

DR SNIP[®] 'No Scalpel' VASECTOMY

CONSENT TO VASECTOMY

I, (Name) _____ of (Address) _____

consent to the administration of local anaesthetic and the operation of vasectomy and acknowledge that:-

(i) The vasectomy will render me sterile but this will not occur immediately after the operation and it will be necessary to have one or more examinations of my semen to determine when sperm are no longer present. I cannot regard myself as being sterile until a 'zero' sperm count has been confirmed.

(ii) The sterility will be for practical purposes permanent and not readily capable of alteration. (Reversal operations and other techniques are not universally successful. Functional results of reversal decrease with the length of time following vasectomy due to both decreased sperm production and antibody development)

(iii) There may be some temporary bruising of the scrotal skin and swelling and pain of the testes and epididymis after the operation.

(iv) The operation will not affect my sex drive or libido unless psychologically I allow this to occur.

(v) The excised vasa are not sent for histological confirmation.

(vi) The operation can fail due to the presence of an extra undetected vas, technical difficulties or spontaneous rejoining and re-canalisation which, in rare instances, can even occur many years after a 'zero' sperm count in the semen has been confirmed.

(vii) Rare complications may occur and include infection, epididymo-orchitis (inflammation of the epididymis and testes), scrotal haematoma (blood clot inside the scrotum), bleeding, cyst and granuloma formation, reactions around internal sutures, development of anti-sperm antibodies, long-term pain and tenderness, delayed wound healing and adverse reactions to the skin preparation, local anaesthetic and diathermy.

(viii) I have been given printed information and will be given further explanation and counselling prior to the vasectomy being performed.

Signed _____ Date _____