**UROLOGICAL ASSOCIATES**

**OF CENTRAL JERSEY**

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**VASECTOMY INSTRUCTIONS: PENICILLIN ALLERGY**

**DOXYCYCLINE 100 MG**

a) **Take twice a day on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

b) **Take twice a day on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

c) **Take twice a day on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRIOR TO PROCEDURE:**

1. For at least two days prior to procedure, shower twice daily (morning and night)

with surgical soap (ie. Hibiclens or Dial Soap). Take particular care to lather the

entire genital area for about three minutes at each showering.

2. On the day of the procedure, shave your genital area from the line above the

penis, including the testicles, down to the point just in front of your rectum. It is

not necessary to shave the thighs. After shaving, shower again as above using the

surgical soap.

3. Be sure to bring an athletic supporter or brief-type shorts with you when you

come in for the appointment. The procedure will take about one hour.

**POST-OPERATIVE INSTRUCTIONS:**

1. You may experience some minor discomfort following the procedure. There is the

possibility of swelling, and it is advisable for you to be prepared to rest at home.

If swelling should accur, apply cold compress or ice packs intermittently to

minimize the swelling.

2. You may shower the following day, and in most instances dressing is not

necessary. Following this, soaking in the bathtub will relieve any soreness.

Thereafter, gently wash the site with surgical soap in accordance wit the label

instructions until the incision has healed.

3. For the most part, you may do what you normally do. However, do not engage in

strenuous activity for 24 to 48 hours. Sexual relations must be avoided until the

healing processes have begun (ie. swelling is gone, the area is no longer

discolored, the stitches have dissolved, and the area is not tender). This varies

with the individual. Allow yourself at least 7 to 10 days.

4. Remember, you will not be sterile immediately after the procedure. You will be

told on re-examination when you can stop using contraceptive measures during

sexual relations.

5. Additional instructions may be given to you after the procedure.

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**FOR PATIENT’S HAVING:**

**CYSTOSCOPY**

**PROSTATE BIOPSY**

**BOTOX INJECTION**

**SURGICAL PROCEDURES**

**Please follow these guidelines for stopping the below medications prior to your procedure in addition to consulting with your ordering physician.**

|  |  |
| --- | --- |
| **MEDICATION:** | **STOP FOR:** |
| Aggrenox/Dipyradamole | Stop **7** Days Prior to Procedure Date |
| Agrylin/Anagrelide | Stop **7** Days Prior to Procedure Date |
| Aspirin/Ecotrin 325mg (81mg is ok) | Stop **7** Days Prior to Procedure Date |
| Coumadin/Warfarin | Stop **5** Days Prior to Procedure Date |
| Eliquis/Apixaban | Stop **7** Days Prior to Procedure Date |
| Elmiron/Pentosan Polysulfate | Stop **1** Day Prior to Procedure Date |
| Fish Oil | Stop **7** Days Prior to Procedure Date |
| Herbs/Supplements | Stop **7** Days Prior to Procedure Date |
| Insulin (for surgical patients only) | Please consult your endocrinologist |
| Juice Plus | Stop **7** Days Prior to Procedure Date |
| Levenox/Enoxaparin/Fragmin | Stop **1** Day Prior to Procedure Date |
| Miradon/Anisindone | Stop **1** Day Prior to Procedure Date |
| Persantine/Dipyradamole | Stop **7** Days Prior to Procedure Date |
| Plavix/Clopidogrel | Stop **7** Days Prior to Procedure Date |
| Pletal/Cilostazol | Stop **7** Days Prior to Procedure Date |
| Pradaxa/Dabigatran | Stop **1** Day Prior to Procedure Date |
| Ticlid/Ticlopidine | Stop **7** Days Prior to Procedure Date |
| Vitamin E | Stop **7** Days Prior to Procedure Date |
| Xarelto/Rivaroxaban | Stop **1** Day Prior to Procedure Date |

**\*AND ANY OVER-THE-COUNTER MEDICATIONS CONTAINING ASPIRIN**

**OR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS\***

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**CONSENT FOR VASECTOMY**

**\* Please be advised this form must be completed & signed. We will not accept an unsigned consent form.\***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do authorize the above named doctor(s) to perform a bilateral vasectomy.

I have been informed that this procedure is intended to produce sterility even though the result cannot be guaranteed.

I am aware of the need to follow post-operative instructions until my physician indicates that the probability of the procedure has been a success. I am aware that premature sexual intercourse without protection may result in an unintended pregnancy.

I am also aware that if the operation proves successful, the results are expected to be permanent. I have been told of the remote possibility that nature may cause the passageways to re-open thereby undoing the procedure.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_