

After surgery care

What to do:

- Wear supportive underwear for 3 weeks

Avoid:

- Working/strenuous/heavy lifting activity for 24 hours
- Sexual activity should be avoided for up to 3 weeks while the vasovasostomy heals
- Baths or swimming for one week

Inform Dr Elmes' rooms if:

- Increased scrotal swelling/pain
- Fevers



DR MARTIN ELMES

With over 10 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients needs with the use of advanced techniques and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include minimally invasive Robotic prostate & kidney surgery, BPH treatments (Advanced laser prostate enucleation (HoLEP) & UroLift) and Erectile Dysfunction (needle-free intracavernosal injections and penile prosthesis surgery). Dr Elmes is dedicated to teaching and training today's medical students, junior doctors and surgeons to ensure there is continuous development in the field of Urology.

Please visit our website or call us on (07) 5598 0098 for more information about what is best suited for you.

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PROCEDURE

DATE:

PROCEDURE

LOCATION:

TIME TO BE ADVISED BY ROOMS THE WEEK
PRIOR TO PROCEDURE DATE

A PATIENT GUIDE TO MICROSURGICAL VASECTOMY REVERSAL



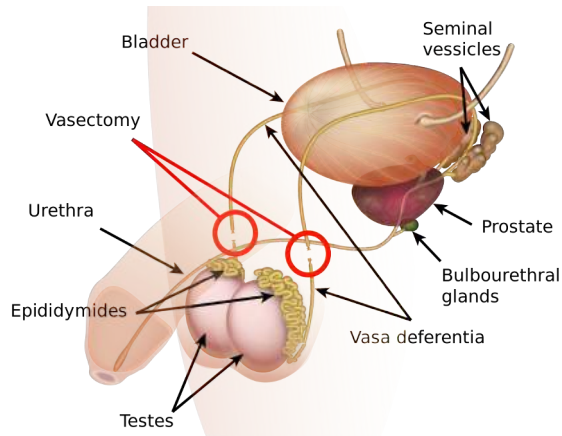
UROLOGICAL SURGEON
DR MARTIN ELMES

MBBS (MELB), FRACS (UROL. SYD)
ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

What is Microsurgical Vasectomy Reversal?

A microsurgical vasovasostomy or vasectomy reversal is a rejoining of both cut vas deferens with the aid of a high powered operating room microscope to re-establish male fertility. Up to 6% of men who have undergone vasectomy will ultimately elect for reversal in the form of vasovasostomy.

Patients would be given general anaesthetic and generally the procedure takes up to two to three hours depending on the complexity of the surgery. An incision is made in the centre of your scrotum. The vas deferentia will be identified and isolated from surrounding tissue. Stitching the vas deferens to ensure reconnection is established and returned to their anatomical place and the scrotal incision closed.



Microsurgical techniques of reversal now result in return of sperm to the ejaculate in over 95% of men and yield pregnancy rates in the patient's partner of better than 50%.

The success rate varies depending on many factors that Dr Elmes will discuss with you.

What Dr Elmes offers that others do not?

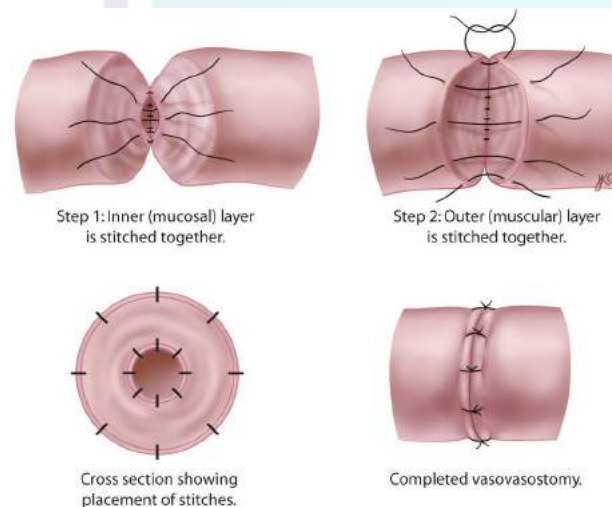
Dr Elmes conducts **anti-sperm antibody tests** after your consult and if present will offer sperm harvesting during the vas reversal as:

- The presence of sperm antibodies reduces male fertility significantly
- Some antibodies will cause sperm to stick together or agglutinate. Agglutinated sperm clump together in dense masses and thus are unable to migrate through the cervix into the uterus
- Some antibodies cause reactions between the sperm membrane and the cervical mucus preventing the sperm from swimming through the cervix

TESE:

Dr Elmes retrieves sperm using an open testicular biopsy technique. With this approach, larger (450-500 mg. samples) of testicular parenchyma can be harvested, instead of retrieving the usual diagnostic biopsy volume of 50-100 mg.

An embryologist will review the sample and ensure that enough viable and motile sperm have been harvested, so that if antibodies present natural pregnancy then you will already have numerous visible sperm available for future IVF.



“For men who have undergone vasectomy, vasectomy reversal is the most cost effective way to build a family and is the only option that allows couples to conceive naturally”

