



**Richard R. Lotenfoe, MD**  
Diplomat of the American Board of Urology  
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**Your appointment has been scheduled for:**

**Date:** \_\_\_\_\_ **Appt Time:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**PRE VASECTOMY INSTRUCTIONS**

The consent form must be signed and brought back with you on the day of your appointment. We will be unable to perform the vasectomy without your signature of consent.

***PLEASE REMEMBER:***

1. **SHAVE HAIR FROM THE UPPER SCROTUM AROUND THE MIDLINE.** This area is just under the penis onto the scrotal sac. The area shaved should measure about 2 to 3 inches around. You should do this on the day of the vasectomy. You may lather the scrotum with soap and water and shave with a safety razor.
2. After shaving the area, thoroughly wash the penis and the scrotum, then shower or bathe to remove all loose hairs. If needed, wash the area again just prior to coming into the office.
3. Bring a scrotal support (jock strap, suspensory or tight briefs.)
4. Wear comfortable trousers.
5. You **MUST** have someone **DRIVE** you to your appointment and **DRIVE YOU HOME**.
6. *Please eat a light meal prior to your vasectomy.*
7. Start taking the antibiotic the day before your procedure. Follow the directions as stated on your prescription bottle. *(This prescription has already been called into your pharmacy)*
8. Please take 2 Extra Strength Tylenol 1 hour prior to your appointment.
9. You will need to take the Lorazepam **1 hour** prior to your scheduled procedure. You are not allowed to driver after you have taken this medication. *(This prescription has already been called into your pharmacy).*
10. Please feel free to contact our office and ask to speak with a medical assistant with any further questions.



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**VASECTOMY INSTRUCTIONS AND CONSENT**

**Purpose of the operation**

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

**Nature of this Operation**

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 may or may not be removed. The skin incisions in your scrotum may be closed with a suture material which will later dissolve as healing occurs.

**After the Operation**

You may expect some minor postoperative problems and occasionally some complications. The minor discomforts which frequently include: (1) black and blue marks on the scrotum; (2) swelling beneath the incisions; (3) tenderness around the incision sites and testicles; (4) or a discharge from the edges of the skin incisions.

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

1. **Epididymitis:** painful swelling of the tissues along side of the testicles, which might include swelling of the testicles (epididymo-orchitis). The resolution of the inflammatory process, if it occurs, may take several weeks or longer.
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 tissues causing and inflammatory reaction.
3. **Hematoma:** hemorrhage due to undetected bleeding in 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 the vas may rejoin themselves. If sperm are present in the semen later on, the operation would have to be redone.

**Failure of bilateral partial vasectomy**

You should understand that until you have had two consecutive negative sperm checks, you will continue to use others methods of contraception. The vasectomy will sometimes fail to produce sterility, and this occurs up to four percent of the time. Therefore, it is your responsibility to have your semen examined periodically, and understand that two negative semen checks are not an absolute guarantee against future pregnancies due to the remote possibility of recanalization.



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## POST VASECTOMY INSTRUCTIONS

