

**Southeast Texas Urology Associates, L.L.P.**

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

Referring/Primary Physician: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Marital Status (circle one) S M D W

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want access to your patient portal? Y N

**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May the physician discuss your medical history with this person? Y N

**Emergency Contact (2):** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

May the physician discuss your medical history with this person? Y N

**Responsible Party Information (if different from patient):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance Information:**

Primary Insurance Company: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

It will be my responsibility to call for results and all lab and x-rays through this office if not informed in a timely manner.

Signature \_\_\_\_\_

I authorize all medical and/or surgical treatment to be rendered by Dr. J. Denton Harris, Dr. John Henderson, Dr. Steven A. Socher, Dr. Jenny Nguyen, Benjamin Strahan, FNP-C and Anthony Scoggins, ACNP-BC and I assume financial responsibility. I assign all benefits to be paid to Southeast Texas Urology Associates - Dr. J. Denton Harris, Dr. John Henderson, Dr. Steven A. Socher, Dr. Jenny Nguyen, Benjamin Strahan, FNP-C and Anthony Scoggins, ACNP-BC under my medical Insurance Program and give my authorization to release records if necessary, including DX and treatment to Insurance Company, physicians, etc. I understand that I am entitled to receive a copy of my medical records.

Signature \_\_\_\_\_

Appointment Type: (Circle)      NEW PATIENT      FOLLOW UP      Date \_\_\_\_\_

Account# \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

How long have you had these symptoms? \_\_\_\_\_

1. Primary Doctor \_\_\_\_\_ Preferred Pharmacy \_\_\_\_\_ Mail Order: \_\_\_\_\_

2. Are you presently taking: (Circle)    Coumadin - Aspirin- Ecotrin - Persantine - Glucophage

Inhalers - Ticlid - Plavix - St. John's Wort

3. Have you had a: (Circle One)    Heart Attack Yes/No    Stroke Yes/No

Diabetes Yes/No    Emphysema/Asthma Yes/No

4. Other Medical Problems \_\_\_\_\_

5. List previous surgeries \_\_\_\_\_

6. Allergies \_\_\_\_\_

Family History of: (Please Circle)

Prostate Cancer Yes/No

Kidney Cancer Yes/No

Bladder Cancer Yes/No

Kidney Stones Yes/No

Kidney Problems Yes/No

7. Occupation: \_\_\_\_\_

8. Tobacco Use: (Please Circle)    Cigarettes/Cigar Yes/No    Dipping/Chewing Yes/No

Did you ever smoke? Yes/ No    When did you quit? \_\_\_\_\_ How Long did you smoke: \_\_\_\_\_

9. Do you drink Alcohol? (Please Circle)    Yes/ No    Social Light or Moderate

10. Pneumonia Immunization? (Please Circle)    Yes / No    When? \_\_\_\_\_

11. Last colonoscopy? \_\_\_\_\_

**Please Circle Yes or No to Each Symptom**

**Current Medications:**

Y/N Burning Upon Urination

Y/N Urgency to Urinate

Y/N Weight Loss

Y/N Discharge from Penis

Y/N Weak Stream

Y/N Weight Gain

Y/N Blood in Urine

Y/N Straining to Urinate

Y/N Loss of Sexual Interest

Y/N Blood in Semen

Y/N Foul Smelling Urine

Y/N Loss of Erection

Y/N Leaking of Urine (incontinence)

