

VASECTOMY CONSENT FORM

MALE STERILIZATION

_____ I request a vasectomy. This will block the tubes (vas deferens) that carry sperm into my semen. Because my semen will have no sperm, I will no longer be able to get a woman pregnant. This will last for the rest of my life.

_____ There is a small chance that the vasectomy will not work.

_____ My semen will be checked after the vasectomy to make sure it worked. It usually takes 12 weeks to work. I should use another form of birth control until I get my semen test results. Otherwise, my partner(s) may get pregnant.

_____ Vasectomy is permanent. While a reversal procedure does exist, it does not always work.

_____ I will have local anesthesia using lidocaine. My doctor will inject the lidocaine or use a pneumatic applicator to numb the skin and vas tubes. As far as I know, I am not allergic to lidocaine.

_____ There is a very small chance that I will have to return to the clinic or go to the hospital if I have a problem after the vasectomy.

_____ Problems that vasectomies can cause include: infection, bleeding, swelling, allergic reaction, and pain. A small percentage of men may have chronic pain after the procedure. Birth control failure (including pregnancy) can also happen.

_____ I have read this form and have had time to think about it. I asked and my doctor answered all of my questions.

_____ I know how to get help if I have a question or problem after the procedure.

_____ If I have a problem during the procedure, I allow my doctor to give me any treatment I need.

_____ By consenting to vasectomy and accepting the risks outlined above, I release the doctor and his/her associates from liability for time lost from work, salary unearned, and medical expenses incurred to treat complications.

_____ I consent that _____ perform a vasectomy for me.

Signature of patient: _____ **Date:** _____

Witness: _____ **Date:** _____