

Southwest Urology Associates, P.C.

INSTRUCTIONS FOR VASECTOMY PATIENTS

1. **On the evening prior to or on the morning of your vasectomy appointment, completely remove all hair from the scrotum and half way up the base of the penis. This should be done by shaving. Use a straight or blade razor, NOT an electric razor. After shaving, wash the penis and scrotum thoroughly then shower to remove all loose hair.**
2. If your appointment is in the morning, eat only a light breakfast. If it is in the afternoon, eat breakfast and only a light lunch.
3. A responsible adult with a driver's license should accompany you to take you home after your appointment.
4. **Make sure you bring a clean (or new) athletic supporter to the appointment.**
5. We will make arrangements to see you for a wound check within one (1) week following your vasectomy. Until you are seen, you should restrict your walking to a minimum. Under no circumstances should you engage in any strenuous physical activity. Should any oozing of blood from the incision occur during your early post-op period, lie down and apply ice packs to the site. If bleeding persists or swelling occurs, contact the doctor at the office or through the answering service.
6. A number of ejaculations, within several weeks following surgery, are required to empty the seminal vesicles of residual spermatozoa. Therefore, you should have frequent sexual intercourse during the weeks following the vasectomy. Sperm counts will be done at 6 weeks and 10 weeks after the vasectomy. If further sperm counts are necessary, they will be done at monthly intervals. **MAKE SURE TO USE CONTRACEPTIVES UNTIL THE SPERM COUNTS HAVE BEEN PERFORMED.**
7. The doctor will inform you when you have had two (2) successive totally azoospermic counts. **ONLY THEN CAN YOU SAFELY ABANDON YOUR PRESENT BIRTH CONTROL METHOD.**

*****VASECTOMY FEES*****

\$931.00 (COPAY, DEDUCTIBLE, COINSURANCE, OR FULL FEE IS DUE prior to procedure)

Failure to cancel 48 hours prior to scheduled vasectomy will result in a \$200.00 cancellation fee.

For more information, please call our office at 872-9053.

THE FACTS ABOUT VASECTOMY

What is a vasectomy?

As you probably know already, a vasectomy is a surgical procedure that renders a man sterile. What you may not know are the specifics of the procedure and the period that follows. This literature is designed to give you a better understanding of both—before the surgery takes place.

To begin with, you should have some basic knowledge of the anatomy and physiology of the male reproductive system as shown in Figure 1. During intercourse, sperm cells travel from the testicles through the vasa deferentia, become part of the seminal fluid (which is produced by the seminal vesicles and the prostate gland), and are ejaculated through the penis. When the surgeon performs a vasectomy, he cuts through the vas deferens (plural is vasa deferentia) extending from each testicle. He then removes a small segment of the vas deferens and ties off the two remaining ends, Figure 2. The object of the procedure is to make it impossible for the sperm to become part of the seminal fluid. Since conception cannot take place in the absence of sperm, a vasectomy results in permanent male sterilization.

Will I be sterile as soon as the operation is over?

No. Contrary to what many people believe, you may not be sterile *immediately* after the operation. This is because there are some sperm residing above the area where the vas deferens is cut during the procedure, Figure 2. Until all of these sperm cells have been ejaculated, you will still be fertile. In general it takes between 12-20 ejaculations following

