

Edina Office

6545 France Avenue South, Suite 290
Tel: 952-922-2151



One Stop Medical Center

www.procedureclinic.com
www.EZvasectomy.com

Shoreview Office

4625 Churchill Street, Suite 211
Tel: 952-922-2151

PATIENT DEMOGRAPHICS

VASECTOMY REVERSAL DATE: _____

PATIENT NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE# (____) _____

EMPLOYER: _____ OCCUPATION: _____

PHYSICAL EXERTION LEVEL AT WORK: (circle one) LIGHT MODERATE HEAVY

PCP NAME: _____ CLINIC NAME _____

CLINIC ADDRESS _____ CLINIC PHONE NUMBER _____

HOW DID YOU HEAR ABOUT US? _____

MARITAL STATUS (CIRCLE): SINGLE RELATIONSHIP MARRIED

DATE OF VASECTOMY: _____

WIFE/GIRLFRIEND NAME: _____

PHYSICIAN (CIRCLE): UROLOGIST FAMILY PHYSICIAN

WIFE/GIRLFRIEND AWARE: _____

TOTAL CHILDREN: _____

OK TO COMMUNICATE WITH PARTNER (CIRCLE): YES NO

AGE OF YOUNGEST CHILD: _____

CHILDREN WITH PARTNER: _____

YEARS WITH PARTNER: _____

PARTNER'S TOTAL CHILDREN: _____

ALLERGIES TO MEDICATIONS (CIRCLE): NO YES(LIST) : _____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? (CIRCLE): NO YES(LIST) : _____

HAVE YOU HAD ANY OF THE FOLLOWING:

Hernia surgery as an infant or child? (circle): NO YES

Hernia surgery as an adult? (circle): NO YES

Surgery for undescended testicles? (circle): NO YES

Surgical removal of a testicle? (circle): NO YES

Surgery for torsion/twisted testicles? (circle): NO YES

Any other type of testicle/scrotal surgery? (circle):

NO YES(details) _____

Prior vasectomy or prior vasectomy and reversal? (circle):

NO YES (details) _____

Have you had any other operations? (circle):

NO YES (details) _____

Have you had any of these problems? (circle):

- Bleeding
- Easy Bruising
- Fainting/lightheaded often
- Herpes
- Genital Warts
- Epididymitis
- Varicocele
- HIV/AIDS
- Difficulty getting or maintaining an erection
- Difficulty achieving climax
- Premature ejaculation

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Easy™ Vasectomy Reversal

A vasectomy reversal is a microsurgical procedure that reconnects the vas deferens where it was interrupted by a vasectomy. Although vasectomy has historically been considered a permanent sterilization procedure, current advances in microsurgery over the past 15 years have greatly improved the success rate of vasectomy reversal.

The common reasons for vasectomy reversal are a new relationship or remarriage following a divorce or having a change of heart and a desire for more children. Occasionally, there are unfortunate individuals who have lost their children and want to have more children.

Vasectomy reversal procedure is performed in the One Stop Medical Center on a come-and-go basis. The actual operating time for a vasectomy reversal procedure can range from 2-3 hours, depending on its complexity. A local anesthetic is used, and patients return home or to a hotel room after the vasectomy reversal procedure, but Dr. Shu requests that out-of-town patients stay in the Twin Cities area for at least one day following the vasectomy reversal procedure before returning home.

Preoperative Consultation

A preoperative consultation is an important step in planning on vasectomy reversal. Thanks to the Internet, the patients can get all information on vasectomy reversal from a well-designed high quality website.

The following topics related to vasectomy reversal will be discussed in a preoperative vasectomy reversal consultation.