Y/N Lesions on Penis

Y/N Curvature of Erection

Y/N Pelvic Pain

Y/N Air Coming Out of Penis

Y/N Double Vision

Y/N Back Pain

Y/N Urination at Night

Y/N Blurry Vision

Y/N Sore Muscles

Y/N Constipation

Y/N Cataracts

Y/N Arthritis

Y/N Diarrhea

Y/N Glaucoma

Y/N Joint Problems

Y/N Nausea

Y/N Blind

Y/N Kidney Pain

Y/N Vomiting

Y/N Skin Rash

Y/N Abdominal Pain

Y/N Reflux

Y/N Dry Skin

Y/N Incomplete Emptying of Bladder

Y/N Fever

Y/N Bruising

Y/N Frequency of Urination

Y/N Chills

Y/N Lesions/Ulcers

Y/N Difficulty Starting Urine Flow

Y/N Night Sweats

Y/N Shortness of Breath

Y/N Joint Problems

Y/N Hearing Loss

Y/N Wheezing

Y/N Varicose Veins

Y/N Nasal Stuffiness

Y/N Cough

Y/N Hepatitis

Y/N Dry Mouth

Y/N Chest Pain

Y/N Swelling of Legs

Y/N Sore Throat

Y/N Swollen Glands

Y/N Dizziness

Y/N Forgetfulness

Y/N Bleeds Easily

Y/N Migraines

Y/N Loss of Balance

Y/N Blood Clots

Y/N Depression

Y/N Irregular Heartbeat

Y/N Change in Bowels

## SEXUAL HEALTH INVENTORY FOR MEN (SHIM)

PATIENT NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

### PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

### OVER THE PAST 6 MONTHS:

		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
1. How do you rate your confidence that you could get and keep an erection?		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5.

TOTAL: \_\_\_\_\_

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED

8-11 Moderate ED

12-16 Mild to Moderate ED

17-21 Mild ED

# International Prostate Symptom Score (IPSS)

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency – How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:		+	+	+	+	+

**Total International Prostate Symptom Score = \_\_\_\_\_**

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms  
Regardless of the score, if your symptoms are bothersome you should notify your doctor.

## Quality of Life (QoL)

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Have you tried medications to help your symptoms?	Yes	No
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Did these medications help your symptoms? (circle)									
1	2	3	4	5	6	7	8	9	10

No Relief

Complete Relief

Would you be interested in learning about a minimally invasive option that could allow you to discontinue your BPH medications?	Yes	No
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CONSENT TO STERILIZATION OPERATION  
(SURGICAL VASECTOMY)

NOTE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS.

I have been given the following information:

1. Explanation of Sterilization Procedure

Vasectomy is a minor surgical procedure which can be performed in the doctor's office or clinic under a local anesthetic and involves clipping the cords in the scrotum. The surgery takes approximately twenty minutes and involves making small incisions on each side of the scrotum. The sperm duct is then cut and sealed, and the sealed ends of the duct are then returned to the scrotum. To reduce the possibility that the cut tubes may rejoin, a ¼ to ½ inch piece of cord may be removed during the surgery. The stitches used during the procedure will dissolve by themselves.

2. Description of the Attendant Discomforts and Risks

A small amount of oozing blood (enough to stain the dressing), some discomfort and mild swelling in the area of the incision are not unusual and should subside within seventy-two hours.

Very rarely, a small blood vessel may escape into the scrotum and continue to bleed to form a clot. A small clot will be absorbed after a time, but a large one is painful and usually requires reopening of the scrotum and drainage of the clot. Hospitalization and a general anesthetic is usually required for this purpose.

For a week following the vasectomy, sex should be eliminated. Strenuous exercise (for example, climbing ladders, riding motorbikes, bicycles, playing tennis, etc.) should be avoided and nothing that weighs over a few pounds should be lifted. The reason for this is that engaging in these activities sometimes results in complications.

This surgical procedure is not always 100% effective in preventing pregnancy, because on rare occasions the cut ends of the cord may rejoin; but this only occurs at a rate of 1 in every 600 vasectomies

Do not have unprotected intercourse until you have had two sperm free samples.

3. Benefits to be Expected

The vasectomy is done in the doctor's office or clinic in approximately twenty minutes using local anesthetic; it is a simple, safe method to prevent unwanted pregnancy. Recovery is quick; the patient can usually return to work in two days (over a weekend).

Sexual activity, penile sensitivity, and the production of male hormones are not adversely affected. In fact, the freedom from fear of producing unwanted children may greatly improve the mutual enjoyment in your sexual relations. You may find that your desire for sexual expressions becomes more spontaneous and more frequent.

#### 4. Counseling Concerning Alternate Methods

If your objective is merely to space pregnancies, or if you have even the slightest reason to believe that you might want to have more children in future, then a vasectomy will not suit your purpose, and should not be considered.

