

CENTRAL ARIZONA UROLOGISTS, LTD

JAMES R. FISHMAN, M.D.
9100 N. 2nd St., Suite 201 Phoenix, AZ 85020
Phone 602.242.1556 FAX 602.242.1597
Email: AzUrologists@Gmail.com

Date > _____

Dear Patient:

Central Arizona Urologists is committed to providing you with quality urologic care with compassion, efficiency and confidentiality. Dr. James Fishman brings over 25 years of urologic care to this practice and welcomes your questions and feedback throughout your experience.

To ensure that your medical appointment is a pleasant experience, we request the following:

- Complete the enclosed New Patient Registration form prior to your appointment and bring it with you, along with signed VASECTOMY CONSENT and the completed PRE-VASECTOMY SUMMARY
- If your insurance requires an authorization or referral from your primary care physician (PCP), make sure that you notify your PCP of the appointment date. Your PCP may fax this referral to us or you can bring the referral with you. We will be unable to see you if the referral is not here at the time of your appointment.
- Bring your insurance card(s) and photo identification, so we can make copies for our files
- Your co-pay is due at the time of service. We accept cash (no large bills, please), checks, Visa or Mastercard
- If you are unable to make this appointment, our office requires 48 hours cancellation notice (NO VOICE MAILS, MUST BE VERBALLY CONFIRMED, OR TIME/DATE STAMPED EMAIL COMMUNICATION). There is a \$100 no-show fee if you do not cancel within the above mentioned time frame.
- We require a \$100 deposit to hold your appointment, payable at the time you schedule your vasectomy. This will be applied to any out-of-pocket expenses applied to your account. If there is no out-of-pocket expense, or any no-show fee incurred, this deposit will be refunded to you

Patients who are more than 20 minutes late for an appointment may need to be rescheduled.

Please do not bring up any billing or accounting information with your doctor during the vasectomy appointment. If you have any questions please call (ext 214) or stop-by our accounting department.

CONSULTATION with Dr James Fishman for No-needle/No scalpel vasectomy is scheduled for :

Date >> _____ Day >> _____ Time >> _____ am/pm

VASECTOMY PROCEDURE is scheduled for

Date >> _____ Day >> _____ Time >> _____ am/pm

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NEW PATIENT INFORMATION

Patient's Name: FIRST >> _____ Middle >> _____ LAST >> _____

Patient Date of Birth _____

Patient's Mailing Address: STREET NAME/NUMBER > _____

CITY > _____ STATE > _____

Phone number > CELL or LANDLINE (circle) > _____

Patient's email address > _____

Name of Spouse > _____ Primary Care Physician > _____

Person Financially Responsible > _____

Patient Employed By > _____

Employers Address > _____

CITY > _____ STATE > _____

Patient's Occupation > _____

Please read : All charges are due at the time of service. If surgery is indicated, payment arrangements may be made and the patient is responsible for furnishing claim forms to this office prior to procedure

Patient's Social Security Number >> _____

Patient's Driver's Licences Number >> _____

INSURANCE INFORMATION >>

Insured's Social Security Information (if different than above) >> _____

Insured's Driver Licence Information (if different than above) >> _____

Insurance Company>> _____

Insurance Address (back of card) >> _____

Policy ID >> _____ Group # _____

Copay \$ amount >> _____

Emergency Contact Person >> _____ Phone number >> _____

Authorization to pay benefits to Physician: I hereby authorize insurance benefits/payments directly to James Fishman, M.D and Central Arizona Urologists, Ltd for the surgical and/or medical benefits rendered to me. I also authorize to my doctor to release information regarding my treatment. I understand that I am financially responsible for all charges.

Signature >> _____ Date >> _____

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No-Needle/No-Scalpel Vasectomy: Overview

I. PURPOSE OF THE PROCEDURE >> The intent of this procedure/operation, known as bilateral partial vasectomy, is to render you sterile (i.e. unable to cause a pregnancy). You should also understand that there is only a remote possibility of reversing the infertility state (azoospermia) once it is achieved.

