



Affix Patient Label

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Informed Consent:**

**Vasectomy**

This information is given to you so that you can make an informed decision about having a Vasectomy.

**Reason and Purpose of the Procedure:**

A vasectomy is a surgery to make men sterile. Sterile means unable to produce children. Having this surgery is your choice. A vasectomy can be reversed, but it is not always successful. It should be considered permanent. Having a vasectomy reversed is difficult, has a moderate to low success rate, and it is very expensive.

A vasectomy does NOT work right away. It may take many months for patients to become sterile. You will need to use birth control until your doctor checks to make sure the surgery worked. Your doctor will test your semen after the procedure. These tests are done after you have ejaculated at least 12 times. One negative test is NOT good enough. Even after sterilization is shown to have worked, a pregnancy can still happen. A vasectomy does not work 100% of the time.

Your semen should not look any different after vasectomy. You should see the same amount of semen. It should also look the same texture. Vasectomy does not change the way it feels to have an orgasm or ejaculate. The procedure does not affect your sex-drive or erections.

A vasectomy usually takes less than 30 minutes. It is different for each person. It depends on each person's body.

**Benefits of this procedure:**

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.

**Sterilization:** Sperm will not go into your semen when you ejaculate. This prevents you from making a woman pregnant.

**Risks of this Procedure:**

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.

- Chronic Pain: You can have ongoing pain anywhere that you have had surgery. This does not happen often and usually goes away over time. If it does not go away you may need further evaluation.
- Failure of the Procedure: The procedure does not work in 1 – 2% of patients, and would require the procedure to be done again. Your doctor will monitor you for sperm in the semen.
- Hematoma (bruising and bleeding): This would cause bruising and swelling. If there is a lot of bruising and swelling you may need more surgery.

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- **Inability to Complete the Procedure:** All bodies are different. Sometimes the way your body is made will make the surgery too hard to do in the office. It can cause too much pain. It can also affect how safe or successful the procedure is. If this happens we would stop the procedure. We would suggest that it is best for you to have your surgery at the hospital with anesthesia.
- **Infection:** You may need antibiotics or further treatment.
- **Sperm Granuloma:** This is a lump at the place where you had your vasectomy. It does not hurt and it is not dangerous. It does not need further treatment.
- **Testicular Ischemia:** If there is not enough blood (circulation) going to your testicles they could shrink or not function (work.) This happens very rarely.

**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:**

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**Alternative Treatments:**

Other choices:

- You can use other birth control.
- Do nothing. You can decide not to have the procedure.

**If you choose not to have this treatment:**

- You may still be able to produce children.

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### **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.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

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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: **Vasectomy** \_\_\_\_\_
  
- 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:** \_\_\_\_\_