

ARIZONA UROLOGICAL SURGEONS, LLC.  
M. MICHAEL HAYYERI, M.D.  
ADULT & PEDIATRIC UROLOGY  
DIPLOMATES, AMERICAN BOARD UROLOGY

Dear Patient: \_\_\_\_\_

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

**Dr. Hayyeri and staff of Arizona Urological Surgeons are committed to provide high quality medical care with compassion, efficiency and confidentiality.**

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.
- If your insurance requires an authorization or referral from your Primary Care Physician (PCP), make sure that you notify your PCP of 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 copy for your file.
- Your co-pay, co-insurance or deductible is due at the time service. We accept cash or major credit cards.
- **If you are unable to make this appointment, our office requires a 72 hours cancellation notice. There is a \$100 no show fee if you do not cancel within the above mention time frame. We also require \$100 deposit to hold this appointment, payable at the time you schedule your procedure. This will be applied to any out of pocket expenses applied to your account. If there is no out of pocket expense, or no show fee incurred this deposit will be return to you.**

Patients who are more than 15 minutes late for an appointment may need to be rescheduled. Please do not bring up any billing or accounting information with the doctor during your doctor's appointment. If you have any question please call or stop at our accounting department.

Your No-Scalpel/needle-less Vasectomy Consultation with Dr. Hayyeri is scheduled for:

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm.

The actual **Vasectomy** procedure is scheduled for:

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm.

Scheduled at: 1728 W. Glendale Ave., Ste. 204, Phoenix, AZ 85021

If you have any questions please contact our office at 602-775-5300 OR 602-445-7112.

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No-scalpel/needle-less Vasectomy Instructions and Consent

**I. Purpose of operation**

The intent of this operation, known as bilateral partial vasectomy, is to render your sterile (ie: unable to cause pregnancy). You should also understand that there is only a remote possibility of reversing the state of infertility once achieved.



**II. Nature of Operation**

The vas deferens is the tubes, which conduct sperm from testicles, and there is ordinarily one tube from each testicle. Bilateral partial vasectomy means dividing and closing each of these tubes and separating the several ends. A segment may or may not be removed. The skin incisions in scrotum may be closed with a suture material, which will later dissolve as healing occurs.

**III. Anesthesia for the operation**

The operation will be performed under local anesthesia. The skin of the scrotum and the nerves to the tube to be severed will be numbed by a needle-less administration of the anesthetic and you will be fully conscious, yet comfortable. Multiple injections will be given. Sometimes discomfort is experienced in the area of the groin and testicle.

**IV. After the operation**

You may expect some occasional minor postoperative problems and rarely some complications. The minor discomforts which frequently occur including: (a) black and blue marks on the scrotum, (b) swelling beneath the puncture wound, (c) tenderness around the incision sites and testicles, (d) or a discharge from the edges of the skin incisions.

**Some of the postoperative complications, which can occur, include:**

- 1- Epididymitis: painful swelling of tissues along side the testicles, which might include swelling of The testicle (epididymo-orchitis). The resolution of this inflammatory process, if it occurs, may take several weeks.
- 2- Sperm Granuloma: persistent tender swelling beneath the skin incision above the testicle. This is commonly due to leakage of sperm from the severed ends of the tubes into the tissue causing an inflammatory reaction.
- 3- Hematoma: hemorrhage due to undetected bleeding into the scrotal sac. In this instance, the Scrotum may become swollen and discolored, and may require a second incision to drain the accumulated blood.
- 4- Abscess: pus may form within the scrotum and require a second incision so it may be drained.
- 5- Recanalization: the ends of vas deferens may rejoin themselves. If sperms are present later on, the operation would have to be redone.

**V. Failure of bilateral partial vasectomy**

You should understand that until you had negative sperm check(s), you should continue to use other methods of contraception. The vasectomy will sometimes fail to produce sterility, and this occurs less than one percent of the time. Therefore, it is your responsibility to have your semen examined and please understand a negative semen check is not an absolute guarantee against future pregnancies due to the remote possibility of recanalization.

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CONSENT FOR VASECTOMY

**THERE WILL BE A \$100.00 CHARGE IF YOUR APPOINTMENT IS NOT CANCELLED AT LEAST 72 HOURS PRIOR.**

I authorize M. Michael Hayyeri, M.D. to perform a bilateral vasectomy on me.

I understand this to include removal of small portion of each vas through a scrotal incision 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 my tissue by a pathologist.

I understand that with vasectomy a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment, which may include medication, hospitalization and even surgery. Recanalization or re-joining of the vas deferens ends may necessitate a repeat vasectomy.

I understand that I am not considered sterile until post-operative sperm analyses have confirmed the absence of sperm. I understand that contraception must be used until I have been told by Dr. Hayyeri's office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after negative semen checks is astronomically small.

I understand that long-term effects of vasectomy have been studied extensively in the past 20 Years. One study has suggested a slight increase in prostate cancer but this was not found in other larger studies. To date, no known diseases or process are thought to be caused by vasectomy in humans.

I understand that I expect to be sterile as 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 result.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SPOUSE CONCNET TO VASECTOMY

I join in authorizing the performance of vasectomy upon my husband. It has been explained to me that as a result of operation my husband may be sterile. This fact must be confirmed by post-vasectomy analysis.

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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1728 W. GLENDALE AVENUE, SUITE. 204  
PHOENIX, AZ 85021-8863  
TEL: (602)775-5300

M. MICHAEL HAYYERI, M.D.  
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DIPLOMATES, AMERICAN BOARD UROLOGY

7000 N. 16<sup>th</sup> Street, Ste 102-201  
PHOENIX, AZ 85032-5524  
FAX: (602) 775-5301

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

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

Ordering Doctor: M. Michael Hayyeri, M.D.