II. NATURE OF THE PROCEDURE >> The vas deferens are the tubes which conduct sperm from the testicles, and there is ordinarily one tube from each testicle. Bilateral partial vasectomy means dividing and closing each of these tubes and separating the severed ends. A segment of vas deferens is removed. Most commonly the skin is “pinched” to close the scrotal opening, but occasionally a dissolvable stitch will be used that later dissolves.

III. ANESTHESIA FOR THE PROCEDURE >> The operation will be performed under local anesthesia using 1% lidocaine. The preferred technique is to use the “needle-less” injector which drives the anesthesia under the skin for a short distance under pressure. A “rubber band snap” is the best analogy to describe the first sensation of the injector. I will usually overlap 3 or 4 injections. If the vas deferens are greater than 6 mm, the use of a standard needle to place the anesthesia is possible. You will be awake for the anesthesia. The anesthesia will last about one (1) hour after placement.

IV. AFTER THE PROCEDURE >> You may expect some minor post-operative problems and occasionally some complications. The minor discomforts which frequently occur include: (1) black and blue marks on the scrotum, (2) swelling beneath the incision, and swelling at the vasectomy sites which may last for weeks, (3) tenderness around the scrotal opening and/or vas deferens, (4) some discharge from the scrotal wound.

Other post-procedure complications that can occur with less frequency:

- 1) **Epididymitis:** painful swelling of the tissues leading out of the testicle where sperm travels. This may also extend to testicular swelling. The resolution of this problem, if it occurs, may require antibiotic therapy along with extended rest and local heat, taking several weeks to resolve.
- 2) **Sperm granuloma:** persistent tenderness and swelling at the vasectomy site above the testicles. This can occur from sperm leakage that causes an extended inflammatory response.
- 3) **Hematoma:** hemorrhage due to undetected bleeding into the scrotal sac. In this instance, the scrotum may become swollen and discolored. Rarely would another procedure be necessary to open the scrotal skin to drain any accumulated blood.
- 4) **Abscess:** pus may form within the scrotum and require a skin opening to drain the fluid. Extended antibiotics may also be necessary.
- 5) **Recanalization:** the ends of the vas deferens may rejoin themselves. The inability to achieve a zero sperm count, particularly LIVE sperm, after twenty ejaculates would raise this concern. Repeating the procedure would need to occur in the event live sperm remain

V. POSSIBLE FAILURE OF BILATERAL PARTIAL VASECTOMY >> You must have a semen analysis performed after twenty (20) ejaculates. This should occur within the 4-10 weeks after vasectomy. **Zero (0) sperm is the only result confirming your sterility.** Only on a VERY rare occasion (well less than 1%) will vasectomy fail to achieve sterility. It is your responsibility to have semen analysis performed after the procedure.

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CONSENT for Vasectomy

THERE WILL BE A \$100 CHARGE IF YOUR APPOINTMENT IS NOT CANCELLED AT LEAST 48 HOURS PRIOR

I authorize Dr James Fishman to perform a bilateral vasectomy on me.

I understand this is to include removal of a small portion of each vas deferens through a small scrotal openings and then sealing the severed ends.

I understand that this procedure is being performed in an attempt to achieve permanent sterility

I give consent for the use of an appropriate anesthetic agent and for possible evaluation of any removed tissue by a pathologist.

I understand that a small percentage of complications may occur following vasectomy procedure. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment, which include medication, hospitalization, and even surgery. Recanalization or re-joining of the vas deferens ends may occur spontaneously in a very rare and small percentage of cases creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not considered sterile until one (1) post-vasectomy semen analysis within 10 weeks of the procedure has confirmed zero (0) sperm count. To date, no known diseases or processes are thought to be caused by vasectomy in humans.

I understand that I expect to be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means and in giving my consent to the vasectomy, I have in mind the probability of such a result.

