**Before your Vasectomy**

READ AND COMPLETE THE CONSENT FORMS included in this packet. They will answer most of your questions.

DON’T TAKE ASPIRIN, MOTRIN, ADVIL, COUMADIN, LOVENOX, CELEBREX, PLAVIX, OR PRADAXA one week prior to the procedure. These medications increase bleeding. Call the office at (512) 238-0762 with any questions or concerns regarding medication.

SHAVE YOUR SCROTUM prior to the procedure. (Your consent form explains which part.)

YOU WILL NEED A DRIVER to and from the procedure. You will be unable to operate heavy machinery after the procedure unless you choose not to have IV sedation.

DON’T EAT OR DRINK ANYTHING for 3 hours prior to the procedure.

BRING AN ATHLETIC SUPPORT to your appointment. You will wear it home and for up to 2 weeks after the procedure. This is important. It will reduce your swelling and pain. We have support available to purchase in office.

BE PREPARED TO PROVIDE A URINE SAMPLE at check-in. It is standard practice to check urine for an infection prior to having an office procedure to protect your health. This is very important.

**Patient Information and Consent Form**

**Vasectomy**

**Patient Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Partial Bi-lateral Vasectomy is a procedure where the tubes that carry sperm from the testicles (vas deferens) are cut for the purpose of sterilization (to prevent pregnancy). The procedure is considered permanent even though it may be possible to reverse the procedure.

* During the procedure the surgeon will make an incision in your scrotum. The vas deferens are then cut and sealed off at the ends. A segment of the vas deferens may be removed.
* The procedure is performed in the office under local anesthetic with the choice of IV conscious sedation (IV sedation that allows you to remain awake and relatively responsive) and lasts about an hour.

*Possible complications include:*

* Epididymitis (infection of the epididymis which may or may not be related to the surgery itself)
* Build up of sperm at the end of the cut vas deferens (sperm granuloma).
* Bleeding within the scrotum (hemorrhage).
* Abscess within the scrotum.
* The ends of the vas deferens may rejoin themselves (re-canalization).
* Failure of partial bilateral vasectomy.

Please observe the following Pre-Procedure Guidelines:

* The following medications should be **Avoided One Week Prior to the Date of Surgery**: All aspirin (ASA) or NSAID’s (Motrin, Advil), Coumadin, Lovenox, Celebrex, Plavix, Pradaxa. (Please contact us if you are unsure about which medications to stop, Do not stop any medication without contacting your prescribing doctor).
* On the day of the procedure, shave ALL hair from the upper scrotum (area just under the penis) and thoroughly wash the area to remove all remaining hair.
* Have nothing by mouth (do not eat or drink anything) 3 hours prior to your procedure unless otherwise instructed by the doctor.

After the Procedure:

* Please **wear your athletic support** immediately after surgery to reduce swelling and hold bandages in place.
* You can expect to have some pain and bruising after the procedure. Aggressively ice your scrotum for the first day and a half after surgery. You may use the ice for 20 minutes on and 20 minutes off as you need it. You may remove your dressing and shower 48 hours after the procedure.
* Take it easy for 48 hours after the procedure and avoid all heavy lifting, pushing or straining. Listen to your body’s cues as to what activity is appropriate. If it feels like too much, don’t do it.
* Sexual activity and athletics may be resumed 7 days after the procedure; use discretion.
* 15 to 20 ejaculations are necessary to clear your reproductive system of any remaining sperm. This will take about 6 to 10 weeks to accomplish (2 each week).
* **CONTINUE TO USE BIRTH CONTROL** until you have had your semen analyzed twice (at 6 and 10 weeks after the procedure). You will be given two specimen cups to return to us with the specimens. If no sperm are seen in either sample, then you are considered sterile.
* Please contact us if your pain continues to increase, you observe large amounts of blood or heavy bleeding, or if you have a fever above 101 degrees.

