



**REQUEST FOR AND CONSENT FOR THE PERFORMANCE FOR
VASECTOMY FOR STERILIZATION**

Patient: _____ **D.O.B.** _____

Operation: Vasectomy for Sterilization

Procedure and Complications

The nature and purpose of the operation for sterilization, possible alternative methods, risks involved and the possibility of complications have been adequately explained to me and I have been shown the video explaining this. I have all the information I desire. I acknowledge that no guarantees have been made to me concerning the results of the operation.

I understand that I do not become sterile immediately after the vasectomy and need to continue contraception until I have had 2 negative semen analyses for presence of sperm which are generally done at 2 and 3 months after vasectomy. I also understand that if this semen analysis shows sperm, I will have to continue using contraception to avoid pregnancy, until 2 semen analyses are negative for sperm. I also understand the rare possibility of spontaneous reversal which can result in pregnancy. I will bring in semen for analysis when it is necessary.

Semen banking (storing of semen in cryogenic lab) for future artificial insemination was offered.

Vasovasotomy (vasectomy reversal) was also explained. I understand that this procedure can be done, although chances of success are not 100%.

Failure of procedure was also explained.

I also understand that complications including infection, bleeding and persistent pain can occur and on rare occasion may require another operation to take care of this problem. Rare possibility of loss of testis was also explained to me.

I have read the above and understand the procedure and complications. I have discussed them with my spouse and we both have agreed to have this procedure done. I give permission to the doctor to perform the surgery.

Patient's Signature: _____ **Date:** _____

Doctor's Signature: _____ **Date:** _____