

SOUTHEASTERN OKLAHOMA UROLOGY, INC.
ROBERT M. ADAMS, M.D.
PATIENT INFORMATION

PLEASE PRINT:

NAME _____
(LAST) (FIRST) (MIDDLE INITIAL)
HOME PHONE () _____ WORK PHONE () _____
MAILING ADDRESS: _____
CITY _____ STATE _____ ZIP _____
(M/F) _____ MARITAL STATUS S-M-W-D AGE: _____ BIRTHDATE _____
SOCIAL SECURITY # _____ MO/DAY/YR _____

REFERRING PHYSICIAN _____
FAMILY PHYSICIAN _____
OTHER REFERRAL SOURCE _____
(FRIEND, RELATIVE, YELLOW PAGES)

SOCIAL HISTORY:

EMPLOYER/COMPANY _____
ADDRESS _____
CHURCH _____
NEXT OF KIN _____ RELATIONSHIP _____ PHONE _____

INSURANCE INFORMATION:

MEDICARE NUMBER _____
INSURANCE COMPANY _____
INSURED'S NAME _____
POLICY /ID# _____ GROUP# _____
ADDRESS OF COMPANY _____
CITY _____ STATE _____ ZIP _____

MEDICAL HISTORY:

LIST DRUG ALLERGIES:

1. _____
2. _____
3. _____
4. _____

LIST CURRENT MEDICATIONS/DOSAGE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PREVIOUS MEDICAL PROBLEMS AND SURGERY WITH DATES IF POSSIBLE:

(OVER)

I. PLEASE DESCRIBE THE REASON FOR YOUR VISIT.

II. If you have any of the following problems, please check them off:

	How long (since first noticed)	How often
BLOOD IN URINE?		
KIDNEY OR BLADDER INFECTIONS?		
LEAKAGE OF URINE?		
PAIN? WHERE IS PAIN?		
LOSS OF APPETITE?		
WEIGHT LOSS? HOW MUCH NORMAL WEIGHT?		
FEVER?		
LOSS OF SEXUAL POTENCY?		
LOSS OF SEXUAL DESIRE?		
NAUSEA OR VOMITING?		
DIFFICULTY VOIDING?		
INCREASED FREQUENCY OF URINATION?		
HOW OFTEN DO YOU GET OUT OF BED TO URINATE EACH NIGHT?		
PAIN WITH URINATION?		
HAVE YOU EVER HAD A CATHETER IN YOUR BLADDER?		
HAVE YOU HAD RECENT X-RAYS OF YOUR KIDNEYS?		
HAVE YOU HAD A BLOOD TEST TO CHECK FOR PROSTATE CANCER?		

SOUTHEASTERN OKLAHOMA UROLOGY, INC.
ROBERT M. ADAMS, M.D.

I AUTHORIZE RELEASE OF INFORMATION TO ALL MY HEALTH INSURANCE COMPANIES.

I AUTHORIZE PAYMENT DIRECT TO MY PHYSICIAN.

I UNDERSTAND THAT I AM RESPONSIBLE FOR MY PORTION OF MY BILL AT THE TIME OF SERVICE AND THAT IF I EXPECT ANY PORTION OF MY BILL TO BE REIMBURSED OR PAID BY INSURANCE OR A PREPAID HEALTH PLAN, IT IS MY RESPONSIBILITY TO ENSURE THAT MY PHYSICIAN HAS MET MY CARRIER'S REQUIREMENTS.

I AUTHORIZE USE OF THIS FORM ON ALL MY INSURANCE SUBMISSIONS.

I AUTHORIZE MY PHYSICIAN TO ACT AS MY AGENT IN HELPING ME OBTAIN PAYMENT FROM MY INSURANCE COMPANIES.

I AUTHORIZE MY PHYSICIAN TO ACT AS MY AGENT TO HELP ME OBTAIN ANY REQUIRED PRECERTIFICATION.