1. Most important is to remember that **YOU ARE STILL FERTILE AFTER THE PROCEDURE** and should take measures to prevent unwanted pregnancy! Our rule of thumb is 30 ejaculations over 8 to 12 weeks, then do a sperm check. Do another sperm check after another 8 to 12 weeks. Once there are 2 negative sperm checks the procedure is considered successful and you can have sexual intercourse without additional birth control. NOTE: Vasectomy does NOT protect against sexually transmitted diseases.
2. It is recommended that you wait at least 3 days before resuming sexual activities. You may resume sexual activities then if you are not having any discomfort, but having ejaculations too soon after a vasectomy may increase the chance of minor problems developing or a rejoining of the tubes.
3. After the vasectomy you will be somewhat sore in the area for several days. Most of the patients we polled call it an ache. Best advice for pain control is REST for 48 to 72 hours after the procedure. In general our recommendation is to stay home, avoid strenuous activities and avoid lifting more than 10 lbs during that time. For the first 24 hours, place ice packs on the genital area, 30 minutes on, 30 minutes off. Best medication for pain control is usually over the counter ibuprofen (Advil or Motrin) or acetaminophen (Tylenol). Example of activities that are OK during the first 3 days after the procedure are reading, watching television, or sitting behind the computer desk. After 3 days it is OK to increase your activities, but still avoid straining, exercising or long walks for another week. After that you can usually resume all you regular activities as tolerated.
4. Wound care: Keep the incision(s) dry and clean for 2 days following the operation. Thereafter, you may resume normal showering. No baths or swimming for 2 weeks after the procedure or until the wound has healed.
5. It is normal to experience some swelling of the scrotum as well as bruising (black and blue). This will subside within a couple of weeks. HOWEVER, if the wound gets red, painful and/or starts draining pus, you need to contact the office as soon as possible.
6. Wear a suspensory or athletic supporter only as long as you seem to need it for comfort.
7. If stitches are placed, they do not have to be removed. They are absorbed and drop off by themselves, usually within 10 days, but often taking longer.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED \_\_\_\_\_ DATE \_\_\_\_\_



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**CONSENT FOR BILATERAL VASECTOMY**

I authorize Richard R. Lotenfoe, M.D. to perform a bilateral vasectomy on me.

I understand this to include a removal of a 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 (inability to father children).

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 with a 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 might include medications, hospitalization and even surgery. Re-canalization or re-joining of the vas ends may occur spontaneously in a small percentage of cases (1 in 2000) creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not to be considered sterile until two (2) consecutive post-operative vasectomy sperm tests have confirmed the absence of sperm. I understand that a method of birth control must be used until I have two (2) consecutive negative sperm tests. I understand that the chance of delayed re-canalization after two negative semen tests is very small.

I understand that the long term of effects of vasectomy have been studied extensively in the past 20 years. One recent study has suggested a slight increase in prostate cancer but this has not been found in other larger studies. 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.

**A cancellation fee of \$250.00 will be charged for the vasectomy if this procedure is canceled less than (5) business days before the scheduled date, except for medical emergencies. There will be a no show fee charge of \$250.00 if the procedure is missed.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED \_\_\_\_\_ DATE \_\_\_\_\_



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**CONSENT FOR NITROUS OXIDE**

I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation. I understand that I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions and directions.

I accept and understand that Nitrous Oxide is an elective procedure and not required to provide the necessary treatment. I am aware that the alternative to completing the necessary treatment with Nitrous Oxide is to use local anesthetic ONLY.

Please advise the doctor and staff of your complete medical history, including any surgeries. Advise them of any changes in your medical history or if you have a cold, upper respiratory infection, asthma, or difficulty breathing, this may affect how well nitrous oxide will work.

Nitrous oxide sedation is used for anxiety and pain control, as well as control of gagging. Local anesthesia will also be required for most procedures.

I have been advised of the possible complications associated with Nitrous Oxide. They include, but are not limited to:

- Nausea and vomiting: This is the most frequent of the side effects of nitrous oxide sedation but its frequency is still quite low. In order to use nitrous oxide sedation, you must not have eaten or drank anything for 2 hours prior to the procedure.
- Temporary tingling in the fingers, toes, cheeks, lips, tongue and head or neck area
- Temporary warm feeling throughout the body with accompanying flushing/blushing
- Temporary detachment or "out of body" sensation
- Temporary sluggishness in motion and/or speech
- Shivering – usually at the end of the procedure

Nitrous oxide sedation is very effective for many people, however; some people may not like the feeling it produces, or it may produce increased activity in some people, at which time you or the doctor may decide to discontinue nitrous oxide.

For some people nitrous oxide sedation may not calm them adequately to allow a medical procedure to be done. You may require a referral for other sedation techniques.

Nitrous oxide sedation is **NOT COVERED** by any medical insurance. You will be responsible for making the payment in full before the procedure.

