



Affix Patient Label

Informed Consent:

Name _____ Date of Birth _____

Varicocelelectomy

This information is given to you so that you can make an informed decision about having **Varicocelelectomy**

Reason and Purpose of the Procedure:

Varicocelelectomy refers to removing or sealing off of veins in the scrotum. Varicoceles are veins that are enlarged. This may be a cause of low sperm production, low sperm quality, or pain. It may cause infertility.

Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Increased fertility
- Increased sperm production
- For some patients, this procedure will decrease discomfort.

Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General risks of surgery:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you

Risks of this surgery:

- Failure to improve fertility. A varicocelelectomy may not improve semen quality or production.
- Recurrence: A varicocele can return. Small veins that could not be seen during the operation may become enlarged. You may notice this soon after surgery or months later.
- Hydrocele: - this is a collection of fluid around the testicle. It is a common complication and happens in 10-15% of patients. You may need to have surgery to drain the fluid.

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- Vas Ligation: If the vas deferens (tube that carries sperm) is cut, you would need surgery to repair it. There may be permanent damage. This is very rare.
- Hematoma: This happens when a small blood vessel continues to bleed after the procedure is over. You may need surgery to drain it.
- Infection: You may need antibiotics.
- Chronic Pain: you may develop chronic pain in the area that has undergone surgery. You may need more treatment if the pain continues.
- Paresthesia: It is possible to have areas on the scrotal sac or inner thigh area feel numb. The feeling usually returns. Less often, the area may stay numb forever.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the procedure

If you choose not to have this treatment:

- Continued infertility
- Continued low sperm production
- Continued pain

General Information

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.

I want to have this procedure: Varicocelelectomy

- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents, or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient

Signature _____

Relationship

Patient

Closest relative (relationship)

Guardian

Date/Time _____

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter (if applicable)

Date

Time

For provider use only:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options and possibility of complications and side effects of the intended intervention. I have answered questions and patient has agreed to procedure.

Provider Signature _____

Date _____

Time _____

Teach Back

Patient shows understanding by stating in his or her own words:

Reason(s) for the treatment/procedure: _____

Area(s) of the body that will be affected: _____

Benefit(s) of the procedure: _____

Risk(s) of the procedure: _____

Alternative(s) to the procedure: _____

or

Patient elects not to proceed _____ (patient signature)

Validated/Witness: _____

Date: _____

Time: _____