### **ADVANCED BENEFICIARY NOTICE (ABN)**

I am aware that the following procedure/office visit may not be covered benefit through my insurance company. I understand that doctor's office will submit my claim with the appropriate procedure and diagnosis codes to my insurance company. Upon receipt of a denial, I also understand that I will be responsible and be billed for services.

Unfortunately our office is not always able to confirm that a particular service is a covered benefit and may be considered by your insurance company as "medically unnecessary".

Patient Name (PRINT): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Official Staff Only

1- Patient has an appointment for:

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2- Witness (STAFF NAME, SIGNATURE, DATE):

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### VASECTOMY POLICY

The Vasectomy procedure does not immediately make you sterile.

Continue to use some other method of birth control until you have had your semen analyzed 10 weeks after the no-scalpel/needle-less vasectomy and have been told that it contains no sperm.

10 week due date: \_\_\_\_\_

You are responsible for having the semen analysis completed in the timely manner. The doctor does not consider your procedure completed until the test result comes back negative (favorable). Only at that point may he consider you sterile.

Please do not bring up any billing/accounting information with the doctor during your appointment. If you have any questions, please call or stop at our accounting department. Thank you!

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

Please Print

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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PRE VASECTOMY INSTRUCTION

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

PLEASE REMEMBER:

- 1- Stop all blood thinners (Asprin, Plavix, Coumadin, Warfarin, Motrin, Ibuprofen, Advil, Aleve, Naproxen) 10 days prior to your procedure. If you have any questions about stopping these medications please ask your primary care physician or cardiologist.
- 2- SHAVE ALL HAIR FROM THE UPPER SCROTUM. This means just under the penis onto the scrotal sac.  
The area shaved should measure about 2-3 inches around. You should do this on the day of vasectomy.  
You may lather the scrotum with soap and water, and shave with a safety razor.
- 3- After shaving the area, thoroughly wash the penis and scrotum, then shower or bathe to remove loose hairs. If needed, wash the area again just before coming in for your vasectomy.
- 4- Bring a scrotal support (jock strap or suspensory, or tight jockey shorts).
- 5- Wear comfortable trousers.
- 6- If possible, bring someone who can drive you home.
- 7- Refrain from eating or drinking for three hours before your vasectomy.

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POST VASACTOMY 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 and have been told that it contains no sperm.
- 2- It is recommended that you wait at least 7 days before resuming sexual activities. You may resume sexual activities then if you are not having any discomfort, but having ejaculations too soon after vasectomy may increase the chance of minor problems developing or remaining of the tubes.
- 3- Ejaculations help to clear the passage of sperm, but you and your sexual partner must use some other method of birth control until you are told that you may discontinue its use.
- 4- For two days after the operation, do not do any work that requires heavy lifting, pushing, straining, etc. However, you may do light work as soon as you wish.
- 5- Keep the puncture wound site clean and dry for two days following the operation. Thereafter you may resume normal bathing.
- 6- Some black and blueness (bruising), draining (oozing) from the puncture wound, swelling, or mild tenderness of scrotum are not unusual. Also, the puncture wound may pull apart and heal rather slowly, and sometimes a knot may be present which remains for several months. These are all part of the normal healing process and are nothing to worry about.
- 7- Wear a suspensory or athletic supporter only as long as you seem to need it for comfort.
- 8- If you have pain or discomfort immediately after the vasectomy, taking 2 analgesics tablets every 4 hours should provide relief. After the local anesthetic wears off, an ice pack will provide additional comfort and can also prevent swelling if used for several hours at  $\frac{1}{2}$  hour intervals (1/2 hour on, then hour off).
- 9- If stitches are placed, they do not have to be removed. They are absorbed and drop off by themselves, usually within 10 days, but may take longer.

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PRE-VASECTOMY QUIZ

TO BE COMPLETED BY PATIENT IN HIS OWN HANDWRITING

- 1- I have read the vasectomy information sheet, which I have initialed, I understand it, and I have no additional questions at this time.        Initials       .
- 2- Can this operation fail? Yes Initial       .
- 3- Is it possible that this operation may work initially and then fail later within the first year? Yes Initials       .
- 4- How will I know that the operation is success? After having a negative semenanalysis.  
Initials       .
- 5- When Should I send my semen sample for analysis? 10 weeks. Initials       .
- 6- When will it be safe to have intercourse without using some form of birth control?  
When Semenanalysis is negetive. Initials       .

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

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

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

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VASECTOMY OPERATIVE REPORT

DATE: \_\_\_\_\_

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

DIAGNOSIS: DESIRED STERILIZATION (Z30.2).

OPERATION: BILATERAL PARTIAL VASECTOMY.

SURGEON: M. MICHAEL HAYYERI, M.D.

TECHNIQUES:  NO NEEDLE NO SCALPEL VIA SINGLE MIDLINE PUNCTURE WOUND.

ANESTHESIA: 1% XYLOCAINE W/O EPI

AMOUNT USED: MADAJET INJECTOR

FINDINGS OF NOTE:  NL VASI  OTHER: \_\_\_\_\_

COMPLICATIONS:  NONE \_\_\_\_\_

PRECAUTIONS DISCUSSED:

REST  ICE PACKS

NO EJACULATIONS FOR (7) SEVEN DAYS.

ACTIVITY RESTRICTION: AVOID STRENUOUS ACTIVITY FOR SEVEN DAYS (7)

PROTECTED INTERCOURSE UNTIL NEGATIVE SPERM CHECK.

MEDICATIONS:  IBPROFEN  OTHER TRAMADOL

SURGEON'S SIGNATURE: \_\_\_\_\_

SEmen CHECKS

	DATE	FINDINGS	DR. SIGNATURE
#1	_____	_____	_____
#2	_____	_____	_____