# Vasectomy Informed Consent

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I, _____, hereby authorize Dr. _____ to perform a vasectomy on me. A vasectomy is a procedure to make a man infertile (sterile). IT IS A PERMANENT AND IRREVERSIBLE PROCEDURE.

**Description of Procedure**
A vasectomy is a surgical procedure that makes a man permanently sterile or unable to impregnate a woman. When you have a vasectomy, the urologist numbs the scrotum. Then he or she makes a small incision or puncture in the skin so that he or she can access the vas deferens (the tubes that carry sperm). Next, the doctor removes a portion of each vas deferens and seals the ends so that sperm can no longer pass through them. Finally, the doctor returns the vas deferens to the scrotum and closes the incision or puncture. The entire procedure takes about 20 minutes.

**Risks/Possible Complications**
A vasectomy is a simple procedure, but it does involve some risks. After a vasectomy, you can expect minor discomfort such as bruising of the scrotum as well as redness and swelling at the site of the incision. You may also have some drainage from the incision. These are normal parts of the healing process. Pain after the procedure is usually mild and can be controlled by using a scrotal support, cold packs and over-the-counter pain medication such as ibuprofen or Tylenol. Your doctor will also give you a prescription for a pain medication that you can fill if you find that you need a stronger pain controller.

Complications that could occur following a vasectomy include:

- Bruising of or pain in the scrotum and testicles
- Inflammation or infection of the scrotum, testicles and epididymis
- Chronic testicular pain or sperm granuloma
- Possible rejoining of the vas deferens resulting in fertility and pregnancy

**Masculinity and Sexuality**
After a vasectomy, your body's testosterone level will remain the same. Your sex drive, facial hair, voice and other masculine traits will also remain unchanged. A vasectomy does not affect your erections or change the sensation of your orgasm. Your semen, the fluid you ejaculate, will look the same after a vasectomy. Additionally, a vasectomy will not affect your urination.

**Infertility Is Not Immediate**
A vasectomy will not make you immediately infertile. It will take 6-8 weeks (15 - 20 ejaculations) for all of the sperm to leave your body. **It is critical to use another form of birth control until a doctor confirms that your sperm count is zero.**

Your Urology San Antonio provider does not perform semen analysis in the office. To confirm sterility after your vasectomy, your provider recommends the Fellow Post-Vasectomy Test Kit as the standard option. This kit is convenient, accurate, and fast, allowing you to collect your sample at home, ship it free of charge, and receive results from a CLIA-certified laboratory within just a few days. Results are sent to both you and your provider. Additional options for semen analysis include outside laboratories such as Labcorp or Quest.

I understand that the Fellow Post-Vasectomy Test Kit is an out-of-pocket expense of $149.00 that is included in my deposit. For patients with commercial insurance, Fellow provides an itemized receipt that may be submitted to your insurance company for potential reimbursement.

**Consent for Treatment**
The above information has been explained to me. I certify by my signature below that I have read (or have had read to me) this Informed Consent and that I understand it. Any questions that I asked have been answered in language that I understand. I voluntarily consent to this procedure.

# Patient Consent Statements

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**Treatment Consent**
I request and authorize medical and/or surgical treatment, as may be deemed necessary and appropriate by the physician and his or her designees participating in my care. The possible risks and benefits of any procedures shall be disclosed to me. This care may include diagnostic; radiology and laboratory procedures; therapeutic procedures, including minor procedures like cystoscopies (using a scope to examine the bladder); administration of drugs; hospital care and medically-appropriate referral for medical supplies including to companies in which my provider may be an investor.

**Right to Refuse Treatment**
In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by health care providers.

I also understand that Urology San Antonio uses non-physician providers including advance practice nurses and physician assistants to assist in the delivery of urologic care. A non-physician provider has received advanced education and training in the provision of health care. A non-physician provider can diagnose, treat and monitor common acute and chronic diseases as well as provide health maintenance care. I understand that at any time, I can refuse consent to the services of a non-physician provider and request to see a physician.

I realize that I have the right to informed participation in all decisions involving my health care. I acknowledge that no guarantees may be made in regard to the effectiveness of any particular treatment.

**Financial Responsibility**
Insurance eligibility and benefit information provided by your insurance will determine the coverage and estimated reimbursement for medical services provided by Urology San Antonio. Outside referrals to other provider(s) for services may include but not be limited to, laboratory, other ancillary services, surgical and anesthesia services necessary for the provision of your care. Patients are financially responsible for payment of services to other providers.