Other methods of birth control which may be used are: oral contraceptives (the pill), intrauterine device (IUD), diaphragm, condom, aerosol contraceptive foam, rhythm, and contraceptive cream and jellies.

If you should decide that a vasectomy is not for you, yet you and your wife are sure you do not want to have children or more children, a laparoscope's (tubal ligation) for your wife is an alternative method. This is a permanent method of birth control and is relatively simple and painless procedure.

A vasectomy should have no adverse effects on your sex life. Any problems which develop in relation to having sexual intercourse would result from psychological rather than physical causes. After a vasectomy, a man's hormones remain operative and there is no noticeable difference in his ejaculate, because sperm make up only a tiny part of the semen. The sperm cannot come out after the cord is clipped. Like other dead body cells, the sperm disintegrate and are discharged from the body as wastes.

Some men, even knowing these facts, are still anxious about what a vasectomy will do to their sexual performance. These men should not have vasectomies, because worrying about sexual performance is likely to impair a man's ability to have an erection or ejaculate, even though the production of sperm and male hormones continues.

A vasectomy is not the answer to a problem of sexual maladjustment or failing sexual powers. Therefore, if you are getting a vasectomy in hopes of improving your wife's attitude toward sex or to increase your sexual powers, you are likely to be disappointed. On the other hand, the freedom from fear of producing unwanted children may improve greatly the mutual enjoyment in your sexual relations.

#### 5. Effect and Impact of Sterilization

The purpose is to prevent sperm from entering the seminal fluid so that the female egg cannot be fertilized subsequent to intercourse. Sperm cells continue to be produced in the testes but are discharged from the body as wastes instead of in the semen. However, the amount of the fluid discharged during intercourse does not decrease more than 5% after vasectomy.

Vasectomy is to be considered a permanent birth control procedure, because at present these operations can be reversed so that pregnancy follows only 15% of the time. Although this surgical procedure must be thought of as completely irreversible and producing permanent sterility (i.e., there is a low incidence of failure) the procedure is not always 100% effective.

Occasionally one effect of the vasectomy is that the skin of the scrotum and base of the penis turn black and blue. This is not painful and lasts only a few days and disappears without treatment.

#### 6. Inquiries

Any inquiries I had about the sterilization procedures described in this document were fully answered.

7. Withdrawal of Consent

I realize I am free to withdraw or withhold my consent to the sterilization procedure at any time prior to the sterilization procedure being performed without prejudicing my care and without loss of other project or program benefits to which I might otherwise be entitled.

I have read all of the above and do voluntarily consent to sterilization by this surgical procedure. I realize the sterilization procedure may not be performed sooner than seventy-two hours following my signing of this consent form.

I certify that I am 21 years of age or older and legally and mentally competent.

Date of Birth: \_\_\_\_\_

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

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Disclosure and Consent  
Medical and Surgical Procedures

To the Patient: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be performed so that you may make the decision whether to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr. J. Denton Harris IV, Dr. John A. Henderson IV, or Dr. Steven A. Socher as my physician, and such associated, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as fertility anxiety.

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I voluntarily consent and authorize the following procedure: Vasectomy.

I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician, and such associated, technical assistant, and other health care providers to perform such other procedures which are advisable in their professional judgement.

I consent to the use of blood and blood products as deemed necessary.

I understand that no warranty or guarantee has been made to me as to result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to any surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reaction, and even death. I also realize that the following risks and hazards may occur in connection with this procedure: loss of testicles, failure to produce permanent result, possibility of increased risk of developing prostate cancer.

I understand that anesthesia involves additional risks and hazards, but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I realize the anesthesia may have to be changed possibly without explanation to me.

I understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth, or eyes. I understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.



I certify this form has been fully explained to me, that I have read it or have had it read to me, that any blank spaces have been filled in, and that I understand its contents.

I have read literature and pamphlet supplied by office.