Figure 1.
Male Reproductive System

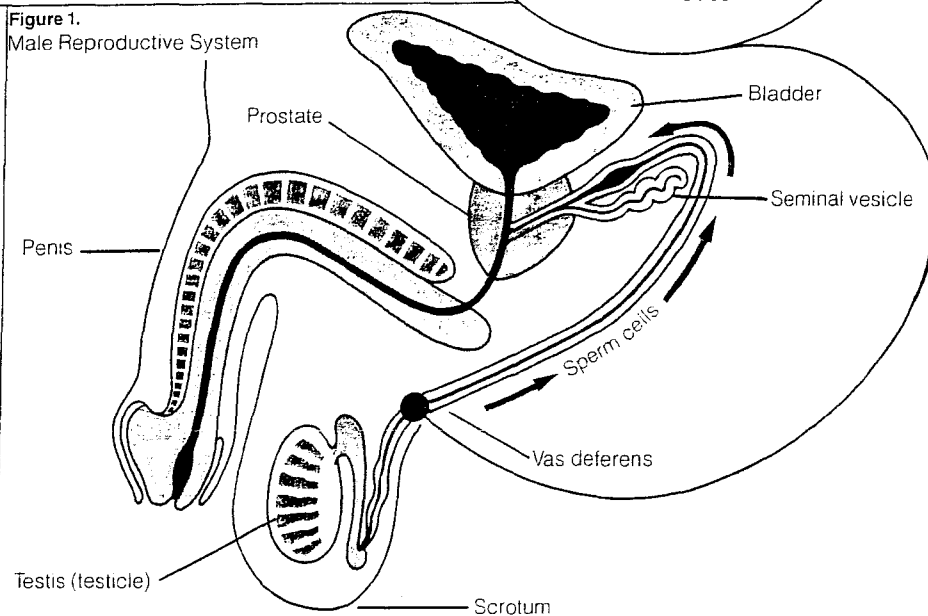
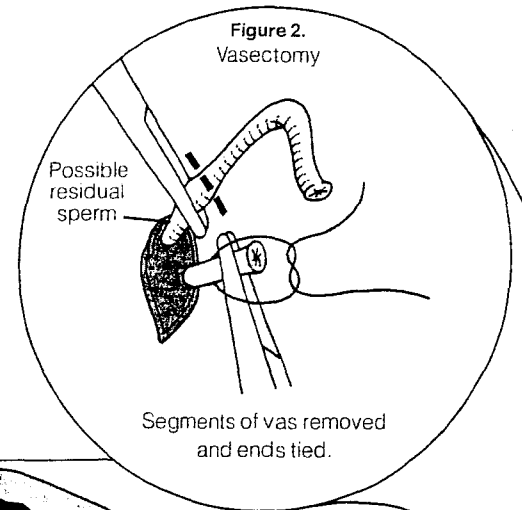


Figure 2.
Vasectomy



vasectomy for sperm to disappear. Most physicians who perform vasectomies require that their patients bring a sample of seminal fluid to the office about 8 to 10 weeks after the surgery or after about 20 ejaculations have taken place. The physician will examine the seminal fluid under a microscope to be sure that no sperm are present. Only when this has been confirmed can you be sure that the surgery has been a success.

Are the effects of the surgery permanent?

Yes. For all intents and purposes, once the surgery has been declared successful, you will be permanently sterile. The chances of the two cut ends of the vas deferens being spontaneously rejoined are extremely rare, probably no more than 1/10th of 1%, (1 in 1000). For this reason, it is most important that you

are completely sure that you want no more children before you consent to the surgery.

Suppose I change my mind later on. Can the operation be reversed?

Your physician can reconnect the two ends of the vas deferens, and once this is done you *may* possibly be fertile again. However, after the procedure, called a *vas reanastomosis*, fertility is restored in fewer than 50% of the patients on whom it is performed. Therefore, you should consider the vasectomy to be an irreversible procedure.

How will the procedure affect my sex life?

Although the vasectomy will make you

sterile, it will have *no effect whatever* on your potency—that is, your ability to have sexual intercourse. In fact, many couples find that their sex life improves after the vasectomy because they no longer have to worry about the surprise of an unwanted pregnancy.

Will I still ejaculate in the normal manner?

Yes. Most of the seminal fluid which the male ejaculates during intercourse is produced by the seminal vesicles and the prostate gland. Only a small amount of the seminal fluid consists of sperm. Therefore, after a vasectomy, ejaculation will take place in the same way as it did before. The only difference is that there will be less fluid ejaculated, and this difference is barely noticeable.

I've heard that the vasectomy can be performed in the physician's office. Is this true?

This is a matter to be discussed with your physician, and you should follow his recommendation. Although the procedure is relatively uncomplicated and can be performed with minimal difficulty in the physician's office, many physicians find it more convenient to perform the vasectomy in a hospital setting.

Is a vasectomy painful?

As with any operation, no matter how minor, there will be some discomfort associated with it. However, with proper anesthesia, this discomfort will be kept to a minimum. Your physician will discuss the type of anesthesia to be used. As a rule, local anesthesia

is all that is required.

In some cases, general anesthesia may be needed, but this is a matter to be left to the discretion of your physician.

