

Urology Associates

Consent for Vasectomy

~I authorize _____ 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 I must make arrangements for transportation for the day of the procedure. I understand that if arrangements are not made, my appointment may be rescheduled.

~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 and for possible additional charges for pathological evaluation of any removed tissue.

~I understand that with a 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 treatments which may include medications, hospitalization and even surgery. Recanalization or re-joining of the vas ends may occur spontaneously in a small percentage of cases creating a situation in which sterility is not achieved. This condition may necessitate re-performing the vasectomy.

~I understand that I am not to be considered sterile until a post-operative sperm analysis has confirmed the absence of sperm. I understand that contraception will be used until I am given clearance.

~I understand that the long term effects of vasectomy have been studied extensively in the past 12-15 years. Some recent studies have suggested a slight increase in prostate cancer, but this was not found in other larger studies. To date, no known diseases or processes are thought to be caused by vasectomy in humans.

~I understand that I expect to be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means and in giving my consent to the vasectomy, I have in my mind the probability of such result.

Signature _____ **Date** _____
(Patient)

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

Signature _____ **Date** _____
(Spouse)