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

Time: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient's Spouse Signature

Witness:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address (Street or P.O. Box)

\_\_\_\_\_  
City, State, Zip Code

## VASECTOMY INSTRUCTIONS

1. Please read everything that is enclosed in the packet very carefully.
2. New patients will need to fill out the new patient packet as well as a vasectomy packet. All patients should sign both consent forms. Please note, if married, your wife will need to sign both consent forms.
3. Return all forms listed above with a copy of the front and back of your insurance card. These forms should be in our office no later than the Monday prior to the procedure. Keep the pre and post-operative instructions for your use.
4. We will contact your insurance company for coverage and benefits. You will be contacted with the amount due. The amount due is to be paid the day of the procedure with cash or a credit card. This amount is an estimate only. Insurance companies do not guarantee benefits. After the claim is filed you may be due a refund or owe additional funds.
5. Do not eat or drink anything after midnight.
6. On the date of your procedure, report to 755 N. 11<sup>th</sup> Street, Suite P3200.
7. You will need to have someone come with you to stay and then drive you home.
8. Do not take aspirin, fish oil, or any blood thinner ten days prior to the procedure.

Should you have any questions regarding these instructions, do not hesitate to call our office at (409)899-4111, ext. 129.

Appointment Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Doctor: \_\_\_\_\_

## **Southeast Texas Urology Associates, L.L.P.**

J. DENTON HARRIS IV, M.D.  
JOHN A. HENDERSON IV, M.D.  
STEVEN A. SOCHER, M.D.

755 NORTH 11TH STREET, SUITE P3200  
BEAUMONT, TEXAS 77702  
TELEPHONE (409) 899-4111  
FAX (409) 899-5670

Dear Sir:

I am enclosing this letter in the vasectomy packet for your information regarding reports that occurred in medical literature concerning a vasectomy. There were some reports from Europe that seemed to suggest an increased incidence of carcinoma of the prostate occurring 20 to 25 years after a vasectomy. This seemed to increase patient's risk of developing cancer by 1% to 2%. After reviewing these articles, the American Urologic Association issued a statement that they did not feel as though these studies were adequately performed and do not have adequate controls to state whether there is an increased risk of developing cancer of the prostate over a 20-to-22-year period following a vasectomy. This is still a controversial issue that should be considered when you decide whether to have a vasectomy. We certainly do not know the answers to all the questions at the present time, nor do we know the reasons for this to occur if it is indeed true. Certainly, the incidence of cancer of the prostate is on the increase and is very common in the age group that has been studied.

If you have any further questions about this, please do not hesitate to ask Dr. Harris, Dr. Henderson, or Dr. Socher regarding these studies.

Sincerely,

J. Denton Harris IV, M.D.  
John A. Henderson IV, M.D.  
Steven A. Socher, M.D.

## PRE-OP INSTRUCTIONS

1. The night before the vasectomy, please shave or remove most of the hair on the scrotum.
2. Remove any scrotal piercings.
3. Please shower with Hibiclens the morning of your appointment for the vasectomy.
4. Bring an athletic supporter (Jock Strap) with you to the facility.
5. **You must bring someone to drive you home after your procedure is finished.**

## POST-OP INSTRUCTIONS

1. Go home and lay down through the day. Place an ice pack on scrotum. Stay off your feet as much as possible through day two. Apply an ice pack to operative site for 12 hours after the procedure.
  2. Dressing may be removed on day two and you can shower or bathe as needed.
  3. Wear scrotal support for two or three days. You can wear the support longer if it is more comfortable than your usual underwear.
  4. No heavy lifting or strenuous exercise for 7-10 days following your vasectomy. You should be able to return to work on day three.
  5. Take all medications as prescribed. **Do not drive while taking pain medications.**
  6. You may expect a small amount of bleeding that may seep through your underwear or gauze on the first to second day. If this occurs, place gauze or tissue and apply gentle steady pressure for three to five minutes.
  7. Following the vasectomy, scrotum and penis may become bruised. This will improve with time.
  8. There will be some swelling following the vasectomy. Anything twice the normal size or appears to be infected, please call the office.
  9. Intercourse may be resumed at your discretion, but it is suggested you refrain until the incision is completely healed.
  10. Remember to bring a specimen to the office six to eight weeks following your vasectomy. Specimen should be collected in the morning in the containers provided at our office. Containers may be picked up at the receptionist desk in our office. (If specimen is collected in a condom, please empty it into the specimen container.) Once collected, keep specimen at room temperature and bring the specimen to the office as soon as possible. Please call to make sure that there is a doctor in the office before you bring in your specimen.
- \*\*You will be required to have two consecutive negative specimens before you will be released from our doctors. Until the sperm are completely absent from the semen, a pregnancy can be initiated. It is very important to continue to use a form of birth control until you have been released from our doctors.\*\***

