Vasectomy Reversal

Sheldon H. F. Marks

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Manual of Vasovasostomy and Vasoepididymostomy

Sheldon H. F. Marks
University of Arizona College of Medicine
International Center Vasectomy Reversal
Tucson, AZ
USA

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Preface

A vasectomy reversal is one of the most rewarding yet technically challenging procedures in the urologist's armamentarium. As vasectomies continue to be one of the most common procedures in medicine, and with continued advances in microsurgical reversal techniques, combined with increased consumer awareness, the demand for reversals is increasing. Up to 6% of men who have had a vasectomy subsequently change their minds and choose a vasectomy reversal, the most cost-effective approach to fathering children after vasectomy. What is frustrating is that far too many doctors and even urologists are unaware of these new advances in microsurgical techniques and the increased success up to 99.5%.

What makes discussing the success of a vasectomy reversal especially difficult is the wide range of training, skills, and experience of the urologists that perform this surgery. In fact, the majority of reversals are performed on an occasional basis by general urologists, often using a variety of techniques learned during their training, sometimes many years to decades ago. As with every other surgical technique in medicine, advances over the years have contributed to much higher successes with fewer complications in experienced hands.

The intent of this book is to highlight many of these advances, technical points, and associated decision-making that I use when performing a state-of-the-art vasectomy reversal.

The relative paucity of data in the literature on many of these topics, rationale for techniques, and the lack of consistent definitions of endpoints drives many of these recommendations for care and technical expertise to be based primarily on expert opinion from international leaders. Because even the most experienced "reversalist" will never hit a plateau of learning, there will always be new ideas and surgical tricks that each of us can incorporate into our own techniques to improve the success for our patients. As with all improvements, you will find that some will work well for you and be absorbed into your own practice, while others may not help as intended.

Learning and growing is part of every practice. The moment that you think you have seen everything is when you will encounter new challenges and unique dilemmas. Every day is another chance to improve and fine-tune your surgical

skills, to encounter new challenges, and to provide better care than you did the day before. Almost on a weekly basis, I find that I am still troubled with the frustrations of deciding which technique to perform when indeterminate vasal fluid is encountered. Just when you think that you can accurately predict what you will find, you may discover that your patient who is only 3 years from vasectomy may have thick, toothpaste-like vasal fluid devoid of any sperm and an obvious epididymal blowout, while an older patient, 28 years out, may be found to have whole motile sperm in the vasal fluid on both sides. To make your decision-making even more challenging today, many of our patients will be on testosterone or combinations of herbs and supplements that may be sperm toxic.

I would love to hear what ideas and points you found beneficial to your practice. If you have any thoughts or suggestions, or you have any ideas, tips, or surgical pearls, I encourage you to share them with me to consider for future revisions and to incorporate into my own techniques.

Tucson, AZ, USA Sheldon H. F. Marks, MD

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Contents

1 Introduction: The Purpose of This Book 1
Who Am I and Why Am I Qualified to Write This Book About Vasectomy Reversal Techniques? 1
The Motivation for This Book 2
How to Use This Book 2
Who is This Book For? 3
What This Book is Not 3

2 Who's a Candidate for a Vasectomy Reversal? 5
Indications for Vasectomy Reversal 5
The Female Partner 6
Reversals vs. IVF 6
Post–vasectomy Pain Syndrome 6
References 6

3 Predicting Reversal Success 9
Pre-op Counseling 9
Definitions of Success 10
How High Can Reversal Success Be? 10
Surgeon Variables 10
Microsurgical Skills and Training 10
Experience 12
Specialization 13
Center/Facility 13
Patient Variables and Relevance 16
Obstructive Interval 16
Physical Exam 18
Sperm Granulomas 19
Pre-reversal Lab Testing 20
Role of Testicular Ultrasound or MRI 20
Antisperm Antibodies 20
Male and Female Variables 21

BMI/Obesity 23
Lifestyle 24
Relevant Past and Current Medical History 25
Impact of Vasectomy Technique and Complications on Reversibility 26
Other Scrotal Surgeries 30
References 32

4 Pre-reversal Preparations 37
Consenting the Reversal 37
Pre-reversal Instructions and Care 38
Medications and Supplements 38
General Preparation 39
Scheduling OR Time 40
Surgery Packs 40
OR Monitors for Staff Observation 41
Surgical Table and Chairs 42
OR Table 42
Surgical Chairs 42
Surgical Team: First Assist and Circulator 42
Patient Positioning 42
Prep and Drape 43
Anesthesia Options 43
General Anesthesia 43
Mild Conscious Sedation 44
Oral Meds Alone 44
Local Anesthetic to Supplement or as the Sole Anesthetic 44
Tools 44
Microinstruments 45
Surgical Field Drapes 45
Micropens 45
Foam to Secure the Used Microneedles 46
Needles and Sutures 46
Surgical Microscope 47
Laboratory Microscope 48
Hemostasis 48
Cautery and Bipolar 48
Irrigation to Prevent Desiccation 49
References 49