**Consent for Vasectomy:**

I hereby authorize the physicians of North Austin Urology and such assistants as may be required to perform a vasectomy. I accept the treatment recommendation and my physician has informed me of:

* The nature of treatment.
* Reason for treatment.
* The expected results.
* Alternative treatment choices.
* Benefits of proposed treatment and non-treatment.
* Possible risks and complications.
* **A separate charge from a laboratory for my pre operative urine culture and vas deferens pathology test.**

I have been given the opportunity to ask questions and vocalize concerns to my satisfaction.

Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre- Vasectomy Quiz**

To be completed by the patient in his own handwriting

1. I have read the vasectomy information sheet which I have initialed. I understand it and have

no additional questions at this time.

YES or NO

2. Can this operation fail?

YES or NO

3. Is it possible that this operation may work initially and then fail later, within the first year?

YES or NO

4. How will I know that the operation is a success? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. When should I bring in semen samples for analysis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. When will it be safe to have intercourse without using some form of birth control?

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7. It is possible to develop epididymitis months afterwards which may or may not be a result of the procedure.

TRUE or FALSE

Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Conscious Sedation**

You have chosen I.V. Conscious Sedation for your procedure. This sedation will be a “light conscious sedation” where you maintain your protective reflexes; however, you will be less aware of your environment and of any discomfort.

**Risks**

1. Nausea and vomiting.

2. Bruising or tenderness of the veins or vessels into which the medications are placed.

3. Depressed respiration's.

4. Extremely remote possibility complications may require transport to a hospital for treatment.

**Alternatives**

1. General anesthesia administered by an anesthesiologist in an ambulatory surgery center. This may involve additional cost, arrangements and lab work other than what has been required in the office setting.

**Before Your Procedure**

1. Nothing to eat or drink in the three hours prior to procedure.

2. Report to the office or on call physician recent changes in health or onset of symptoms, especially fever or respiratory illness such as colds or flu-like symptoms.

3. Take prescribed medications with a sip of water unless previously instructed otherwise.

4. Wear loose, comfortable clothing.

5. A responsible adult (18 years or older) must accompany you, accessible by phone or in person during the procedure, and available to drive you home.

6. Failure to comply with these instructions may result in cancellation of your procedure.

**After Your Procedure**

*1. Arrange for a responsible adult (18 years or older) to drive you home and stay with you for at least six hours after the procedure.*

2. Call Dr. Mistry, 512-423-3760, or Dr. Yang, 832-260-8255, if you have any questions or concerns.

I certify and acknowledge that I have read this form, that I understand the risks, alternatives and expected results of the anesthesia service and that all of my questions have been answered fully to my satisfaction.

Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After your Vasectomy**

CONTINUE TO USE BIRTH CONTROL until you have 2 semen analyses to confirm you have no sperm in your ejaculate. We will give you 2 cups and ask that you bring one semen specimen at 6 weeks and one at 10 weeks after your procedure. There is no extra charge for these tests. Ask about home testing kits.

USE ICE for 20 minutes on and 20 minutes off for the first day and a half after the procedure. This will decrease swelling and discomfort.

WEAR YOUR ATHLETIC SUPPORT for 2 weeks after the procedure to reduce swelling and discomfort. This is important.

DO NOT EXERT YOURSELF OR LIFT ANYTHING HEAVY in the first 48 hours after the procedure. Listen to your body. Overdoing it can make recovery longer and more complicated.

YOUR BANDAGE can come off the next day or you can let it fall off in its own time.

DO NOT SHOWER FOR 48 HOURS after the procedure.

DO NOT SUBMERGE YOUR INCISION for one week. This means, no swimming, no bathing, no hot tubs, etc.

REFRAIN FROM SEXUAL ACTIVITY AND ATHLETICS for one week after the procedure.

You may see a bill for a urine culture. It is necessary to culture your urine the day of surgery to verify that there is no current infection to protect your health.

You may also see a bill for the analysis of your vas deferens (the tube that is cut during the vasectomy). This is done so there is documentation and verification that your vas deferens has indeed been interrupted to prevent the flow of sperm outside your body.