SIGNATURE _____

WITNESS _____

SOUTHEASTERN OKLAHOMA UROLOGY, INC
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VASECTOMY, THE NO SCALPEL APPROACH

Vasectomy is the process of dividing the vas (the tube that delivers the sperm from the testis to the prostate) in order to prevent conception. It is the most common method of male contraception in this country where about 500,000 vasectomies are done each year. Since vasectomy simply interrupts the delivery of the sperm, it does not change the hormonal function of the testis and sexual drive and ability remain intact. Since most of the semen is composed of fluid from the prostate, the semen will look the same. Vasectomy is thought to be free of known long term side effects, and is considered to be the safest and most reliable method of permanent male sterilization.

The technique of the No-scalpel Vasectomy was developed in 1974 by a Chinese physician, Dr. Li Shunqiang, and has been performed on over eight million men in China.

After injecting the scrotal skin and each vas with a local anesthetic, we use a special vas-fixation clamp to encircle and firmly secure the vas without penetrating the skin. One blade of a sharp forceps or clamp is then used to penetrate the scrotal skin. The tips of the forceps are spread, opening the skin much like spreading apart the weaves of fabric. The vas is thus exposed and then lifted out and occluded by any of the standard techniques, such as cautery or sutures. The second vas is then brought through the same opening and occluded in a similar fashion. The skin wound contracts to a few millimeters and usually does not require suturing.

Compared to the traditional incisional technique, the No-Scalpel Vasectomy usually takes less time, causes less discomfort and may have lower rates of bleeding and infection. Recovery following the procedure is usually complete in two to three days. Hard work or straining (athletic pursuits or heavy lifting) is not recommended seven days. Most patients should wait to have intercourse for a week after the procedure (You should feel no discomfort).

Common reasons given for having a vasectomy.

1. You want to enjoy sex without worrying about pregnancy.
2. You do not want to have more children than you can care for.
3. Your partner has health problems that might make pregnancy difficult.
4. You do not want to risk passing on a hereditary disease or disability.
5. You and your partner don't want to or can't use other kinds of birth control.
6. You want to save your partner from the surgery involved in having her tubes tied and you want to save the expense.

COMMON QUESTIONS ASKED AND ANSWERED ABOUT NO-SCALPEL VASECTOMY

How can I be sure that I want a vasectomy?

You must be absolutely sure that you don't want to father a child under any circumstances. You must talk to your partner and it certainly is a good idea to make this decision together, consider other kinds of birth control and talk to friends or relatives who may have had a vasectomy. Think about how you would feel if your partner had an unplanned pregnancy. Talk to your doctor, nurse, or family planning

counselor.

A vasectomy might not be right for you if you are very young, if your current relationship is not permanent, if you are having a vasectomy just to please your partner and you do not really want it, you are under a lot of stress or you are counting on being able to reverse the procedure at a later time.

How does the vasectomy prevent pregnancy?

Sperm is made in the man's testicles. The sperm then travels from the testicle through a tube called the vas into the body where it enters the prostate gland. In the prostate, the semen is made and here the sperm mixes with the semen. The prostate is connected to the channel in the penis and hence the sperm and semen are ejaculated. In a vasectomy, the vas or tube is blocked so that sperm cannot reach the prostate to mix with the semen. Without sperm in the semen a man cannot make his partner pregnant.

What is different about a no-scalpel vasectomy?

No scalpel-vasectomy is different from a conventional vasectomy in the way that we get to the tubes or vas to block them from passing sperm out of the testicles. An improved method of anesthesia helps make the procedure less painful. In a conventional vasectomy, the physician may make one or two small cuts in the skin with a knife, and the doctor would then use sutures or stitches to close these cuts at the end of the procedure. In the no-scalpel vasectomy, instead of making two incisions, the doctor makes only one tiny puncture into the skin with a special instrument. This same instrument is used to gently stretch the skin opening so that the tubes can be reached easily. The tubes are then blocked, using the same methods as conventional vasectomy, but because of the lack of scalpel technique there is very little bleeding and no stitches are needed to close the tiny opening. This opening will heal quickly with little or no scarring. No-scalpel vasectomy was introduced in the United States in 1988 and is now used by many doctors in this country who have mastered the technique.

