

Patient Education Guide to Seminal Vesicle Aspiration

Introduction

You have chosen to proceed with a seminal vesicle aspiration. This sheet is to help you understand your procedure, what will happen in the hospital and what you can expect when you go home. Below you can find your plan of care from your doctor.

About Ejaculatory Duct Obstruction

In men with azoospermia (no sperm in the ejaculate) or severe oligospermia (few sperm in the ejaculate) and decreased semen volumes, an obstruction may be present where the ejaculatory ducts empty into the urethra. This may be due to stenosis or scarring of the ducts, stones, or ejaculatory ducts cysts. A transrectal ultrasound is a test that can provide an image of the seminal vesicles and ejaculatory ducts. Obstructed seminal vesicles are often dilated, and aspiration of the obstructed fluid is performed to assess for sperm, which if present, suggests the presence of an obstruction.

About The Procedure

Once you are seated comfortably in the procedure table, you will lie on your side, with your legs slightly flex towards the chest. An ultrasound technician or physician will insert a small ultrasound probe into the rectum, using a liberal amount of lubricating gel with Lidocaine gel (anesthetic). The sensation experienced is similar to that felt at the time of a rectal exam. The ultrasound probe is then used to take pictures of the seminal vesicles and ejaculatory ducts where they empty into the prostate. A thin needle is introduced through the ultrasound into the seminal vesicle. No general anesthesia is necessary for this procedure, since the needle is so thin and the rectal wall is not very sensitive to pain. You may feel some pressure or experience a stinging sensation as the physician performs the aspiration. Once the seminal vesicle fluid is aspirated, it is evaluated under a microscope. If sperm can be seen in the aspirated fluid, an obstruction is most likely present.

For additional information on seminal vesicle aspiration, see below:

<https://www.nature.com/articles/nrurol.2015.276?platform=hootsuite>

Before The Procedure

If you take medications that cause clotting of the blood such as Coumadin, Plavix, Aspirin, Vitamin E, fish oil, or any NSAID (i.e.: Motrin®, Aleve®, Advil®, ibuprofen), these medications should be reported to your doctor and the person giving you medications. For your safety, these types of medication should not be taken for a least a week before surgery.

The **morning before** your procedure, begin taking your antibiotic.

It is important that you have an ejaculation the **night before or the morning of** your procedure. This helps to ensure the ejaculatory ducts are full and assists with aspiration.

The **morning of your procedure**, self-administer a Fleet's enema for bowel preparation. You may eat and drink normally afterwards.

You will be asked to give a urine sample before the procedure to rule out infection.

Medications Following Your Procedure

- You may be prescribed a pain medication for breakthrough pain and an antibiotic which you will take for 1 additional day following your procedure depending on your prescription.
- Take pain medication as in the instructions for severe pain but use acetaminophen for mild to moderate pain
- A non-narcotic approach is ideal and proven to provide excellent pain relief along with practical measures such as supportive underwear and intermittent icing).
- If you feel that your pain is poorly controlled despite practical measures and your prescribed medications, please call our office to discuss the next steps.
- If you are taking fertility medications such as HCG, FSH, Vitamin E, CoQ, L-carnitine, or vitamin C, you may continue these following surgery.
- If you are on blood thinners, be sure to confirm it is okay to resume this medication prior to restarting.

Recovery Following Your Procedure

- Please take your medications as prescribed, whether it be your as needed pain medication or your scheduled antibiotics. You are anticipated to have discomfort following your procedure; however, we want you to have a speedy recovery and not be limited by pain.
- You may notice blood in your ejaculate for up to 1 month following your procedure. This is not uncommon and should not be cause for alarm.
- Avoid lifting anything heavier than 10 pounds for the first 48-72 hours following your procedure. You may return to work as previously instructed.

When to contact your health care provider

Call your doctor if you have:

- Trouble urinating or cannot urinate
- A fever of 102 degrees Fahrenheit or higher
- Pain that gets worse or does not improve with medication
- Uncontrolled nausea and vomiting
- Pain or swelling in your legs
- Chills and body shakes

- Active bleeding, increased redness or drainage, or unusual swelling in the area of the incision
- Any allergic reaction to your prescribed medication.

During work hours (8 a.m.-5 p.m. Monday – Friday) call: UF Health Urology Clinic at 352-265-8240

**AFTER HOURS OR WEEKENDS CALL:
UF Health Shands operator at 352-265-0111 and ask the operator for the urology resident on-call**

Personalized Instructions:
