

CONSENT FOR VASECTOMY

I, _____, consent to a vasectomy by {name of Provider}. I have thought about this carefully and understand that this procedure will result in permanent sterilization, even though it can be reversed by microsurgical techniques in selected cases. I also understand and have been offered the opportunity to bank sperm for future use. I understand that each testicle has a Vas Deferens and that the procedure involves dividing, cauterizing, and finally clipping (using small metal clips) both the proximal and distal ends of both Vas Deferens.

Furthermore, I have received literature or have been provided educational material on Vasectomy. I understand the benefits and risks to treatment including the remote (<0.01%= 1 in ten thousand) chance of re-canalization resulting in pregnancy. In addition, I am aware of older reports of the increased risk of prostate cancer, even though the National Institute of Health (NIH) has been unable to substantiate these findings. I also understand that it is my responsibility to obtain PSA blood tests and digital rectal examinations of my prostate beginning 15 years from now or at age 45, whichever come sooner to screen for prostate cancer.

I know that I am to submit 1 semen analysis, 3 months from the time of my vasectomy. Only if this fails to show any sperm will I be able to have intercourse, with the understanding that I should not be able to conceive a pregnancy. Until this time, you are still considered fertile and are advised to use protection. An occasional patient may require longer intervals to clear his reproductive system of viable sperm. I know it is my responsibility to submit this semen analysis, and that I am responsible for contacting the doctors' office to find out the results.

I have also received and understand the post-vasectomy instructions as follows:

1. No swimming, bathing, or hot-tubs for 5 days. Showers are allowed beginning tomorrow
2. Polymyxin or triple antibiotic ointment to wound three times per day for 2-3 days
3. Ice to scrotum as tolerated for the next 24 hours every 3-4 hours
4. No heavy or strenuous exercise, and/or sexual activity for 1 week
5. Return to the office in approximately 7-10 days for a wound check
6. Call the doctor immediately for bleeding, pain, fever, or swelling
7. Take the prescribed pain medicine as needed

Patient Signature

Date

Witness

