

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

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

STEVEN A. SOCHER, M.D.  
TRENT D. STERENCHOCK, M.D.

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

## **VASECTOMY INSTRUCTIONS**

- 1. Enclosed in this packet you will find a new patient information sheet, two consent forms, and a set of pre-operative instructions.**
- 2. Please read everything that is enclosed in the packet very carefully.**
- 3. Fill out and complete the new patient information sheet and the blue sheet. Sign both of the consent forms. Please note, if married, your wife will need to sign both consent forms.**
- 4. 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 Wednesday prior to the procedure. Keep the pre and post-operative instructions for your use.**
- 5. We will contact your insurance company for coverage and benefits. You will be contacted with the amount due. It is to be paid by the Wednesday prior to the procedure. 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.**
- 6. Do not eat or drink anything after midnight.**
- 7. On the date of your procedure, report to 755 N. 11<sup>th</sup> Street, Suite P3200.**
- 8. You will need to have someone come with you to stay and then drive you home.**
- 9. Do not take any aspirin or 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.  
TRENT D. STERENCHOCK, 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 definitely state whether there was an association with an increased risk of prostate cancer or not. More recently in the Journal of the American Medical Association, there have been two articles which suggest that 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 or not to have a vasectomy. We certainly do not know the answers to all of 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, Dr. Socher or Dr. Sterenchock regarding these studies.

Sincerely,

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

## PRE-OP INSTRUCTIONS

1. The night before the vasectomy, please shave or remove most of the hair on the scrotum.
2. Please shower or bathe prior to your appointment for the vasectomy.
3. Bring an athletic supporter (Jock Strap) with you to the facility.
4. **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 you 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**

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

### 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 hours 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.  
Trent D. Sterenchock, M.D.

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

This form is designed to comply with the requirements promulgated by the Texas Medical Disclosure Panel.

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 used so that you may make the decision whether or not 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, Dr. Steven A. Socher, or Dr. Trent D. Sterenchock 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 assistants, and other health care providers to perform such other procedures which are advisable in their professional judgment.

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 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 particular 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 complication 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

Diagnostic Pathology Associates  
3530 Fannin  
Beaumont, Texas 77701

April 8, 2015

Southeast Texas Urology Associate, LLP  
755 North 11<sup>th</sup> Street, Suite P3200  
Beaumont, Texas 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