Reasons for having a no-scalpel vasectomy as compared to conventional vasectomy

1. No incision with a scalpel--only a small puncture with a sharp probe
2. Usually no stitches
3. Usually a faster procedure
4. Usually a faster recovery
5. Usually less chance of bleeding and other complications
6. Usually less discomfort
7. Just as effective as regular vasectomy

Will it hurt?

When the local anesthetic is injected into the skin of the scrotum, you will feel some discomfort, but as soon as it takes effect you should feel no pain or discomfort. Afterwards, you will be sore for a couple of days and may want to take a mild pain killer such as Tylenol, but the discomfort is usually less with the no-scalpel technique because of less trauma or injury to the scrotum and tissues. Also, there are no stitches in most cases. We will provide you with complete instructions about what to do after surgery.

How soon can I go back to work?

You should be able to do routine physical work within 48 hours after your vasectomy, and will be able to do heavy physical labor and exercise within a week.

Will the vasectomy change me sexually?

The only thing that will change is that you will not be able to make your partner pregnant. Your body will continue to produce the same hormones that give you your sex drive and maleness. You will make the same amount of semen. Vasectomy will not change your beard, muscles, sex drive, erections, climaxes or your voice. Some men say that without the worry of accidental pregnancy and the bother of other birth control methods, sex is more relaxed and enjoyable than before.

Will I be sterile right away?

No. After a vasectomy there are some active sperm left in your system. It may take a dozen to two dozen ejaculations to clear the sperm out downstream from where the vasectomy is performed. You and your partner should use other forms of birth control until we have had a chance to check your semen specimens at least twice to make sure that they are free of sperm.

Is the no-scalpel vasectomy safe?

Vasectomy in general is safe and simple. Vasectomy is an operation and all surgery has some risk such as bleeding, infection and pain, but serious problems are unusual. There is always a small chance of the tubes rejoining themselves, and this is the reason that sperm checks are necessary. There have been some controversies in the past about the long-term effects of vasectomy, but to our knowledge there are no long-term risks to vasectomy.

How long will the no-scalpel vasectomy take?

It depends on the surgeon, but on average, the operation lasts between fifteen to thirty minutes.

When can I start having sex again?

As a rule, we suggest waiting a week before having intercourse. Remember, however, that the vasectomy only divides the vas and has no effect on the sperm that are already beyond that point. **IT IS IMPORTANT NOT TO HAVE UNPROTECTED INTERCOURSE UNTIL THE ABSENCE OF SPERM FROM THE EJACULATE HAS BEEN CONFIRMED WITH TWO (2) NEGATIVE SPERM CHECKS TWO WEEKS APART.**

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CONSENT FOR VASECTOMY

I authorize Robert M Adams MD to perform a bilateral vasectomy on me.

I understand this to include 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.

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 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 medications, hospitalization and even surgery. Recanalization 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 consecutive post-operative sperm analyses have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after two negative semen checks is astronomically small.

I understand that the long term 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.

SIGNED _____ DATE _____
(Patient)

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 post vasectomy sperm analyses.