SIGNED (Patient) >> _____ Date >> _____

SPOUSE CONSENT TO VASECTOMY

I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of the operation my husband may be sterile. This fact must be confirmed by one (1) post vasectomy semen analysis within 10 weeks of the procedure.

SIGNED (Spouse) >> _____ Date >> _____

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PRE-VASECTOMY INSTRUCTIONS

All consent forms should be signed by you and your wife, and brought to the appointment before the vasectomy can be performed:

PLEASE REMEMBER:

1. STOP all blood thinners ten (10) days before the procedure. Blood thinners include Aspirin, Plavix, Coumadin, Eliquis, Motrin, Ibuprofen, Advil, Alleve, Naproxen, etc). If you have any questions about stopping these medications ask your primary care physician or prescribing cardiologist.
2. SHAVE ALL HAIR FROM UPPER SCROTUM, just under the penis. You should do this on the day of the procedure. A safety razor, with lather/soap/water works best.
3. Bring a scrotal support (jock strap, suspensory, or compression shorts)
4. Wear comfortable trousers
5. You can drive yourself home. Only those requesting to take PO Valium prior to procedure will need to have someone drive them home.
6. Refrain from eating or drinking for three hours before your vasectomy.

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PRE-VASECTOMY SUMMARY

Please review this information, initial after each point, and sign at the bottom:

1. I have read the vasectomy information sheet, which I have initialed,
I understand it, and have no additional questions at this time. _____
2. This operation can fail to achieve sterility. _____
3. This operation may work initially and then fail later within the first year. _____
4. I know that the operation is a success when semen analysis confirms
zero sperm (or rare non-motile sperm) after 20 ejaculates. _____
5. I bring in semen sample one time for analysis between 4 to 10 weeks after vasectomy. _____
6. It will be safe to have intercourse without using some form of birth control once
zero sperm (or rare non-mobile sperm) have been confirmed. _____

Name: _____

Signature: _____

Date: _____

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POST-VASECTOMY INSTRUCTIONS

1. Today's operation does NOT immediately protect you from causing pregnancy. Continue to use some other method of birth control until you have had your semen analyzed ONE (1) time after 20 ejaculates. You must be told you have zero sperm before achieving sterility.
2. Resuming sexual activity after 7 days is recommended. But ONLY resume sexual activity if you are free of discomfort. Pain and swelling may increase if sexual activity is resumed too early.
3. Multiple ejaculations will be necessary to evacuate the residual sperm after vasectomy. YOU MUST USE SOME FORM OF BIRTH CONTROL until your sterility has been confirmed. 97% of patients will achieve zero (0) sperm after 20 ejaculates.
4. Expect to remain home bound and restful for the first two (2) days after vasectomy. No heavy lifting, pushing or straining is expected to occur for the first 48 hours. Light work should occur for the first week. Please discuss with Dr. Fishman whether you'll need some work release or light-duty restrictions after the vasectomy.
5. No shower for 48 hours after the vasectomy. After that time you may resume normal bathing. Nothing needs to be applied to the scrotal wound. A small scab should occur within 72 hours.
6. Icing over your underwear is mandatory to minimize scrotal swelling. This will extend over the first day, and into the following morning. 30 minutes on/off with the ice/frozen vegetable bags is expected. The scrotum may have ecchymosis (black and blue) at the entry site on the scrotum. Occasionally stitches are placed on the scrotum that will look inflamed. Sometimes a small knot may occur on the skin. These are not unusual after the procedure. But please contact Dr Fishman to discuss anything that seems extreme or concerning.
7. Wear a suspensory or athletic supporter only as long as you need to for comfort.
8. Post vasectomy pain or discomfort will be addressed with ice, rest, and analgesics. You can start with Tylenol 500 mg every 4 hours. Dr Fishman will also provide a small narcotic prescription. This cannot be refilled over the telephone, so any protracted pain requiring narcotic must be brought to Dr Fishman's attention by phone or email.
9. Stitches placed on the scrotum will NOT require any follow-up to remove. They will absorb after about 10 days of showering.

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