

# UROLOGICAL ASSOCIATES OF WESTERN COLORADO

(970) 243-3061  
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## Pre Vasectomy Instructions

1. Shower the morning of your vasectomy.
2. Shave your scrotum from the base of your penis to the bottom of your scrotum on both sides of the scrotum.
3. Eat a light breakfast or lunch prior to your vasectomy.
4. Fill your prescriptions prior to the vasectomy and take one antibiotic pill and one pain pill 2 hours before your surgery.
5. If you have been given a valium prescription, take it 2 hours before your surgery.
6. Arrive at the office at least 15 minutes prior to your appointment for the vasectomy.
7. You **MUST** have a friend or relative drive you home after the vasectomy. You are not to drive for at least six hours after the vasectomy.
8. Bring a jockey strap or tight jockey shorts to wear after the vasectomy. This will hold your dressings in place. **DO NOT** bring boxer shorts to wear after the vasectomy.

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## **Post Vasectomy Instructions**

1. Wear jockey shorts or an athletic supporter for several days, as long as you are more comfortable with it than without it.
2. Avoid strenuous physical exercise for 5 to 7 days. You may perform all other normal activities.
3. Do not shower until at least 24 hours after vasectomy. Do not tub bathe or swim until at least 72 hours after vasectomy.
4. All stitches will dissolve by themselves. They do not require removal. If a stitch comes away prematurely, the incision may open a little and possibly a small discharge from the wound or a slight amount of bleeding may develop. Do not worry about this: continue to bathe as before, and place a small gauze sponge over the incision and inside the supporter. You may wear this until the incision heals.
5. If you have pain or discomfort immediately after the vasectomy, one or two Motrin or Advil tablets taken at four to six hour intervals are usually enough to provide relief but do not exceed more than six in 24 hours. If the pain is significant then you may take one or two Vicodin every four to six hours. You should know that Vicodin can cause constipation and you may not drive or drink alcohol when taking this medication. An ice bag or plastic bag filled with ice should be applied to the scrotal incision area for 15 minutes every one to two hours while awake for the first 24 hours.
6. A small amount of oozing (enough to stain the dressing), some tenderness, bruising and mild swelling in the area of your incision or incisions are not unusual, and should go away in 72 hours or less. If there is an unusual amount of pain, increasing swelling of the scrotum, or continuing free bleeding, call our office at 970-243-3061.
7. Since you are still fertile immediately after the vasectomy, you and your partner must use some method of birth control until you have a zero sperm count on a semen analysis.
8. Sperm count should be done after 30 ejaculations. The specimen should be obtained in a sterile container with a lid. The ejaculate should be obtained by masturbation and all of the ejaculate must be collected. Make sure your name is on the container. Bring the semen analysis cup and lab slip to the lab within 30 minutes of collection. Make sure you know the hours the lab is open. We will call the results to you.

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## Vasectomy Consent

I, \_\_\_\_\_ authorize Dr. \_\_\_\_\_  
to do a **bilateral vasectomy**. This operation consists of the surgical removal of a segment of the vas  
deferens (the tube that conveys sperm from the testicles to the outside).

Other methods of treatment, including not having this procedure done, have been discussed with me and I  
have chosen this method.

I understand the following:

1. That the purpose of a vasectomy is to render me permanently sterile.
2. That there is no guarantee that sterility will be obtained (sterility is either not obtained or fertility  
returns in approximately 1 case in 500).
3. That possible complications include, but are not limited to pain, swelling, possible psychological  
effects on my sex life, bleeding, infection, allergic reaction to local anesthesia, and/or  
postvasectomy chronic testicular pain.
4. That I must continue to use contraceptives until sterility is confirmed by 1 sperm count.

I have had an opportunity to ask questions and have had them answered. In addition, I have read this  
form, and it has been explained to me in lay terminology. I understand the risks and intend to have this  
procedure done.

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

Patient signature: \_\_\_\_\_

Patient printed name: \_\_\_\_\_

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

**Physician Statement:** The patient and I have discussed this procedure, the risks, complications and  
alternatives. To the best of my knowledge, the patient understands the procedure and consents to it.

Physician signature \_\_\_\_\_

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