

VASECTOMY AND REVERSAL CENTER OF FLORIDA

288 Crystal Grove Boulevard
Lutz, Florida 33548
(813) 536-1430

Vasovasostomy (Vasectomy Reversal)

As vasectomy becomes an increasingly popular means of birth control, the frequency with which vasectomy reversal is carried out is also increasing. Vasovasostomy is a safe procedure that is effective in restoring sperm to the ejaculate in most men.

One must keep in mind that 10-15 % of healthy American couples are infertile for a variety of reasons. Thus, there is only an 85-90% chance of conception by any healthy couple. Even after a vasectomy reversal that leads to recovery of sperm in the semen, the chances of pregnancy are somewhat less than this 85% figure. Factors that affect the chances of a pregnancy after vasectomy reversal include the duration of time since vasectomy and, to a lesser extent, the technique used to perform the original vasectomy. Our office statistics are continually updated by computer and will be presented at the time of your consultation visit. As of July 2018, Dr. Stein had performed more than 1,750 vasectomy reversals.

Insurance companies generally do not cover vasectomy reversal; the only way to know whether yours will be covered is to check with your insurance company. The procedure is performed under local anesthesia in our office. Discomfort is usually no more than for the vasectomy itself, but patients sometimes experience some back fatigue as a result of lying flat for 3 hours. Each vas is repaired in turn through a single midline scrotal incision about ½-inch in length. Antibiotic pills, prescribed by our office, are given before and after the procedure, and the risk of infection is very low. A small drain is left in overnight (to allow for drainage and minimize the risk of swelling) and is usually removed when the patient returns to our office the next day.

The patient does not shower until 2 days after the procedure, when he takes off the scrotal support and gauze dressing, being very gentle with the scrotum and just patting it dry. A new athletic supporter is then reapplied and worn continuously (except during showers) for about 1 week, then worn up and around for about 2 weeks after that. Wearing the support, he can return to light work on the 4th day after the procedure but should avoid any lifting or strenuous activity for a full 2 weeks. Intercourse may be resumed 20 days after the procedure and the patient is asked to bring or mail (we provide mailers) a semen sample to the office four weeks after the reversal. Since the whole process of making sperm takes 90 days, sperm density within the ejaculate may not reach maximum levels for 3-4 months after the vasectomy reversal, but a few patients have caused pregnancies within a month. If conception has not occurred by 6 months, we suggest a formal semen analysis through a local lab.

Our office charge is **\$100** for the initial consultation during which Dr. Stein meets with and examines the patient, provides further details, and answers any questions. The vasovasostomy procedure charge is **\$5900**. This includes all follow-up visits and office semen checks. Since half of a day is dedicated to one procedure, a **\$950 deposit is required within 10 calendar days of scheduling** the procedure, with the balance due the day of the procedure. In the event of cancellation or postponement more than 28 days prior to the reversal date, all but a \$100 service charge will be refunded or credited. If cancellation or postponement occurs within 28 days of the reversal date for reasons other than M.D.-documented acute illness of the candidate, there will be no refund or credit.

INSTRUCTIONS BEFORE YOUR VASECTOMY REVERSAL

1. Since the procedure is performed under local anesthesia (you will not be put to sleep), **no special laboratory tests are required.**
2. Have a **hearty breakfast** on the day of the procedure but try to **limit fluid consumption.** You will be asked to empty your bladder just before the reversal, but then you will not have an opportunity to urinate for the next 3 hours. Were you to drink a lot of fluids beforehand, you might make enough urine during the procedure that your bladder would become uncomfortably full.
3. Before you leave home take a good **shower** and wash your hair. You will be asked to refrain from doing so again until 2 days after your procedure. **No need to shave** the scrotum; we will do that here. **DO NOT** apply powder, creams, or antiperspirant to your privates on the day of the procedure.
4. Arrange to **have someone drive you home** or back to your hotel. That person need not wait around during your procedure, but should pick you up about 3 hours later. Partners are welcome to sit in and watch the reversal. Don't forget the camera if you would like to document the occasion!
5. **Do not take any aspirin-containing medication for 5 days before the procedure.** Aspirin has a slight effect on blood clotting mechanisms and can promote bleeding.