Patients that do not have insurance benefits will be provided an estimate of charges based on provider's orders. Any prices quoted on the date of service are only estimates of charges for services. Procedures, laboratory and/or diagnostic studies and services may not be included in the original estimate and remain patient's full responsibility:

I accept that I am financially responsible for all services rendered on my behalf for which charges are associated. I accept personal responsibility for all co-payments/co-insurance, deductible and non-covered services as dictated by my insurance coverage.

I acknowledge that there may be services provided by Urology San Antonio which may not be covered by my insurance plan(s) and that I remain fully responsible for payment of these services. These may include but not limited to, services provided by Urology San Antonio that are exclusions from my insurance benefits; the determination is made by my insurance that I am not a covered policy holder under the insurance plan(s) you provided; my failure to provide current and accurate insurance card(s).

I agree to receive medical services provided by Urology San Antonio as a Self-Pay patient and accept full responsibility for payment of services rendered. The estimate amount quoted on my date of service is only an estimate. I understand that any remaining balance is my full responsibility.

**No-Show Policy**
I understand that a $25 fee will be charged for each missed appointment ("no-show"), and that if I fail to attend three (3) scheduled appointments within a 12-month period, I may be subject to termination from the practice. I acknowledge that this fee is not billable to insurance, and it is my personal responsibility to pay before any appointment may be rescheduled.

**Consent to Contact**
I authorize and grant consent for Urology San Antonio, its assignees, and third party collection agents to utilize all contact information I have provided in efforts to contact me to communicate regarding my account, including debt collection, by a live person or automated dialing device. This includes, but is not limited to, home telephone, cellular telephone, employment telephone, and any form of digital communications including, but not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails, and/or automatic telephone dialing systems.

**Confidential Communications Consent**
I hereby authorize Urology San Antonio to furnish information to insurance carriers concerning my illness and treatment and hereby assign to the medical provider all payments for medical service rendered to myself or my dependents. I understand that Urology San Antonio may use electronic or facsimile communication devices to share information about me with other health care providers, third party payers or other facilities involved in my care. Urology San Antonio may leave voice mail identifying me as a patient of Urology San Antonio. (If you do not wish us to leave voice mail, please notify us.) Please understand that the use of communication technology may expedite your care. Urology San Antonio will not use or disclose your health care information without your authorization except as described in the Notice of Privacy Practices.

_____
Patient Name (Printed)

_____ _____
Patient Signature Date

# Vasectomy Pre-Procedure Instructions

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**Appointment Information**

Your vasectomy appointment has been scheduled for _____ at _____ am/pm with Dr._____ at the following clinic location.

Address _____ Phone _____

**Billing and Insurance**

- **Vasectomy Cost (without insurance)** - For patients without health insurance or patients whose health insurance does not cover a vasectomy, the total cost is $1,049. This amount includes the vasectomy as well as the required follow-up semen analysis.
- **Deposit (all patients - consultation and laboratory semen analysis)** - A $249 deposit is required when you call to schedule your vasectomy. This fee covers the cost of the prevasectomy consultation and the semen analysis. The $249 will be applied to the total cost of your procedure. Payment is typically taken over the phone via credit/debit card.
- **Cancellations** - If you need to cancel or reschedule, please notify us at least 3 days before your appointment. Deposits are non-refundable if changes are made with less than 3 days' notice.
- **Self-Pay Patients** - If you do not have insurance, the remaining balance of $800 is due in full on the day of your procedure.
- **Insured Patients** – We will bill your insurance directly. If you have not met your deductible or owe a co-pay, payment will be collected before the procedure. After your vasectomy, you will receive an Explanation of Benefits (EOB) from your insurance. If you have questions about your bill or believe there is an issue, please contact our billing office at (210) 731-2050. If a refund is due, our team will assist you with processing it.
- **Semen Analysis Requirement** - Our physicians require a laboratory test to confirm sterilization. Urology San Antonio partners with Fellow to provide a convenient mail-in kit, allowing you to complete this test at home. The cost of the kit is included in your deposit.
- **Insurance Referrals** - If your insurance plan requires a referral from your primary care physician, you must provide the referral paperwork before your vasectomy appointment.

**Before The Procedure**

- ☐ Stop taking all aspirin or blood thinning products (see enclosed list) one week prior to your vasectomy.
- ☐ Arrange to rest and be off from work for 2-3 days after the vasectomy. (Many men schedule their procedure on a Friday and recuperate over the weekend before returning to work Monday.)
- ☐ A short video explaining what you can expect during a vasectomy is available at www.urologysanantonio.com/vasectomy. Men are encouraged to watch the video, but it is not required.

