

THE REED CENTRE for Ambulatory Urological Surgery Inc.

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INFORMED CONSENT FOR BILATERAL VASO-VASOSTOMY (VASECTOMY REVERSAL)

1. I hereby request and authorize Dr. Harold M. Reed, and his designated urological associates and surgical technicians, to perform the urological operation entitled "Bilateral Vaso-vasostomy" (or reconnection of the interrupted vas ends on both sides in an effort to re-establish male fertility). I am well motivated to father children. I am aware of the possible alternatives in the management of azospermia (lack of sperm in the ejaculate) including: a) adoption; b) artificial insemination by donor (man other than myself); c) alloplastic spermatoceles d) (the creation of a spermatic reservoir within the scrotum); e) microaspiration of sperm from epididymal tubules; f) epididymo-vasostomy and vaso-vasostomy.

2. My mate (wife or female companion) has received gynecological evaluation and has been adjudged capable of bearing children with no appreciable medical risk. Initial Has _____ Has not _____

3. I understand Dr. Reed will make the connection using an operating microscope and micro-fine suture drawing upon various recognized techniques described in urological literature depending upon anatomical variations, and based upon a desire to produce an optimal result. Distinguished urologists whose teachings have been influential include Dr. Arnold Belker of Louisville, Kentucky and Dr. Mark Goldstein of New York, New York.

4. Dr. Reed has discussed his case experience with me and estimated the likelihood of success based upon my history (especially when the vasectomy was performed) and physical examination, as well as the success of other urologists from major centers who have collectively reported their results (especially "Results of the 1247 First Vasectomy Reversals by the Vaso/vasostomy Study Group" presented by Drs. Belker, Fuchs, Konnak, Sharlip, and Thomas at the American Urological Association meeting May, 1990 and "Results of 219 Repeat Vasectomy Reversals by the Vaso/vasostomy Study Group" presented by the same authors during the same conference). No guarantee of fertility or appearance of sperm in the ejaculate has been made.

5. Dr. Reed may elect to perform an epididymo-vasostomy (connection of the upper vas directly to an epididymal tubule) when one or any combination of the following situations exist: the lapse of time between prior vasectomy and intended repair is significant, or spermatocytic granulomas exists suggesting a "blow-out" (a blockage below the level of the vas, in the epididymal area), or no proximal vas dilation is noted, or no proximal vas fluid is noted, or that the fluid is of very thick consistency, or prior vaso-vasostomy has been attempted.

6. The intended area of incisions in my scrotum have been shown to me, and well as a description of the procedure with reference to my personal anatomy.

7. A small latex drain may be left in the incision(s) overnight and such can be removed by the patient or health care worker the following day. (If you are **allergic to latex**) please notify your doctor immediately.

8. I will abstain from sexual activity for 2 weeks following surgery, and thereafter strive to ejaculate every other day for a few months to maintain patency (open status) of the anastomosis (new connection). Please bring a scrotal support that should be worn daily for 6 weeks, and avoid any heavy lifting, straining, repetitive stooping or bending for at least 4 weeks. I will avoid any contact sports and possibly injurious activities.

9. I understand that Dr. Reed will be totally occupied with the surgery and that the administration of anesthesia is an independent function.

10. I have had an ample opportunity to discuss the intended procedure with Dr. Reed and have answered any questions that I might have.

I have personally discussed with the patient the above operation, its risks and potential complications, as well as alternatives available.

Pursuant to statute 64-B-8-9.0091 (FAC), this surgical facility is not operating as an ambulatory surgical centre (ASC) for the purposes of this consent.

PATIENT SIGNATURE: _____ DATE: _____

WITNESS: _____

DR. HAROLD M. REED, M.D. _____

(convasvas, 11/20/2013)