- Review the patient's medical history, vasectomy history, and his wife or partner's fertility .
- Review the anatomy and physiology related to vasectomy reversal
- Discuss the relationship between years of vasectomy with the success rate and other factors affecting the success rate
- Discuss the rationale and indications to choose V-V and V-E (Dr. Shu don't perform the V-E)
- Discuss the concepts of sperm recovery rate and pregnancy rate, and not all successful reversal patients will cause pregnant
- Discuss benefits, risks, complications and alternatives
- Inform the cost and the payment options
- Review pre and post care instructions
- Answered all questions the patients have

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“VV” vs. “VE”

After vasectomy, the very fine tubes of the epididymis can become blocked due to scarring caused by chronic inflammation or “blowout” in the fine tubes of the epididymis. The longer the duration of the inflammation, the greater the likelihood of scarring and obstruction in the epididymis.

The likelihood of obstruction in the epididymis is roughly proportional to the number of years that have gone by since the vasectomy. After an interval of only 1-3 years, the epididymis is rarely blocked, but after an interval of 20 years, the likelihood of secondary obstruction may be over 30%. Fixing the vas where it was divided at the time of the vasectomy (vasovasostomy or “VV”) will not correct the secondary obstruction upstream in the epididymis. That requires a more elaborate procedure called a vasoepididymostomy or “VE”, in which the portion of the vas tube above or “downstream” from the vasectomy site blockage is connected to the portion of the epididymis “upstream” from the secondary obstruction.

Vasovasostomy (VV) and vasoepididymostomy (VE) are very different operations. A VE is different in a number of ways. (1) VE requires a much larger incision since the testes must be taken out of the scrotum while the connection between the epididymis and vas is made. (2) Surgeon must usually make two incisions, one left and one right, which can be extended up toward each groin to allow for dissection and loosening of higher portions of the vas in order to bridge the ends. (3) Finally, A VE is more technically demanding than a VV because the epididymal tubes are much smaller than the vas tubes. A high powered microscope must be used, the connection between epididymis and vas (VE) is often not as strong as the connection between vas and vas (VV), and the success rate of VE is not as high as the success rate of VV.

V-V is a minimal invasive surgical procedure with the high success rate, less trauma and affordability, and it makes the most sense for men whose intervals are short (less than 10 years) and who have no adverse physical findings.

VASOVASOSTOMY TECHNIQUES

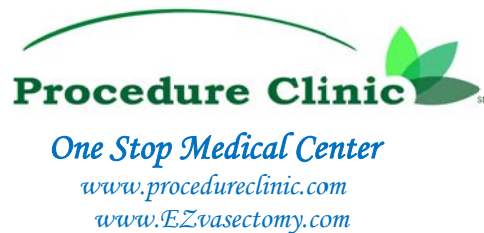
Vasectomy Reversal takes about 3 hours. It is performed under local anesthesia similar to the anesthesia used for vasectomy but with a longer-acting drug. Continuity of both vas tubes can be restored through a single 1/2-inch incision. Magnification is accomplished with either a surgical microscope and optical loupes, the high-power glasses used by gem-cutters and by cardiac surgeons when bypassing the small coronary blood vessels.

The scarred ends of the vas were first removed at the point of blockage created by the vasectomy, and a fluid sample will then be extracted from the end closest to the testicle to see if the fluid contains sperm. The presence of sperm in the fluid is an indication that there is no obstruction between the testicle and the location in the vas from which the fluid was obtained, and particularly that there is no blockage in the epididymis. When sperm are present in the fluid, the ends of the vas can be connected to reestablish the passageway for sperm.

If sperm does not exist in the fluid sample, a more complicated reversal technique vasoepididymostomy need to be performed to bypass the blockage in the epididymis.

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SUCCESS RATE

Success rate for vasectomy reversal is generally reported in two ways: sperm recovery rate (patency success rate) and pregnancy rate. The single most important factor in whether a vasectomy reversal procedure will be successful is the interval in time (years) between vasectomy and vasectomy reversal.

Although the statistical averages derived from large numbers of patients offer a general guide, your specific situation and results may differ from that of the average due to many personal variables, such as the surgeon's vasectomy techniques, your age, you and your partner's fertility, and a host of other factors.

Vasectomy reversal can be a gamble, with the success rates and fees varying from office to office, so the evaluating couple must determine where they can get the greatest value from their investment. For example, if the candidate's interval is 4-6 years and one office has a rate of 93% (sperm recovery) for a fee of \$3000, and another office offers a competitive rate of 97% for \$10,000, then only the couple can decide whether the increment in higher success is worth the difference in cost.