**The Day Of The Vasectomy**

- ☐ You may eat and drink as you normally do.
- ☐ Carefully shave all of the hair from the scrotum (the sack that holds the testes). It is not necessary to shave the entire pubic area, only the scrotum.
- ☐ Bring tight-fitting underwear or an athletic supporter to wear after the procedure.

**Questions/Concerns**

If you have any questions before or after the vasectomy, please call your urologist at the number listed at the top of this packet.

# Medication Guidelines
# In-Office Vasectomy

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To help you prepare for your upcoming vasectomy appointment, Urology San Antonio has compiled a list of medications along with important instructions on when to stop and resume taking them.

Proper medication management before and after the procedure is crucial to promote your comfort, safety, and overall well-being.

Please carefully review the following chart to ensure you are adequately prepared. If you have any questions or concerns, do not hesitate to reach out to our medical team for assistance.

| Drug | Stop taking medication prior to your vasectomy. | Resume taking medication after your vasectomy. |
|---|---|---|
| **ASA (Aspirin)** | 5 days | 2 days |
| **Ibuprofen (Advil, Motrin, etc.)** | 5 days | 2 days |
| **Plavix (Clopidogrel)** | 7 days | 2 days |
| **Coumadin (Warfarin)** | 5 days | 2 days |
| **Xarelto (Rivaroxaban)** | 2 days | 24 hours |
| **Pradaxa (Dabigatran)** | 3 days | 24 hours |
| **Eliquis (Apixaban)** | 2 days | 2 days |

# Vasectomy Post-Procedure Instructions

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**General Expectations**

You can expect some bruising and redness at the site of the incision. The sutures in your incision will dissolve and fall out within 5-10 days. There may be some yellow or white discharge from the incision as the sutures dissolve. This is normal. You may notice a small open gap at the site of the incision after the sutures fall out. This will close up over time. You may notice some firmness in and around the incision site. It will soften, flatten and return to normal within a few weeks.

**Post-Vasectomy Instructions**

To facilitate a speedy recovery, please adhere to the following instructions.

- ☐ Wear close-fitting underwear for 1-2 days to hold the bandages in place and protect the scrotum.
- ☐ Place an icepack on your scrotum to minimize swelling during the first 24 hours.
- ☐ Most patients need only Tylenol to control pain; however, your urologist may give you a prescription for pain medication if you find that you need stronger pain control.
- ☐ You may take showers beginning the day after the procedure, but avoid soaking the scrotum in baths, swimming pools or hot tubs until the sutures completely dissolve (usually 10 days).
- ☐ Rest for a few days. Do not play sports, do heavy lifting or have sex for the first 3 days after the vasectomy. After 3 days, you may return to your normal activities, but start slowly.

**Follow-Up Semen Test**

Understand that a vasectomy does not make you immediately infertile. It takes 12 weeks for all the sperm to leave your body. ****<u>It is critical that you use another form of birth control until a semen test shows no sperm.</u>****

- ☐ At your vasectomy visit, the office staff will help you register a post-vasectomy semen analysis kit from Fellow.
- ☐ 12 weeks after your vasectomy, you must provide a semen sample and mail it to Fellow (instructions provided in kit). Shipping fees are included in the prices of the service.
- ☐ Fellow will email you a link to a secure web page with your easy-to-understand results.
- ☐ Fellow will also send a copy of the report to your urologist.

**Complications**

Contact your clinic location immediately (option 0) if you experience any of the following complications:

- Temperature (taken by mouth) above 101.5° F.
- Bleeding from your incision that will not stop
- Redness or swelling that does not subside
- Difficulty urinating
- Any other concerns or issues

**<u>Clinic Locations</u>**

**<u>Medical Center</u>**
Pasteur Plaza
7909 Fredericksburg, Ste. 120-210
San Antonio, TX 78229
(210) 614-4544

**<u>Downtown</u>**
Metropolitan Methodist Plaza
1200 Brooklyn, Ste. 350
San Antonio, TX 78212
(210) 474-7020

**<u>Northeast</u>**
Northeast Methodist Plaza
12709 Toepperwein, Ste. 206
San Antonio, TX 78233
(210) 564-8000

**<u>Stone Oak</u>**
18915 Meisner Drive
San Antonio, TX 78258
(210) 499-5158

**<u>Mission Trail</u>**
Mission Trail Medical Plaza
3327 Research Plaza, Ste. 403
San Antonio, TX 78235
(210) 337-6228

**<u>Westover Hills</u>**
10431 State Highway 151
San Antonio, TX 78251
(210) 521-7333

**<u>New Braunfels</u>**
2020 Sundance Parkway # A2
New Braunfels, TX 78130
(830) 246-2115