Are there any complications associated with a vasectomy?

The problems that occur after the operation are usually quite minor. There will be some pain and tenderness in the area where the surgery is performed. There may also be some swelling and discoloration (black and blue marks). Your

physician will probably prescribe some medication to keep the post-procedure discomfort to a minimum.

As with any surgery, the possibility of an infection is always present. However this is usually quite rare following a vasectomy. In a very small percentage of patients, a blood vessel inside the scrotum continues to bleed after the operation. If this happens, the scrotum will swell and become very tender. Should you experience this problem, contact your physician. He may have to re-open the scrotum to tie off the "bleeder." This could require a return to the hospital and the administration of general anesthesia.

Are there any long-term complications?

As far as medical science can determine at this time, there are no long-term complications associated with vasectomy. Recent reports in the lay press have focused attention on scientific studies which show that a group of monkeys who had vasectomies developed premature hardening of the arteries when compared with a group of monkeys who did not have the operation. To date, comparable results have not been found in man. The results of a recent study suggest that there is no apparent association of coronary disease with prior vasectomy. Aside from sterilization, the only other known long-term side effect of the operation is that there may be a slight scar on each side of the scrotum where the incision is made.

How soon after the operation can I have sexual intercourse?

You may resume your normal sexual activity as soon as you feel well enough to do so. This will probably be within a few days of the surgery. Remember, however, that you may not be sterile until some time after the operation, and therefore you should continue to use some form of birth control until your doctor confirms that all sperm have disappeared from your semen.

Is there anything special I should do before the surgery?

Once you have decided to have the surgery, you should discuss it with your physician. He may recommend the fol-

lowing: On the evening before the surgery takes place, shave the area around your penis and testicles. An electric razor is *not* recommended for this purpose as it probably will not do an adequate job. After shaving, be sure to shower to wash away any loose hairs. Your physician may also ask you to purchase an athletic supporter or a scrotal suspensory before the operation takes place. He will probably require that you purchase one that does not have leg straps. Although it is not essential, he may suggest that you have someone accompany you to his office or to the hospital on the day of the surgery so that you can be driven home after the surgery is completed.

What about after the operation. What must I do?

Once again, this is up to your physician. Many physicians will suggest the following: Wear the athletic supporter or suspensory for the first 24 hours after the operation. After that you need only wear it if it makes you more comfortable. Do not engage in any strenuous physical activity for the first day, and work your way back to your normal routine over a period of about one week. You may shower on the day after the surgery. Just be sure that you wash the scrotal area gently, and rinse with warm water. When you dry the scrotum, do so by blotting the water with a soft towel. If your physician uses stitches to close the incisions, they will dissolve themselves and you will not have to return to have them removed. However, because the incisions are so small, many physicians do not use stitches. In such cases, there may be a slight discharge from either or both of the incision sites. This need not concern you. Simply place a small sponge or gauze pad over the incision, replacing it on an as-needed basis, until the wound is completely healed. Even with such a discharge, you may still shower each day.

One final word...

Discuss any questions you have about the procedure with your physician before the surgery takes place. Follow all his instructions completely. Be as certain as you possibly can be that you want no more children before you consent to the surgery.

PLEASE PRINT AND FILL OUT COMPLETELY

NAME: LAST FIRST MI PRIMARY CARE PHYSICIAN
M F
AGE SEX DATE OF BIRTH SOCIAL SECURITY NUMBER REFERRED BY: DOCTOR, OTHER
ADDRESS: STREET APT# CITY STATE ZIP HOME PHONE CELL PHONE
EMPLOYER: OCCUPATION:
ADDRESS: WORK PHONE:
MARITAL STATUS: S M W D SPOUSE'S NAME:
SPOUSE'S EMPLOYER: WORK PHONE:
EMERGENCY CONTACT: HOME PHONE:
RELATIONSHIP: WORK PHONE:

(RESPONSIBLE PARTY INFORMATION IF DIFFERENT THAN ABOVE)

NAME SOCIAL SECURITY NUMBER DATE OF BIRTH
RELATIONSHIP TO PATIENT: HOME PHONE:
ADDRESS:
EMPLOYER: OCCUPATION:
EMPLOYER'S ADDRESS: WORK PHONE:

PRIMARY INSURANCE SECONDARY INSURANCE
INSURANCE NAME: INSURANCE NAME:
POLICYHOLDER: POLICYHOLDER:
ID #: ID #:
GROUP #: GROUP #:

AUTHORIZATION TO RELEASE INFORMATION:

I HEREBY AUTHORIZE *SOUTHWEST UROLOGY ASSOCIATES, P.C.* TO FURNISH INFORMATION TO MY PRIMARY/REFERRING PHYSICIAN AND/OR TO INSURANCE CARRIERS CONCERNING MY DIAGNOSIS AND TREATMENTS, INCLUDING MY HIV STATUS.

SIGNATURE: DATE:

ASSIGNMENT OF BENEFITS AND AGREEMENT TO PAY:

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO *SOUTHWEST UROLOGY ASSOCIATES, P.C.* FOR THE SERVICES RENDERED BY THEM. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO THE DOCTORS FOR CHARGES NOT COVERED BY THIS AUTHORIZATION. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FEES, REGARDLESS OF INSURANCE COVERAGE AND THAT IT IS CUTOMARY TO PAY FOR ALL SERVICES WHEN RENDERED, UNLESS ARRANGEMENTS ARE MADE IN ADVANCE.

SIGNATURE: DATE:

PAST MEDICAL HISTORY

Patient name: _____

Date: _____

SOCIAL HISTORY:

HOW MUCH PER DAY DO YOU USE THE FOLOWING?

Tobacco _____ Alcohol _____ Coffee/Tea _____

Do you have a history of tobacco use? _____ Number of years _____ Packs per day _____

DIETS:

ARE YOU ON ANY SPECIAL DIETS? _____

Your FAMILY HISTORY:

HAVE ANY OF **YOUR BLOOD RELATIVES** EVER HAD ANY OF THE FOLLOWING?

_____ Bladder Cancer	_____ Tuberculosis	_____ Stroke	_____ Gout
_____ Prostate Cancer	_____ Heart Disease	_____ Bleeding Disorder	_____ Diabetes
_____ Testicular Cancer	_____ Heart Attack	_____ High Blood Pressure	
_____ Other Cancer (Describe): _____			

MEDICATION:

LIST ALL MEDICATION YOU ARE PRESENTLY TAKING: _____ NONE?

<u>Name</u>	<u>Dosage (mg)</u>	<u>Times per day</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Herbs/Homeopathic Meds: _____

PHARMACY NAME: _____

PHONE: _____

ALLERGIES:

LIST ALL DRUG ALLERGIES: _____ NONE?

LIST ALL HOSPITALIZATIONS AND SURGERIES:

(include childhood hospitalizations and surgeries)

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

LIST ANY OTHER MEDICAL ILLNESSES (and how long you have had them):

Illness: _____	How Long? _____
Illness: _____	How Long? _____
Illness: _____	How Long? _____

HAVE YOU EVER BEEN DIANOSED AS HAVING CANCER? YES NO

If yes, what type? _____

FINANCIAL PAYMENT POLICY

REGARDING INSURANCE: The doctor's service is provided directly to you and you are responsible for payment of these services. We cannot provide service on the assumption that charges will be paid by your insurance company. If we are not participating providers with your insurance company, we require payment be made at the time services are rendered. As a courtesy to our patients we will submit a paid claim to your insurance company for you.

Our office participates with Medicare and many managed care insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company based on the guidelines of our contract. Co-payments and deductibles that have not been satisfied are required at the time services are rendered. It is your responsibility to obtain a proper referral from your primary care physician, if required by your insurance plan. Charges may be your responsibility if you do not secure a proper referral for the services provided.

If a surgical procedure is performed, our office will bill your insurance company directly and withhold any action for forty-five days. However, if your insurance company has failed to pay within forty-five days, we will expect you to pay the full balance due and then collect from your insurance company.

Informing our patients about our financial policy assists us in providing the best services to our patients. Thank you for taking the time to read this policy statement. Should you have further questions or comments, please contact our billing staff or manager.

WE ARE HERE TO HELP YOU!

I hereby understand the financial policy of this office:



Signature

Date



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, (print) _____ have received
a copy of this office's Notice of Privacy Practices.

Signature

Date