

MICROSURGICAL VASOVASOSTOMY AND EPIDIDYMOVASOSTOMY

Every year more men are seeking vasectomy reversal or correction of acquired blockages of the sperm duct system. Fortunately, microsurgery has advanced significantly in the past several years so that reversing a vasectomy is now highly successful in the hands of a bona fide specialist. My career has been dedicated to men's fertility issues since 1985, and I specialize in microsurgery, having previously directed the men's infertility program at two universities. I have been in private practice in Dallas since 1994. Please be aware that the success of a vasectomy reversal depends on two factors:

- (1) the skill of the surgeon
- (2) the findings at the time of the surgery

A microscopic vasovasostomy is necessary to produce the highest success rate. I perform a two later repair using microscopic sutures and the latest microsurgical equipment including the operating microscope. I prefer to have my patients operated on as an outpatient. This affords them the opportunity of returning to their home or a nearby motel, saving them considerable expense and making the overall experience much more pleasant. I work out of the Legacy Surgery Center of Frisco. It is a superb outpatient surgical facility fully staffed by anesthesiologists and nurses trained in the care of patients who are having outpatient procedures.

The operating time for a vasovasostomy or epididymovasostomy is approximately 4 hours. A local anesthetic is usually used in conjunction with a light general anesthetic, so that our patients wake up quickly and have no immediate discomfort. However, significant cost savings are available if you prefer local anesthesia only. Post-operative care should include an evaluation of wound healing at 1-2 weeks, and a first semen analysis at 4 weeks. Semen analyses are then obtained at 2 months intervals until the semen analysis stabilizes or pregnancy is achieved. Routine follow up semen testing and visits will provide the best success rates. The following is a short description of the operative technique. As mentioned previously, a second important factor in determining a successful outcome is the surgical findings. When the vas is opened, the fluid will flow from the testicular side of the vasectomy site. If the sperm are present, then a vasovasostomy (VV) is performed, and 98% of such patients will demonstrate a return of sperm with the associated 65% or greater pregnancy rate in my hands.



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Vasectomy Reversal *Results Guaranteed*

Jeffrey P. Buch, M.D.

**Start Your Legacy Today!
Call 972-612-7131 For A Consultation.**

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Practice Limited to:
Vasectomy
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Male Aging

Frequently Asked Questions

Why do you offer a Money Back Guarantee on the surgeon's fee portion of the total cost on your vasectomy reversals?

Dr. Buch is confident in the excellent success rates his patients have experienced. His experience includes the simpler straight-forward first time attempts at vasectomy reversal, as well as the more complicated "redo" cases of previously failed vasectomy reversal by other surgeons. We have learned that many patients will only make the commitment to reverse their vasectomy when they are reassured by the statement of confidence that comes from a surgeon who offers a money back guarantee. In order to benefit this large group of patients, Dr. Buch became the first recognized expert in performing both simple vasectomy reversals called vasovasostomy (VV) and more complicated vasectomy reversals called vasoepididymostomy (VE) to offer a money back guarantee. Currently, the only other surgeon to offer a similar guarantee does not perform the more complicated VE procedure even when the findings at the time of the reversal surgery indicate the need for a VE procedure. Our guarantee assures that you will get the vasectomy reversal procedure needed for the best chance to return sperm to your ejaculation.

Are there any restrictions on your Money Back Guarantee?

Briefly, a full refund on the surgeon's fee portion of the total cost of the vasectomy reversal will be given in cases of first time vasectomy reversals that fail to return sperm to the ejaculate. A 50% refund of the surgeon's fee portion of the total cost will be refunded if we fail to return sperm to your ejaculation on the second ("redo") attempt at reversal. There are a few more details on our guarantee that you may need to obtain by telephone when you call to schedule an appointment. Please note that this money back guarantee program may be terminated at any time.

What is your success rate?

The success rate varies depending on the chosen type of reconnection (vasovasostomy or epididymovasostomy) that is required. This can only be determined at the time of surgery. However, where a straight forward vasectomy reversal (VV) can be performed on both sides, regardless of the number of years since the vasectomy, sperm return in 98% of our cases, with a corresponding 65% pregnancy rate. (Please note that of all couples trying to conceive; only 85% will achieve natural conception at the end of one year). When a bypass to the epididymis (EV) is required on both sides due to a secondary blockage or "epididymis blow-out," we still achieve return of sperm in 85% of such cases, with a corresponding 50% pregnancy rate.

