contraception up until you have received your post vasectomy sperm count results.

What are the chances of the vasectomy failing?

Published results of vasectomy failure are 1 in 500 or 1 in 1000 depending on the study referred to.

80% of failures will be detected at the three month testing.

20% of the remaining 1 in 500 or 1 in 1000 (i.e. .04 % to 0.02 %) have a chance of failure after three months due to the ends joining back together.

At Metrocentre, the chance of failure of vasectomy would be rather surprising, as our open-ended reconstructive technique minimises scarring. Excessive scarring causes contraction of tissues at the procedure site and is usually the cause of the vas ends re-joining.

Common vasectomy concerns busted

When it comes to vasectomy procedures there are many myths in regards to the potential side effects associated with this minimally invasive procedure. Some of the most common queries we receive at our vasectomy clinics include:

Can a vasectomy make me impotent?

A successful vasectomy procedure will not cause you to become impotent. Our open-ended vasectomy has been designed to reduce the occurrence of one of the most concerning side effects associated with traditional vasectomies: post vasectomy congestion related pain. Apart from interrupting the plumbing so sperm no longer get to the outside world, the rest of the anatomy is left intact.

Will my ejaculate be the same after a vasectomy?

In short, yes. Our patients have not noted any noticeable change in the volume, colour or consistency of ejaculate after a vasectomy procedure or how far it travels at climax. An open-ended vasectomy is merely designed to prevent the sperm from mixing with the semen, therefore preventing the ejaculate from being fertile.

Will my sex drive be reduced after a vasectomy?

No physiological changes are likely after a well performed vasectomy procedure that would alter your sex drive. On the contrary, many of our patients report that their sex drive is improved as they are no longer influenced by the anxiety associated with the thought of an unplanned pregnancy.

Will my voice change after a vasectomy?

No, contrary to popular belief a vasectomy procedure will not change your hormonal composition or the sound of your voice.

Do vasectomies cause hair loss?

Once again, rumour has it that a vasectomy procedure can contribute to premature balding. At Metrocentre we know that this is simply not true.

Will a vasectomy change the size of my testicles?

When performed by our highly skilled doctors, an open-ended vasectomy procedure should cause little to no scarring, and certainly will not visibly change the size or shape of your testicles. The aim is to only interrupt the plumbing that transports the sperm and not interfere with blood vessels.

Will sex feel different after a vasectomy?

Many men are concerned that sexual activity may feel different or not as pleasurable after a vasectomy, but these concerns are unwarranted. A successful open-ended vasectomy will not negatively impact your ability to perform or enjoy sexual activity.

Will I still be able to ejaculate after a vasectomy?

We find that many men have heard that they will not be able to ejaculate as normal after a vasectomy, and this is simply not true. You will still be able to ejaculate as normal after your procedure, and in fact we encourage you to do so as much as possible, with protection, during the first three months after surgery to ensure that the residual sperm is cleared as swiftly as possible from your tubes.



How much does a vasectomy cost?

A vasectomy is partly covered by Medicare and the Medicare safety net may reimburse up to 85% of the procedure cost.

It is important that you discuss any out of pocket costs with your provider, as well as your practitioner here at Metrocentre. You may also wish to compare different insurance providers as not all providers provide equal cover for vasectomies.

Metrocentre is not a budget cut price vasectomy service and we do not offer a 'quick snip' like many clinics that do exist. We have a dedicated theatre in which our open ended vasectomies are performed. We do not perform our procedures in doctors' rooms and therefor no additional inpatient fees are charged.



Why choose Metrocentre

- ✓ **Same day consultation and procedure:** This is offered in all of our clinics, with the total appointment taking approximately one and a half hours. We perform this as an outpatient procedure, and there is no requirement for overnight hospitalisation.
- ✓ **Additional anesthesia:** All of our patients receive a local anaesthetic and can drive home afterwards. We offer an additional inhalant medication that is quite relaxing for nervous and anxious patients, although they cannot drive for the remainder of the day if this is used.
- ✓ **Highest resolution ultrasound scan:** this detailed information allows us to prepare a tailored surgical approach for each of our individual patients.
- ✓ **Operating microscope:** this effectively assists our team to locate the tiny (0.2mm in diameter) vas deferens and identify the three distinct layers within the vas deferens (which are not easily discernible to the naked eye).
- ✓ **Dedicated theatre:** Our specialised theatre is dedicated to both open-ended vasectomy and microsurgical vasectomy reversal procedures.

Meet Dr Lekich

M.B., B.S. (QLD), JD (BOND UNIVERSITY), MBA, FACP

On the forefront of innovations in the field of microsurgical vasectomy treatment, Dr Chris Lekich offers his skilled hands to men who prefer to be treated with the most advanced and precise surgical techniques available. You can expect no needles, no scalpels, minimal scarring and little to no discomfort.

Dr Lekich is the medical director of Metrocentre. He is a Queensland medical graduate with a 15-year microsurgical background working in the field of ophthalmology and retinal microsurgery, hence his love of microscopes. He changed his pursuit of eye surgery to the treatment of varicose veins using endovenous laser and ultrasound guided sclerotherapy training and became a fellow of the Australasian College of Phlebology.

Dr Lekich's interest in vasectomy was sparked after his own difficulties during his wife's pregnancy and underwent an open-ended vasectomy himself. Dr Lekich became very passionate about this procedure, and decided to be mentored by four preeminent surgeons and medical experts that he succeeded.

His procedures have been optimised to reach the very highest success rates, reduce post vasectomy pain (related to congestion) and maximise the potential of a successful future reversal. Today, Dr Lekich has performed more vasectomy and microsurgical vasectomy reversals combined than any other practitioner in Australia.



Contact Us

for your consultation and initial assessment.

For more information or to book in, call us: **1800 FOR MEN (1800 367 636)**



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