I hereby certify that I understand this authorization and the reasons for the above named sedative procedure and its associated risks. I am aware that the practice of medicine is not an exact science. I acknowledge that every effort will be made on my behalf for a positive outcome from sedation, but no guarantees have been made as to the result of the procedure authorized above.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED \_\_\_\_\_ DATE \_\_\_\_\_



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**Public Statement Regarding Vasectomy and Prostate Cancer**

The February 17, 1993 issue of the Journal of the American Medical Association includes two reports of research studies regarding vasectomy and prostate cancer. The research, conducted by Giovannucci

at Harvard Medical School, found in patients studied that vasectomy was associated with a small increased risk of prostate cancer.

Although the relationship between prostate cancer and vasectomy was weak in these studies, the findings are still noteworthy and should not be ignored. Neither should the public nor medical professionals overreact to this new information.

### **Review of Other Large Studies**

To best understand the new studies, they must be viewed in light of other similar research on this topic. Two other large studies of similar design conducted in the United States have yielded information on vasectomy, prostate cancer, and other medical conditions. Both of these long-term studies were highly reassuring about the safety of vasectomy, not only in terms of prostate cancer but also in regard to other conditions.

In a study of Kaiser Permanente Health Care members, Stephen Sidney and his colleagues found no increased risk for prostate cancer among vasectomized men. In a study conducted in four cities, Frank J. Massey from the University of California at Los Angeles and his colleagues found a reduced risk of prostate cancer among vasectomized men.

The two new studies reported in the Journal of the American Medical Association found only a small increased risk for prostate cancer among vasectomized men. Medical researchers interpret such a small increase as a weak association that may be due to chance or bias.

### **Biological Mechanism**

Before a causal relationship can be established between any disease and a particular factor, a biological mechanism must exist. According to Giovannucci and his colleagues, reductions in prostatic secretions or changes in the immunologic mechanism after vasectomy could be the biological link between vasectomy and prostate cancer. But most experts do not agree with them.

In 1990, two other medical studies found a link between prostate cancer and vasectomy, but they involved small numbers of men, and the case-control research design has significant limitations. Nevertheless, concerns about the issue prompted the World Health Organization to convene a 1991 meeting of 23 international experts to review all research regarding vasectomy and prostate cancer. These experts concluded that there was no plausible biologic mechanism for a relationship between vasectomy and prostate cancer. The World Health Organization has reviewed the two new Giovannucci studies and has concluded that vasectomy should still be offered to men, provided men receive appropriate information about the risks and benefits of the procedure.

### **Conclusions**

The Association of Voluntary Surgical Contraception has consulted with the authors of the new studies, medical researchers, and international family planning and research organizations. Their conclusions for patients are listed below:

The findings of the Giovannucci studies are of potential health importance in countries where prostate cancer is common, but may be less so in countries where the disease is rare.

For men considering vasectomy and for men who have had vasectomy: All contraceptive methods carry some risk. In the general population, these risks are lower than those associated with pregnancy. When making decisions about contraception, each individual or couple must decide how to weigh the various risks, in light of their particular circumstances.

Since the relationship between vasectomy and prostate cancer is unproven and the method of carcinogenesis is unknown, reversal of vasectomy to reduce the risk of prostate cancer is not recommended.

The American Cancer Society recommends that all men over the age of 50, including men who have had vasectomies, undergo regular prostate screening exams, using the most sensitive methods available for early detection. AVSC encourages all men to follow these recommendations.

Approximately 1 in 11 men in the United States develop prostate cancer; most of these men have never undergone vasectomy. Prostate cancer occurs most frequently in men 80 years or older. In the United States, the disease is more common in black men than in white men. For more information about prostate cancer, men should ask their doctors, the local office of the American Cancer Society, or the American Urological Association.

If you have further questions, please do not hesitate to call one of us. If you would like a bibliography of references, please ask.

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