

OPEN-ENDED VASECTOMY CONSENT FORM

Name: _____ DOB: _____

I, _____

of _____

am over the age of 18 years and consent to undergo the operation of male sterilisation by bilateral vasectomy, the nature of which has been explained to me.

I have been told that the intention of the operation is to render me sterile and incapable of further parenthood.

I understand that contraception will need to be used until semen examination has proved negative and that it is my responsibility to perform a follow up semen examination, usually 12 weeks after the vasectomy.

I understand firstly that it may NOT be possible to later reverse the effect of the operation, and secondly that there is a remote possibility of spontaneous reversal, that is failure.

I have read the complications on the reverse side of this document and have had the opportunity to ask any questions I may have.

I also consent to the administration of a premedication drug, local anaesthetic and intravenous sedation (if I required)

I understand that if I choose to use the extra inhalant medication (Penthrox) I cannot legally drive for the rest of the day.

I have had the opportunity to seek third party assistance in understanding all elements of this consent, including translation services where required.

Patient's signature: _____ Date: _____

Witness: _____ Date: _____

PLEASE TURN OVER

COMPLICATIONS OF OPEN-ENDED VASECTOMY

Vasectomy is a safe surgical procedure with a low complication rate. The techniques used at this clinic are designed to reduce the possibility of complications as much as possible, however all surgical procedures have a potential for complications. Below are the most common complications of vasectomy.

Swelling (bleeding and infection): Swelling occurs in about 3-4% of cases. The main causes of swelling are bleeding and infection. This can usually be treated with the application of cold packs or antibiotics respectively. However, about 1 in 300 men would need to be hospitalised for further treatment.

Long term testicular/scrotal pain: If the testicular end of the vas deferens (the tube carrying sperm from the testicle) blocks off, back pressure into the testicle can occur leading to a chronic, usually mild, testicular ache. This occurs in about 1% of cases and can be treated with medication for a month or two. Rarely, additional surgery is required and despite this, the pain may be permanent and debilitating especially if nerves are damaged. The impact of this pain may affect your enjoyment of sex and life as a whole, if severe. Careful surgery means that these complications can be avoided, there is no guarantee however.

Tender Lump (granuloma): About 1 in 300-500 vasectomies get a lump on the testicular end of the vas deferens that can get tender or large. This is a mixture of scar tissue, nerve endings and sperm build up under the skin. If it is bothersome it may require surgical removal.

Testicular Atrophy: Testicular atrophy is rare and may be due to compromised blood supply.

Failure: Generally about 1 in 500 (0.2 %) vasectomies fail. About 80% of failures will occur by the time of the sperm count at 10 weeks. This is why it is important to have a sperm count at this time. The commonest cause for failure is a scar bridge forming between the two ends of the vas deferens and subsequent rejoining or failure to cut all vas structures as in the rare case of vas duplication.

Psychological Impact of a Vasectomy: Rarely, some men may associate a vasectomy with feelings that they are "less of a man", experience poorer performance or may feel less sexual satisfaction after the procedure. A vasectomy procedure does not directly interfere with any "wiring" used for sexual intercourse or male impotency. A vasectomy does cause infertility.

Contrary to myths and misconception, there is NO increased risk of:

- Testicular cancer
- Prostate cancer
- Atherosclerosis or heart disease
- Autoimmune disease.

Sperm Storage

It is possible to store sperm for many years to increase the chances of parenting a child after a vasectomy. This needs to be done prior to the vasectomy. This involves annual storage fees. If you intend on storing sperm, do this before proceeding with your vasectomy.

Reversal

Vasectomy should be considered a permanent procedure. However with microsurgical techniques, successful reversal of a vasectomy should be possible in 50-85% of cases. This may be costly (Over \$6000) particularly without private health insurance.

I have read these complications and have had the opportunity to ask any questions I may have.

Patient's signature: _____

Date: _____

Witness: _____

Date: _____