
ARIZONA UROLOGICAL SURGEONS, LLC

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

M. MICHAEL HAYYERI, M.D.
ADULT & PEDIATRIC UROLOGY
DIPLOMATES, AMERICAN BOARD UROLOGY

7000 N. 16th 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 a covered benefit through my insurance company. I understand that the 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 billed for services rendered.

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: _____

Official Staff Only

1- Patient has an appointment for:

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

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VASECTOMY POLICY

The Vasectomy procedure does not immediately make you sterile.

Continue to use another 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 contain no sperm.

10 week due date: _____

You are responsible for having the semen analysis completed in a 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 or 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 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. _____ Yes _____ No.
- 2- Can this operation fail? _____ Yes _____ No.
- 3- Is it possible that this operation may work initially and then fail later within the first year? _____ Yes _____ No.
- 4- How will I know that the operation is successful? _____.
- 5- When should I bring in my semen sample for analysis? _____.
- 6- When will it be safe to have intercourse without using some form of birth control?
_____.

Name: _____

Signature: _____

Date: _____

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POST VASECTOMY 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 ½ 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 INSTRUCTION

All consent forms should be signed by you and your partner, 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 shaved area 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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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 you 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 are 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 injection of the anesthetic and you will be fully conscious. At least one injection will be given on each side of scrotum. Sometimes discomfort is experienced in the area of the groin and testicle.

IV. After the operation

You may expect some minor post-operative problems and occasionally 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 alongside the testicles, which might include swelling of the testicle (epididymo-orchitis). The resolution of this 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 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 sperm are present in the follow-up analysis, the operation will have to be redone.

V. Failure of bilateral partial vasectomy

You should understand that until you had negative sperm checks, 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. Please understand that 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 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 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 analysis has 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 are present on these specimens. I understand that the chance of delayed recanalization after negative semen checks is very 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 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 CONSENT TO VASECTOMY

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

Spouse Signature: _____ **Date:** _____

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Dear Patient: _____

Date: _____

Dr. Hayyeri and staff of Arizona Urological Surgeons are committed to providing 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 present 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 of service. We accept cash or major credit cards.
- **If you are unable to make this appointment, our office requires a 72 hour notice of cancellation. There is a \$100 no show fee if you do not cancel within the above mentioned time frame. We also require a \$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 appointment. If you have any questions 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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VASECTOMY OPERATIVE REPORT

DATE: _____

PATIENT NAME: _____

DIAGNOSIS: DESIRED STRILIZATION (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 INECTOR

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: [] IBUPROFEN [] OTHER TRAMADOL

SURGEON SIGNATURE: _____

SEMEN CHECKS

	DATE	FINDINGS	PHYSICIAN SIGNATURE
#1	_____	_____	_____
#2	_____	_____	_____