5 Vasectomy Reversal: The First Steps 51
Confirm Before You Start 51
Prophylactic Antibiotics 52
Vasovasostomy: Pre-anastomosis 52
Pre-reversal Exam 52
Local Anesthesia 53

Incision Options . . . 53
Finding the Vasectomy Site . . . 54
If You Are Unable to Identify the Vasectomy Site . . . 55
Once the Vasectomy Site Is Localized . . . 57
Delivery of the Vasectomy Site . . . 58
Delivery of Just the Vas . . . 58
Delivery of the Hemiscrotal Contents . . . 59
Secure the Vas . . . 60
Preserve and Protect the Peri-vasal Blood Supply . . . 61
Do Not Skeletonize the Vas . . . 61
The Microblade . . . 61
Transection of the Vas . . . 62
Vas Cutting Forceps: Angled, Straight, or 11 Blade . . . 63
Positioning of the Vas Cutting Forceps . . . 64
Transecting the Vas . . . 67
Remove or Leave the Vasal Scar/Granuloma . . . 68
Examine the Transected Face and Vasal Lumen . . . 69
What's the Goal? . . . 69
Do Not Dilate the Lumen . . . 70
If the Vas Is Scarred or Irregular . . . 70
Eccentric Lumen/Convoluted Vas . . . 71
Confirm Abdominal Patency . . . 72
Vasal Fluid Analysis . . . 73
Gross Fluid Findings . . . 74
Preparing the Glass Slide . . . 74
Techniques to Identify Sperm when None Are Seen in the Initial Vasal Fluid . . . 75
OR and Lab Microscope . . . 76
Intraoperative Decision-Making: Perform a VV or VE? . . . 76
Role of the Microscopic Fluid Analysis . . . 76
Indeterminate Vasal Fluid . . . 77
Cross Contamination . . . 78
Sperm Cryopreservation . . . 79
To Bank or Not to Bank . . . 79
References . . . 80

6 Vasovasostomy: Multilayer Microsurgical Anastomosis . . . 83
Evolution of Vasovasostomy Techniques . . . 83
Microdots . . . 84
Techniques to Stabilize the Vas . . . 85
Goldstein Vas Approximating Clamp . . . 85
Surgical Microwipe Technique . . . 86
Stay Suture Technique . . . 88
Rotate the Vas . . . 88
The Cost-Effective Multilayer Vasovasostomy . . . 89

Placing the Vasovasostomy Sutures, Layer by Layer . . . 90
Inner Mucosal Layer Before Posterior Muscularis Technique . . . 91
Middle Muscularis Layer . . . 93
Placing the Posterior Muscularis Before Posterior Mucosa Technique . . . 94
Peri–vasal Adventitial Layer(s). . . . 96
Closing . . . 96
Modified One-Layer Vasovasostomy . . . 97
Technique for Modified One-Layer Vasovasostomy. . . . 97
Two-Layer Vasovasostomy . . . 99
References. . . . 100

7 Vasoepididymostomy: End-to-Side Longitudinal Multilayer Intussusception . . . 101
Indications for a Vasoepididymostomy. . . . 101
Vasoepididymostomy Success . . . 102
Vasoepididymostomy: Step by Step . . . 102
Examining the Epididymis . . . 102
Identifying the Target Epididymal Tubule . . . 103
What Is the Ideal Target Tubule for Vasoepididymostomy?. . . . 103
When the Open Tubule Is Not Acceptable . . . 106
Preparation of the Abdominal Vas . . . 107
Confirm Distal Vas Position over the Epididymis. . . . 108
Delivery of Target Tubule . . . 108
Score the Epididymal Tunica and Tease Out the Tubule . . . 109
Beware Tearing the Tubule . . . 109
Tubule Position in the Tunica Window . . . 110
Ink the Arch of the Tubule . . . 111
Opening the Tubule: Incise Versus Excise Ellipse . . . 111
Close the Abandoned, Unusable Tubule. . . . 114
Epididymal Fluid Analysis . . . 114
Gross Description . . . 114
Microscopic Findings . . . 114
Setting Up the Intussusception . . . 115
Securing the Vas Through the Tunica Vaginalis . . . 115
Securing the Posterior Vas to the Epididymal Tunica. . . . 117
Timing of the Epididymal Tubule Suture Placement . . . 117
VE Suture and Needle Selection. . . . 118
Passage of 10-0 Sutures Through the Vasal Mucosa . . . 118
Test the Invagination of Tubule. . . . 120
Draw and Tie the Intussusception Sutures . . . 121
When a Suture Breaks. . . . 121
If the Tubule Tears . . . 122
Reinforce the Remaining Muscularis to the Tunica . . . 122
Secure the Adventitial Layer. . . . 122
Banking of Sperm . . . 122

