

## CONSENT TO VASECTOMY

I \_\_\_\_\_ of \_\_\_\_\_  
NAME ADDRESS

consent to the administration of local anaesthetic and the operation of vasectomy.

I acknowledge that:-

- (i) The vasectomy will render me sterile but 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 can not regard myself as being sterile until this occurs.
- (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 occur many years later after a negative semen examination for sperm.
- (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 and adverse reactions to the skin preparation and local anaesthetic.
- (viii) I have been given printed information, explanation and counselling prior to the vasectomy being performed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

DR SNIP 'NO SCALPEL' VASECTOMY  
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