The single most important factor in whether a vasectomy reversal procedure will be successful is the interval in time (years) between vasectomy and vasectomy reversal. Theoretically, the sperm recovery rate drops two percent every year after vasectomy. This is because the likelihood of obstruction in the epididymis increases—especially after 7-10 years. Many men, however, do not develop any obstructions after 15, even 20 years, and may therefore expect a better sperm recovery success rate with a vas-to-vas procedure.

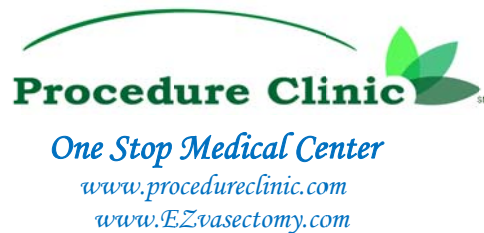
We have yet to obtain a large enough number of procedures to do a meaningful statistical analysis, but the general pattern of successful operations seen in our initial 50 patients in 2014 follows Dr. Doug Stein's published data (Dr. Shu having adopted the same techniques from Dr. Stein). We expect to perform 75 cases in 2015.

BEFORE 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** and lunch 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. **Please shave the scrotum** and take a good **shower** before you leave home for vasectomy reversal. You will be asked to refrain from doing so again until 2 days after your 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.
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.

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AFTER VASECTOMY REVERSAL

1. You will 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.
2. Take the **antibiotics** on schedule.
3. The scrotal support should be left on during bowel movements.
4. 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.
5. **Change the gauze as needed**
6. You will remove the small drain tube in 24 hours as instructed. You should recline for at least a few hours after the drain removal.
7. Two days after the procedure, you may take a **shower**. Wear the scrotal support for 21 days (3 weeks), day and night (except during showers) for 10 days, then daytime only.
8. 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.
9. 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.
10. Unless I instruct otherwise during your follow-up appointment, you may resume **intercourse** 21 days (3 weeks) after the procedure. You may notice some blood in the ejaculate; this is no cause for concern.
11. Semen analysis will be performed in 4-6 weeks after your reversal, you may repeat semen analyses within 4-6 months. Remember, it is important to abstain from intercourse for 2-3 days prior to providing a semen sample. Insurance will often cover lab tests.

THE POSSIBLE COMPLICATIONS

In general, vasectomy reversal in healthy men is a very safe surgical procedure. Local anesthesia avoids the risks from general anesthesia. Regarding the procedure, **hematoma** (collection of blood) occurs in less than 5% of men. Some swelling is expected after such surgery. Occasionally, **seroma** (collection of fluid) can develop in the scrotum as well in less than 5% of cases. Dr. Shu routinely puts a small rubber drains in the scrotum to allow the blood and fluid to drain out over 24 hours. Infection occurs less than 1%. Dr. Shu routinely asks the patients to take antibiotics for a week after to minimize it.

ALTERNATIVES TO VASECTOMY REVERSAL

Certainly there are other ways to build a family and have more children besides vasectomy reversal.

- Sperm retrieval with In Vitro Fertilisation IVF & Intra-cytoplasmic sperm injection ICSI
- Intrauterine insemination (IUI)
- Adoption
- Childfree living

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FEES

We charge \$110 if you need a consultation prior to vasectomy reversal. A non-refundable deposit of \$950 is required to schedule the reversal. The balance \$1540 is due on the day of the reversal. If lower end findings in both sides are so unfavorable that upstream secondary obstruction is likely, and no vasovasostomy is performed, the fee for that "exploration" is only \$950 (same amount of deposit), we will refund \$1540.

CONSENT FOR VASECTOMY REVERSAL

I, the undersigned, request that Steven Shu, 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. Shu 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. Shu.

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

I have read and understand all six (6) pages of this document.

Patient's name: _____

Patient's signature: _____

Wife's signature (optional): _____

Date: _____

Witness: _____