# ***Southeast Texas Urology Associates, L.L.P.***

J. DENTON HARRIS IV, M.D.  
JOHN A. HENDERSON IV, M.D.  
STEVEN A. SOCHER, M.D.

755 NORTH 11TH STREET, SUITE P3200  
BEAUMONT, TEXAS 77702  
TELEPHONE (409) 899-4111  
FAX (409) 899-5670

## **Vasectomy Cancellation Policy**

Dear Patient:

We have reserved a surgery slot for your vasectomy. If you need to change your appointment date for any reason, we require 72-hour notice. Patients who fail to give notice will not be rescheduled until we receive a cash deposit. We require \$150 to be placed on the schedule again. This money will go towards your procedure. Should you cancel again; the deposit will not be refunded.

Sincerely,

J. Denton Harris IV, M.D.  
John A. Henderson IV, M.D.  
Steven A. Socher, M.D.



# Vasectomy

## What You Should Know

*Urology Care*  
FOUNDATION™  
*The Official Foundation of the  
American Urological Association*

### What is a Vasectomy?

Vasectomy is minor surgery to block sperm from reaching the semen that is ejaculated from the penis. Each year, more than 500,000 men in the U.S. choose vasectomy as permanent birth control. During vasectomy, each vas deferens (the two tubes that move sperm from each testicle) are separated. This blocks sperm from reaching the semen that is ejaculated from the penis. After a vasectomy, the testicles still make sperm, but the body absorbs them. A vasectomy prevents pregnancy better than any other method of birth control, except abstinence. Only 1 out of 2,000 women will get pregnant after their partners have had a vasectomy.

### What is the Procedure?

Your doctor can perform a vasectomy in an office or hospital. Vasectomy is a minor surgery that should take about 20 minutes. One urologist who performs vasectomies tells patients to "...take a long hot shower the morning before with a lot of soap and make sure to have a bag of frozen peas and a couple of rented movies at home" for after the surgery.

Before the vasectomy, your scrotum will be shaved and cleaned. Usually local anesthesia is used. You will be awake, but should not feel any pain. Some patients may also be given medicine to reduce anxiety. With a standard vasectomy, the urologist makes one or two small cuts in the scrotum. One vas deferens tube is cut and tied or sealed with heat. The tube is replaced inside the scrotum. The procedure is then repeated on the other side. Lastly, the skin is closed with stitches that dissolve and do not have to be removed.

Another popular option is a no-scalpel vasectomy. In this

procedure, a small clamp with pointed ends is used to puncture the skin. Then each vas deferens is lifted out, cut, sealed and then put back in place. A no-scalpel vasectomy works just as well as a standard vasectomy. Usually, no skin sutures are used.

### What are the Risks?





About one to two percent of men may have ongoing pain or discomfort after a vasectomy. The pain is most often treated with anti-inflammatory drugs, like ibuprofen. Exact causes of pain are not known, but in some rare cases, additional medical or surgical treatment may be needed.

Other risks after a vasectomy are very low, but may include:

- Bleeding under the skin, which may cause swelling or bruising (call your doctor if your scrotum swells a lot soon after your surgery).
- Infection at the site of the cut, but it is rare for an infection to occur inside the scrotum.
- A small lump caused by sperm leaking from a vas deferens into nearby tissue. This is usually not painful, but if it is, it can be treated with rest and pain medicine. Sometimes, surgery may be needed to remove the lump, which is called a "sperm granuloma."
- Swelling of the vas deferens.

In very rare cases, the vas deferens may grow back together, which would allow the man to have children again. Studies show men who have had a vasectomy are not at a higher risk for any other medical conditions such as heart disease, prostate cancer, testicular cancer, or other health problems.

