I participated in an internship in Dr. Larsen’s practice and carried out a research project. Apart from the research project I learned about sterilization techniques, phlebotomy, taking x-rays, organization of a private practice, record keeping, and patient-physician interaction.

Vasectomy reversal repairs the vas deferens to provide continuity between the testicle and the ejaculatory duct so that sperm can mix with ejaculate, facilitating pregnancy.

The success rate of sperm returning to ejaculate ranges from >70->95 percent.¹

Dr. Larsen tested a new technique to compare success rates with traditional techniques. I followed up to assess the new technique.

Thanks to Dr. Ryan Larsen

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**Medical Assistant Internship/Research**  
**Blake McKinley**

**Introduction**

I participated in an internship in Dr. Larsen’s practice and carried out a research project. Apart from the research project I learned about sterilization techniques, phlebotomy, taking x-rays, organization of a private practice, record keeping, and patient-physician interaction.

**Hypothesis**

Spatulation will increase the success rate of vasectomy reversals.

*Spatulation cuts the vas deferens at an angle so that the anastomosis scar tissue is not circumferential, decreasing scaring and providing a larger lumen for sperm flow.*

**Results**

**Spatulation (50 Patients)**

- Pregnant or positive semen analysis (35)  
  - 19 pregnant, 16 positive semen analysis
- Negative semen analysis (4)
- No semen analysis realized (11)

Average time elapsed between vasectomy and vasectomy reversal was >5 years.

**Conclusion**

90% of known outcomes were positive either through a positive semen analysis or pregnancy.

This success rate is higher than rates reported for traditional techniques.

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