

Dr. Aram Loeb

Vasectomy Instructions

- 1. Please shower and shave your scrotum the day before your vasectomy.
- 2. Please stop all aspirin and aspirin like products 7 days prior to the procedure. No over-the-counter pain medication other than plain Tylenol. You may restart these medications 48 hours after the procedure.
- 3. Please wear or bring scrotal support or brief underwear to your vasectomy procedure. We will have you wear this to leave the office after the procedure.
- 4. Following the vasectomy we recommend that you plan on only light activity for the next 48-72hrs. Using ice 30 minutes on 30 minutes off over the next 48 hours can be helpful with the pain and swelling.
- 5. You may shower 48 hours after the procedure. Please do not take a bath, swimming, or use a hot tub for 2 weeks following the procedure.
- 6. Please wear a scrotal support or brief underwear for one week following the vasectomy. Do not engage in heavy exercise for 1 week.
- 7. A small amount of swelling, bruising, wound drainage and mild discomfort is normal. There may be a small palpable nodule in the area of the incisions. This is also normal.
- 8. You may return to work when you feel comfortable. If you have a very physical job, he may require several days off or light duty.
- 9. You are still capable of initiating a pregnancy following a vasectomy. Not until you've been cleared with a post-vasectomy semen analysis and there is no sperm present will you be cleared. This may take up to 20 ejaculates or 2-3 months. You'll be provided with an order for the post vasectomy semen analysis at the time of your procedure.
- 10. If you develop severe pain, swelling, bleeding, fever, or any other concerning sign or symptom please call the office at 440-887-9139.
- 11. It is your responsibility to call your insurance company to determine if this is a covered benefit under your plan. You will need the procedure code when you call. The procedure code is 55250. If precertification is required, please call the office of the needed information is sent to the insurance company prior to your procedure date.

I understand this is to be considered an irreversible procedure. The risks, benefits and alternatives to vasectomy as means of permanent birth control have been explained to me in detail including bleeding, infection, hematoma formation and the need for possible surgical drainage, chronic pain, recanalization, testicular loss, and continued fertility until a negative semen sample has been reviewed, among others. I understand this and wish to proceed.

Signed:	Date:
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