

No-Scapel Vasectomy

History of vasectomy:

Vasectomy has been performed for over 100 years for a variety of reasons, however it has only routinely been used for birth control since the 1950s, when it was deemed to be a safe form of birth control. Vasectomy is a safe and effective form of birth control. Approximately 7% of married couples utilize vasectomy as a permanent form of birth control. Every year roughly 500,000 vasectomies are performed in the United States.

No-Scapel Vasectomy:

In 1974 Dr. Shunqiang Li introduced the no-scapel technique in China. The no-scapel technique uses specially designed instruments to access both vasa through a single tiny puncture hole in the scrotum. The no-scapel technique was introduced in the United States in 1985. Dr. McClure has been using the no-scapel technique since 1997. Dr. McClure has performed over two thousand no-scapel vasectomies since 1997. Dr. McRackan has also performed no-scapel vasectomies for years.

No-Scapel Technique:

The scrotal skin is anesthetized with local anesthesia prior to making a puncture hole in the scrotal skin with the sharp point of a specially designed hemostat. The vasa are individually isolated between the thumb and first two fingers. Local anesthesia is then carefully injected superiorly into the fascia surrounding the vasa. This maneuver anesthetizes the nerve supplying sensation to vasa.

Once the area has been thoroughly anesthetized, a specially designed ring clamp is used to secure the vas. The no-scapel hemostat is then used to dissect the vas from the surrounding fascia

and neurovascular tissue. Next, a tiny Titanium hemoclip is used to occlude each end of the vas and a 1 cm portion of vas is excised. An absorbable suture is used to enclose the distal end of the vas with a veil of surrounding tissue. Both ends of the vas are then allowed to retract to their normal position. An identical procedure is performed on the other vas.

The puncture wound is approximated with a single absorbable suture. The suture material usually absorbs within a week. A Band-Aid is applied over the incision. The area remains anesthetized for several hours. Men are encouraged to stay off their feet for the rest of the day and apply an ice pack to the area. Activity can be gradually increased over the next 48 hours. Normal activity can be resumed thereafter. Sexual activity can be resumed within a week.