SIGNED _____ DATE _____
(Spouse)

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CONSENT FOR SURGERY

NOTE--NO ASPIRIN PRODUCT
7-10 DAYS BEFORE SURGERY

I hereby authorize Robert M Adams MD and/or assistants as may be selected by said physician to treat the following condition(s)

DESIRE TO BE INFERTILE

The procedures planned for the treatment of my condition(s) have been explained to me by my physician and are listed below

REMOVAL OF A SMALL SECTION OF VAS FROM BOTH SIDES
(BILATERAL VASECTOMY)

Possible risks associated with this procedure(s):

INFLAMMATION OR INFECTION OF TESTICLE(S) OR EPIDIDYMISS
RE-JOINING OF VAS ENDS RESULTING IN FERTILITY & PREGNANCY
CHRONIC TESTICULAR DISCOMFORT OR SPERM GRANULOMA
UNRECOGNIZED LONG TERM EFFECTS OF VASECTOMY
LONG TERM EFFECTS OF VASECTOMY ARE STILL UNCERTAIN AND MAY BE
ASSOCIATED WITH INCREASED RISK OF PROSTATE CANCER
ALTERNATIVE THERAPY: OTHER FORMS OF CONTRACEPTION, MALE OR FEMALE

I certify that this two (2) page form has been explained to me and that I have read it, or have had it read to me and that I understand its contents.

Patient or Guardian Signature _____ Date _____ Time _____

Name (print) _____ Witness _____

State law guarantees that you have both the *right* and *obligation* to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

The information that follows is the text from a standardized Surgical Consent form. It is used for the most minor of procedures and the most complicated and serious ones. It is not meant to frighten you but rather to inform you that ALL procedures carry some risks. Many operations, for instance, have only the remotest chance of needing blood transfusions, but yet blood transfusions are mentioned. This form hopefully will allow you to better understand your upcoming operation. If you don't understand something -ASK.

I recognize that, during the course of the operation, post-operative care, medical treatment, anesthesia or other procedures, unforeseen conditions may necessitate additional or different procedures than those set forth. I therefore authorize my above physician, and their assistants or designees, to perform such surgical or other procedures as are in the exercise of their professional judgement necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.

have been informed that there are significant risks such as severe loss of blood, infection and cardiac arrest that can lead to death or permanent or partial disability, which may be attendant to the performance of any procedure. I realize that in those cases where an incision is needed, infection, incisional pain, or hernia formation (weakness or bulging) can occur, and may require further treatments or procedures.

I realize that the list of risks and complications on this form may not include all possible or known risks of the intended surgery but is a list of the more common or severe ones. I realize that new risks may exist or may be found in the future that are not mentioned on this consent form.

I acknowledge that no warranty or guarantee has been made to me as to the results of my procedure or cure of my condition.

I consent to the administration of anesthesia by my attending physician, an anesthesiologist, or other qualified party under the direction of a physician as may be deemed necessary. I understand that all anesthetics involves risks and potential complications and possible serious damage to vital organs such as the brain, heart, lung, liver and kidney, and in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes.

I consent to the use of transfusions of blood and blood products as may be deemed necessary by my physicians. I understand that diseases can be transmitted via these blood products, including AIDS and hepatitis.

I acknowledge that any tissues or parts removed surgically may be disposed of by the hospital or physician in accordance with accustomed practice.

I understand that any aspect of this consent form that I do not understand can be explained to me in further detail by asking my physician(s) or their associates.

I certify that my physician has informed me of the nature and character of the proposed treatment, of the anticipated results of the proposed treatment, of the possible alternative forms of treatment; and the recognized serious possible risks, complications, and the anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

Patient or Guardian Initials _____

The medical procedure or surgery stated on this form (page 1), including the possible risks, complications, alternative treatments (including non- treatment) and anticipated results, was explained by me to the patient or his/her representative before the patient or his/her representatives consented.

Physician's Signature _____ Date _____

PRE VASECTOMY INSTRUCTIONS

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

PLEASE REMEMBER:

1. 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 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 before coming in for your vasectomy.
3. Bring a scrotal support (jock strap or suspensory, or tight jockey shorts).
4. Wear comfortable trousers.
5. If possible, bring someone who can drive you home.
6. Refrain from eating or drinking for three hours before your vasectomy.
7. If you have not already done so, bring the signed consent form and the fee agreed upon. Your insurance forms will gladly be filled and the payment sent to you.