We hope you will find this information helpful. Most of it is contained on Dr. Ramasamy’s Web site, but be sure to open all the side bars. After reading, please do not hesitate to call us at 305-243-4562 or email Ramasamy@miami.edu to get more information.

Why should I choose Dr. Ramasamy?

As an expert in urological microsurgery, Dr. Ramasamy is one of the world’s leading experts in male infertility. Active in numerous scientific organizations, Dr. Ramasamy is well respected by his medical colleagues and serves on the editorial board and as reviewer for several reputed medical periodicals. Dr. Ramasamy’s research includes optimizing newly developed techniques for identifying spermatogenesis within the testis. His clinical practice uses only the latest microsurgical equipment, and he performs several vasectomy reversal procedures on an outpatient basis. Dr. Ramasamy’s credentials and experience speak for themselves. To review Dr. Ramasamy’s achievements, please review his bio at www.ranjithramasamy.com. Be sure to choose the right doctor the first time for your procedure.

How much will it cost?

The surgeon’s fee is ~ $4500 (U.S. dollars) for a vasectomy reversal. Sperm banking at the time of surgery is also available (see below). A 2-week postoperative wound evaluation is included in the surgical fee.

Charges for the hospital and anesthesia are billed separately from the surgeon’s fee. These are paid at the hospital on the day of your procedure. The hospital fee, which is determined by the facility where the operation is conducted, includes anesthesia.

How can the fee be paid?

Dr. Ramasamy office staff will collect a Surgery Scheduling/Booking Deposit of $500.00 that will be applied towards your surgery. The Booking deposit is Non-Refundable. Four weeks prior to surgery you will need to pay $2000.00. The remaining balance of $3000.00 is due two weeks prior to surgery. A payment can be made by mail or over the phone with a credit card.
**Are they any other fees that I might incur?**

At the time of the procedure, you have the option to harvest sperm to freeze for future use. The fee for this is $300.00 (U.S. dollars), which includes the surgeon’s fee and 1-year storage. Thereafter, storage will be an additional $275.00 (U.S. dollars) per year (determined by the long-term storage facility). Any additional office visits and semen analyses, including postoperative semen analysis, will be charged at the usual rates. Also, if you choose to have sperm cryopreserved, you may incur costs of testing required by the FDA.

**Cancellation Policy:**

If your surgery needs to be canceled, we should be notified **2 weeks prior to the date of surgery. If you do not notify us two weeks prior to surgery, a late cancellation fee of half of the surgery fee will be charged.** You are also responsible for your transportation fees to and from the facilities, as well as accommodation fees. We will be glad to help you find a nearby hotel.

**How long is the procedure?**

Operating time for a vasovasostomy or epididymovasostomy is approximately 3 hours. A general anesthetic is preferred, but a regional anesthetic (spinal or epidural) can be selected. We prefer that out-of-town patients stay in Miami for at least 1 day after surgery.

**How long is the follow-up period?**

Postoperative follow-up includes an evaluation of wound healing at 2–3 weeks and a semen analysis at 6–8 weeks Postoperative. Monthly semen analyses are then obtained for approximately 4–6 months, or until results of the semen analyses stabilize. If you do not live in Miami, we will assist you in finding a physician and laboratory near your home with whom we can communicate for postoperative evaluations.

**What is the success rate?**

The success of a vasectomy reversal depends on a combination of:

1. The skill of the surgeon.
2. The findings at the time of surgery.

When the vas is opened, fluid will flow from the testicular side of the vasectomy site. If sperm are present, a vasovasostomy will be performed. We expect 95% or more of these patients to demonstrate a return of sperm to the ejaculate, with an associated 60%–70% pregnancy rate. Dr. Ramasamy published on the success rates following vasectomy reversal depending on the microscopic examination of the vasal fluid ([Ramasamy et al.](http://www.ncbi.nlm.nih.gov/pubmed/25914288)). If no sperm are present, but the vasectomy fluid appears to be abundant and ultimately suitable for sperm production (e.g., clear, watery), then a direct vasovasostomy is performed, with the expectation of a successful outcome such as that described above.

If poor-quality fluid is present (e.g., thick, pasty) and sperm are absent, or no fluid at all is found, then an epididymovasostomy (connection of the vas to the epididymis) is performed, with return of sperm to the ejaculate in 65% of our patients.
**VAESTOMY REVERSALS: TECHNICAL DETAILS**

*Microscopic Vasovasostomy (VV) and Epididymovasostomy (EV)*

A vasectomy reversal (VV or EV) is an operation that reestablishes a connection between the two ends of the vas deferens that were separated at the time of an earlier vasectomy or resulting from obstruction at the level of epididymis due to infection or scar. Sometimes during the microsurgical reversal, the vas deferens must be reconnected to the epididymis (epididymovasostomy) because of a secondary obstruction in the epididymis. Both procedures are performed entirely under a special operating microscope.

Increasing numbers of men are coming to the urologist for vasectomy reversals, most commonly because of remarriage and the desire to initiate a pregnancy. Vasectomy reversals are also requested by couples who have merely “changed their minds,” as well as by couples who have lost a child and are attempting to initiate another pregnancy. Fortunately, microsurgical advances are now resulting in significantly improved pregnancy rates.

The surgeon you choose should be skillful with microsurgical technique, as precise suture placement is critical to the success of the procedure. The surgeon must also have the ability to perform the more difficult epididymovasostomy procedure as well as a vasovasostomy (see diagram).

Dr. Ramasamy uses a two-layer suture technique, utilizing microscopic sutures and the latest microsurgical equipment. Patients can return home or to a nearby hotel without actually being admitted directly to the hospital, thus saving considerable expense and making the overall experience much more pleasant.

Cryopreservation of sperm (sperm banking) is routinely offered at the time of vasectomy reversal if whole, motile sperm are present. Cryopreservation is performed as a safety “backup” in case adequate sperm counts are not achieved after surgery. Because vasectomy reversals may infrequently scar, despite good initial results, cryopreservation may also be performed on ejaculated specimens early in the course of recovery when semen quality is exceptionally good. Again, this basic information and more detailed explanation can be found at Dr. Ramasamy’s Web site [www.floridavasectomyreversal.com](http://www.floridavasectomyreversal.com)