INSTRUCTIONS FOLLOWING YOUR VASECTOMY REVERSAL

1. You will be very relieved to get up and walk around after 3 hours of lying flat, but please go directly home (or back to your hotel room) and minimize activity. **Spend the evening in bed or on a sofa** (your scrotum should be as high as your heart to minimize scrotal venous pressure and bleeding), doing nothing more than reading or watching television. After lying flat for 3 hours during the reversal, you will probably have a **backache** that night. One suggestion is to sleep on your side with hips and knees flexed, or to sleep on your back with your legs elevated on 5 or 6 pillows so that your hips and knees are flexed at least 60 degrees. This makes your lumbar spine straight (eliminates the lordotic curve) and provides excellent relief for most back-pain sufferers.
2. **Eat** whatever you like, as much as you desire.
3. Take the **antibiotics** on schedule.
4. The scrotal support should be left on during bowel movements.
5. If you have any discomfort at all, plain Tylenol will help, no aspirin. We provide a prescription for **pain pills**, but most patients don't need them.
6. Extra gauze will be provided. **Change the gauze** through the scrotal support opening when it becomes blood stained over an area about the size of a half-dollar.
7. Keep your **follow-up appointment** on the day after the procedure. At that time, I will remove the small drain tube inserted at the time of the reversal, a process that most patients don't even feel. The incision is left open so that it can continue to drain and it will heal from the bottom out to the surface.
8. If **returning home** by car, you may do so after the drain removal, but your partner should drive and you should recline for at least a few hours after the drain removal. No air travel until 2 days after the reversal.
9. Two days after the procedure, you may remove the scrotal support and gauze and take a **shower.** Gently wash the scrotum (soap and water will not hurt the wound), pat it dry and reapply a scrotal support. At this point, you may change to the more traditional "jock strap" **athletic supporter**, the top of which must be lowered for urination, but wear the scrotal support for 3 weeks, day and night (except during showers) for the first week, then daytime only for the next two weeks. Use gauze as long as there is any spotting from the incision site, just to keep your support unstained. Having a second support will allow you to launder the original.
10. It is normal to have some **discoloration of the skin** around the incision. Sometimes, this discoloration even extends part way down the shaft of the penis. The incision may not close for 2-3 weeks. A few drops of hydrogen peroxide in the incision daily will keep it clean.
11. You may **return to light work** on the 4th post-operative day (wearing the scrotal support) but lift no more than 20 pounds for 2 weeks.
12. Unless I instruct otherwise during your follow-up appointment, you may resume **intercourse** 3 weeks after the procedure. Go easy at first (female above positions), until you sense that you are well into the healing process. You may notice some blood in the ejaculate; this is no cause for concern.
13. If you live near our office, bring a **semen sample** to the office one month after your reversal, in the container provided or in any clean container with a lid. If you live far away, use the mailer that we provide to send a semen sample to the office one month after your procedure. On the day of the reversal, you will be given a request for a formal semen analysis to be performed on a fresh semen sample at a lab near your home if your partner does not become pregnant within six months of the reversal. Even though insurance was not used to pay for the reversal, insurance will often cover lab tests. If not, a semen analysis will cost about \$100.

CONSENT FOR VASECTOMY REVERSAL

I, the undersigned, request that Douglas G. Stein, M.D. perform vasectomy reversal as an attempt to re-establish my fertility. I understand that the procedure may fail to restore sperm to my ejaculate and that, even if sperm reappear, there is no guarantee that I will be able to father a child.

I also understand that my partner could be a future source of our infertility even though she may have undergone a rather thorough evaluation prior to my own vasectomy reversal.

Although reasonable precautions are being taken, I may develop a blood clot in my scrotum, which could leave a tender lump within the scrotum for a prolonged period of time. To minimize chances of infection, I will take the antibiotic pills provided. I understand that if this procedure fails, it could be reattempted but that subsequent attempts are more difficult and less likely than the first to achieve successful results.

I understand that Dr. Stein does not accept payment from any insurance companies, whether or not he is a contracted provider, for vasectomy reversals done in his office. While I may attempt to receive reimbursement, I will not now or at any time in the future attempt to involve an insurance company for payment of this service to Dr. Stein.

I also understand that any lab work done outside of this office will be at my own expense.

I have read and understand all three (3) pages of this document.

Patient's name: _____

Patient's signature: _____

Wife's signature (optional): _____

Date: _____

Witness: _____