How long is the procedure?

Please understand that when it comes to successful microsurgery, we are not running a race with the clock. A simple reversal (vasovasostomy, or VV) may take only 3 hours of surgery time, whereas the more complicated cases which require an epididymovasostomy (EV OR VE) may require 4 hours.

What type of anesthesia is used for the surgery?

Dr. Buch prefers to use a light general anesthetic (we put you to sleep) combined with the use of a local anesthetic to "numb" the area where the surgery is occurring, much like at the time of the original vasectomy. Our patients wake up promptly after vasectomy reversal with no immediate discomfort, and there is minimal nausea or hangover feeling. Dr. Buch will discuss purely local anesthesia as an option if you wish.

How much will it cost?

Dr. Buch has arranged for a comprehensive package price of \$8,300 which includes his surgical fee, the anesthesiologist and the facility fees. This pricing is comparable with that of similarly trained and experienced microsurgeons who perform vasectomy reversal on a routine basis. Please contact us ahead of time to be sure that our prices have not changed. There is an additional \$400 charge for redo reversals to cover increased facility and anesthesia time for these lengthier cases.

How can I pay for the procedure?

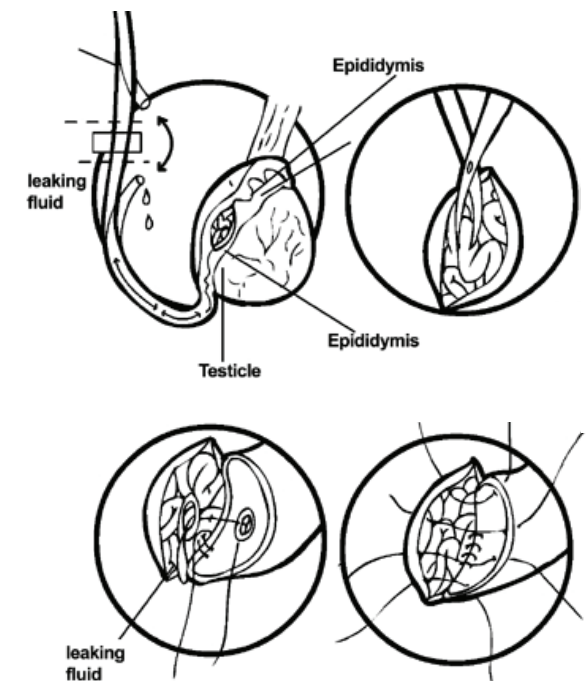
Only rarely will your insurance cover the cost of a vasectomy reversal, and therefore it is considered a cash pre-paid procedure much like plastic surgery for face lifts, etc. Dr. Buch has recently arranged to participate in a low cost financing program. To apply online, please visit our website at www.vasectomyreversal.com. Also, an increasing number of clients who have payroll deductions or contributions by their employer into medical savings accounts or flex accounts (cafeteria plans) through work are positioning these tax advantaged funds to pay for their surgery.

Are there any reasonable alternatives to vasectomy reversal?

As mentioned above, the sperm behind the vasectomy (i.e. in the testicle or epididymis) are unable to fertilize eggs on their own. They can be used in IVF-ICSI to achieve reliable pregnancy rates of approximately 50%-60% per try at a cost of \$13,000 (relative average success rates and costs in Dallas/Ft. Worth). A sperm retrieval procedure the day of IVF-ICSI has an average cost of \$2,000. The combined costs of these two procedures as an alternative to vasectomy reversal, doubles the cost to the couple without doubling the pregnancy rate. This alternative is only chosen by a small number of our clients who typically have unique reasons for choosing this option.

If fluid is not found, or the fluid that is found is not acceptable quality (for example, if no sperm are present), then a more technically demanding connection of the vas to the epididymis (the gland that collects the sperm from the testis) will be performed. This operation is called an epididymovasostomy (EV or VE), the sperm return to the ejaculate is 85% of such cases.

Motile (moving) sperm from the site of the reconnection can be retrieved and frozen for storage and later use as "fertility insurance" should sperm fail to return to the ejaculate. Unfortunately, as opposed to ejaculated (mature) sperm, the immature but moving sperm from behind the blockage can only achieve reliable pregnancy rates from IVF-ICSI and cannot be used for artificial insemination. Please ask for details on sperm freezing during reversal at your initial consultation.



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