Close the Tunica 123
Replace the Testicle 123
The Five- or Six-Suture End-to-Side Vasoepididymostomy 123
Set Up as with the Intussusception VE 124
Place Five or Six of the 10-0 Sutures 124
Place Mucosal Sutures into the Vasal Mucosa 124
Test the Repair and Tie the Sutures. 125
If a Suture Breaks or the Mucosa Tears 126
Reinforce the Muscularis to the Tunica 126
Secure the Adventitia to the Epididymal Tunica 126
Close the Tunica and Replace the Testicle 127
References. 127

8 Intraoperative Dilemmas and Challenges with Vasovasostomy and Vasoepididymostomy 129
Pouchy Abdominal Mucosa 129
Deep Convoluted Vas 130
Absent Peri-vasal Adventitia. 131
Epididymal Cyst/Spermatocele. 131
Discrepant Vasal Lumens 132
Calcifications in the Vas 132
Missing Vas and/or Portions of Epididymis 133
Vasoepididymostomy Specific Dilemmas and Challenges. 133
No Fluid in the Epididymal Tubule. 133
No Sperm or Sperm Parts in the Epididymal Fluid 134
Vascular Surface of Epididymal Tunica 134
Scarring with Thickened Epididymal Tunic 134
Tiny, Flat, Nondilated Epididymal Tubules 135
Maneuvers When There Is a Lengthy Gap 135
References. 136

9 Andrology Care 137
Andrology Services in a Reversal Practice 137
Benefits of Intraoperative Andrology Skills 137
Role of an Andrologist with TESE 138
Andrology Services After the Reversal. 138
Banking, Intraop or Delayed. 139
Sperm Disposition if Death. 139
References. 139

10 Post-reversal Management and Care 141
Written and Verbal Discharge Instructions: What You Say Versus What They Remember 141
Immediate Recovery and Care 142
Ice 142
Athletic Supporter. 142
Restrictions on Activity 142

Incisional Care . . . 143
Discharge Medications . . . 143
Resumption of Normal Medications and Supplements . . . 143
Antiplatelet or Blood Thinners . . . 143
Antibiotics Post-reversal . . . 144
Anti-inflammatory Medications . . . 144
Pain Medications . . . 144
Delayed Care, Precautions, and Restrictions . . . 144
Resuming Sexual Activity . . . 145
Frequency of Ejaculation . . . 145
Compliance with Discharge Instructions . . . 145
Follow-Up Semen Analyses . . . 145
Compliance with Post-reversal Semen Analysis . . . 146
References . . . 146

11 Complications of Vasectomy Reversals . . . 149
Bleeding, Immediate and Delayed . . . 149
Scrotal Drains . . . 150
Infection . . . 150
Hydrocele . . . 150
Testicular Atrophy . . . 151
Testicular Pain . . . 151
References . . . 151

12 Sperm Kinetics After VV or VE and Reversal Failure . . . 153
Management of Suboptimal or Decreasing Counts/Motility Post-reversal . . . 154
Failure of the Vasectomy Reversal: VV and VE . . . 154
Possible Causes of Reversal Failure . . . 155
Prevention of Anastomotic Scarring . . . 156
References . . . 156

13 Redo "Salvage" Vasectomy Reversal . . . 157
Redo Salvage Vasectomy Reversals . . . 157
Success of a Redo Reversal . . . 158
Value of Prior Operative Note . . . 158
Medical Management Pre-redo Reversal . . . 159
Redo Findings and Challenges . . . 159
Compliance with Semen Analyses After a Redo Reversal . . . 160
References . . . 160

14 Past and Future Reversal Ideas . . . 163
Past and Future Vasectomy Reversal Ideas . . . 163
Laser-Assisted Vasectomy Reversals . . . 163
Glue-Assisted Vasovasostomy . . . 164

Intraluminal Stents 164
Future Ideas, Advances, and Issues with Vasectomy Reversals 165
Reversal Training Concerns 165
Robotic-Assisted Vasectomy Reversals 166
Remote Surgery. 166
Better Predictors for Success 167
References. 167

Appendix 1. Instruments and Microsutures. 169

Appendix 2. Resources for the Reversal Surgeon: Androlog, SMRU Discussion Group, Specialty Societies, and Vendors 177

Index. 183