Dr M Kittel – Vasectomy Datasheet

For patients interested in the technical aspects of the vasectomy I provide please find below a datasheet that explains my procedure. I use an amended “Spooner” Method, which was developed out of the Chinese Li technique at Cornell University, New York. Dr Laurel Spooner, now retired, was the first British Doctor, who went to the US in the 1990ies to learn the method. She was my trainer 20+ years ago.

For further detailed questions about my method or any other issues, please make an appointment for a webinar. The cost of this is £90 and counts towards a potential no-scalpel vasectomy. It also entitles you to a separate 1:1 conversation with me. But for efficiency reasons I require you to attend the webinar first as most of your questions will be answered.

Vasectomy Details		**Reason / Comment**
Incision length	Approx 5mm	The smaller the incision the less trauma. “Keyhole procedure”
Numbers of incisions	1	Less incisions – less trauma. Both vas deferens treated through 1 keyhole
Suturing of incision for closure	No	No suture closure due to 2 reasons: 1) specialist dressing works like steri-strip keeping wound edges together 2) rare need for surgical drainage 3) suturing the closure introduces an absorbable suture, which can cause a) inflammation when absorbing and b) more bleeding
Treatment of Vas	2.5 cm Microcautery	I use a fully open “Spooner” method as I trust it rather than intraluminal cautery which strikes me as imperfect and also to me personally causes to

		much tissue damage and potentially more inflammation in recovery. But this is based on personal experience, NOT scientific studies.
Open ended method	Yes	Less pain than conventional vasectomy in recovery, less trauma and back pressure into the testicle. Same outcome
Interruption of Vas	Yes	For me this is the safer method overall as it allows the bottom of the vas to be separated further from the top of the vas.
Removal of a piece of vas	Yes, approx. 10mm depending on patient anatomy	Not strictly speaking necessary for success, but I use the removed vas as a safety measure for the nurses I have interrupted both sides which removes the small risk of surgical failure due to only completing one side.
Facial interposition	No	Facial interposition is basically moving a piece of body tissue between both ends of the vas. It is claimed to be safer, but I have never seen any proper evidence. In fact, it makes the vasectomy significantly more protracted. You also introduce a foreign body (absorbable suture) into the body to fix the tissue in between both ends of the vas with the possibility of increased inflammation because of the disintegration of the suture over time and therefore an increased risk of bleeding and side effects. I only do a facial interposition in very select cases i.e. a repeat vasectomy after failure and only after agreement with the patient, but do not recommend it in standard vasectomy. My failure rates are very low and repeat procedures, if necessary, are free.