

Effingham Urology Associates, S.C.
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POST VASECTOMY INSTRUCTIONS

1. You may use ice for 6-8 hours after surgery to help reduce swelling.
2. If excess swelling or bleeding occurs, or if you have any questions contact the hospital to page Dr. Nayak, or go to the nearest emergency room. St. Anthony's Hospital telephone number is 217-342-2121. During office hours, please call the office at 217-342-9738.
3. No heavy lifting (over 20 lbs.) or sexual intercourse for 5 days. If any questions, please contact the office.
4. You may shower the day after your vasectomy.
5. Please wear an athletic supporter or tight fitting briefs for one week.
6. Some drainage is noticed when stitches dissolve, usually in 5-6 days, and this drainage may last up to two weeks with some gaping of the wound. If there is any doubt as to an infection, however, please contact the office.
7. BIRTH CONTROL SHOULD BE CONTINUED UNTIL AT LEAST TWO SEMEN ANALYSES HAVE BEEN COLLECTED AND BOTH ARE COMPLETELY FREE OF SPERMS.
8. Semen analysis is usually done after 16-18 ejaculations....or 2-3 months after surgery. Both specimens are to be taken to an outside lab of your choice. The specimen should be collected in a clean glass container with your name and date. The sample must be taken to the lab within one hour after collection. The second sample may be taken to the lab approximately four weeks after the first one. You may call our office a few days after the sample is taken in for the results.
9. It is imperative that there should be complete absence of sperms on the second sample before discontinuing birth control measures. It is my responsibility to call the doctor's office to obtain the results of the semen analysis before I discontinue the birth control measures.
10. Specifically, I understand that aspirin and blood thinners can cause bleeding and I am not taking any aspirin or blood thinners at the time of the procedure. I have not taken and will not take any blood thinners for one week before and one week after surgery.
11. I have read all of the instructions and understand them fully. If any further questions, I will contact the office at anytime.

Patient's Signature

Date

Witness

Date