**National Headquarters:** 1000 Corporate Boulevard, Linthicum, MD 21090  
Phone: 410-689-3990 • 1-800-828-7866 • [info@UrologyCareFdn.org](mailto:info@UrologyCareFdn.org) • [www.UrologyHealth.org](http://www.UrologyHealth.org)

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# Vasectomy

## What You Should Know

### What Should I Expect After Surgery?

Your scrotum will be numb for a few hours after a vasectomy. Once home, you may put cold packs on the area, such as a bag of frozen peas and lie on your back as much as you are able for the rest of the day. Mild discomfort or pain is normal after a vasectomy and should be treated with over the counter pain relievers. Wearing snug underwear or a jockstrap will help ease discomfort and support the area.

You may have some swelling and minor pain in your scrotum for a few days after the surgery.

### When Can I Resume Normal Activities?

You may be able to go back to work in one or two days if you do deskwork. Men with more activity and heavy lifting at work may need more time off, as you should avoid heavy lifting for a week. You can have sex as soon as you are comfortable, which is usually within a week. Just keep in mind the vasectomy is not effective from day one. Sperm may still be in the semen for many months after a vasectomy. It takes about 20 ejaculations or about three to four months to clear the sperm from the tubes; however, results vary for different men. Most often, your doctor will test your sperm count three months later. Until the sperm count is zero or there are less than 100,000 sperm and none are moving, sex without another method of birth control may lead to pregnancy. Having a semen analysis after your vasectomy is the only way to confirm this. After recovering from a vasectomy, a man and his partner should notice no difference during sex. An uncomplicated vasectomy does not cause erection problems. Ejaculation and orgasm should feel the same. The amount of semen does not decrease more than five percent. The only change your partner may be able to feel is a lump at the vasectomy site if one has formed.

### Things to Think About Before Surgery

The choice to have a vasectomy is a very personal one. Talk with your partner and think about what is best for you and your family. It is of great value to think through all your choices carefully before deciding to have a vasectomy. Below are some things to keep in mind:

- **Safety:** Vasectomy for men is safer and cheaper than a

tubal ligation for women (blocking the fallopian tubes to prevent pregnancy).

- **Cost:** The one-time cost of a vasectomy may be cheaper over time than the cost of other birth control methods, such as condoms or the pill.
- **STDs:** A vasectomy does not protect against sexually transmitted diseases (STDs). Use condoms to protect against STDs.
- **Permanent:** Vasectomy is a permanent method of birth control. This may be a plus or a minus based on your own situation. You should not have a vasectomy if you may want to father children in the future. While it is possible to have a vasectomy reversed, this is more complex and costly procedure and success rates are lower than not having a vasectomy. In addition, reversing or "undoing" a vasectomy does not always result in pregnancy.

### About the Urology Care Foundation

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts. To learn more, visit the Urology Care Foundation's website, [UrologyHealth.org/UrologicConditions](http://UrologyHealth.org/UrologicConditions) or go to [UrologyHealth.org/FindAUrologist](http://UrologyHealth.org/FindAUrologist) to find a doctor near you.

### Disclaimer

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always talk to a health care provider before you start or stop any treatments, including medications.

For more information, visit [UrologyHealth.org/Download](http://UrologyHealth.org/Download) or call 800-828-7866.

Diagnostic Pathology Associates  
3530 Fannin  
Beaumont, TX 77701

April 8, 2015

Southeast Texas Urology Associates, LLP  
755 N 11<sup>th</sup> Street, Suite P3200  
Beaumont, TX 77702

RE: Vas Deferens billing agreement between Southeast Texas Urology, Diagnostic Pathology Associates and Patient.

There is a separate charge for pathology when a vasectomy is performed. Insurance will be filed. If deductibles have not been met or the service is not a covered procedure, the patient will be billed \$45.00. Patients with no insurance will be responsible for payment up front before the procedure is performed. The fee is \$45.00, and it will be collected by Southeast Texas Urology.

Should you have any additional questions, please do not hesitate to contact me.

Sincerely,

Donna  
Diagnostic Pathology Associates