

PRE-VASECTOMY INFORMATION AND CONSENT FORM

A PERMANENT DECISION

Vasectomy is a simple, safe and effective surgical procedure, which makes a male sterile (unable to father a child). Because a vasectomy should be considered irreversible, it is a serious step to take. You and your partner must be sure that both of you desire no more children. It is also important to understand that there are alternative methods of birth control including abstinence, rhythm and natural methods, condoms, female barriers, oral contraceptives, and depo-provera. The only perfect form of contraception is abstinence. Although very rare, the vas deferens can grow back together spontaneously. This rate in large studies is approximately 1 in 800 to 1 in 2000 cases, making vasectomy a very effective permanent solution.

THE VASECTOMY PROCEDURE

When a vasectomy is performed, the two vas deferens are interrupted to prevent sperm from traveling to the penis. This is the only change that takes place. The testes continue to produce sperm, but since they are prevented from traveling outside, they are simply reabsorbed by the body. The contribution of the testes to the ejaculate is only 5%, so the volume, feel, and look of the semen is not significantly affected by the procedure. It will not affect the male hormone system or the ability to have normal erections or sexual intercourse.

BEFORE THE VASECTOMY

Do not take aspirin for at least one week prior to the procedure. The day of the procedure, shower and clean the scrotum. Eat a light snack prior to the procedure. Bring a pair of clean cotton briefs or an athletic support with you. Another person must be available to drive you home following the procedure.

DURING THE VASECTOMY

You will be asked to undress, lie on the table and the scrotal area will be shaved and prepped with sterile solution. Injections of local anesthetic will be used to ensure that you do not feel pain or discomfort. Once the area is anesthetized, a technique will be used to remove a small section of the vas deferens on both sides. The cut ends are then cauterized or burned and you may feel a pulling type sensation. Some small stitches are placed in the skin which will dissolve spontaneously in 1 to 2 weeks. The procedure will take about 15-20 minutes and is well tolerated by most men.

Patient Initials

PRE-VASECTOMY INFORMATION AND CONSENT FORM

Page 2.

AFTER THE VASECTOMY

The local anesthetic will begin to wear off within two to four hours. It is imperative that you go straight home following the procedure. An ice pack or bag of frozen vegetables should be used on the scrotum for the first 24 hours. You are **required** to limit activities and stay off your feet as much as possible for two to three days and use an athletic support or tight cotton briefs at all times for the first week. You may return to work in two to three days, provided this does not involve very strenuous activity, which should be limited during the first week. Sexual activity can be resumed in one week, keeping in mind that you must use some other form of birth control until you are told that two semen samples obtained after the vasectomy are sterile. After two weeks, you will be seen back at the office for a check of the incisions, and instructions on how to collect the two samples at 6 and 12 weeks. After two negative samples have been obtained, the sterility rate is 99.44%.

For about a week, the scrotum may look bruised and slightly swollen. There may be a small amount of bloody discharge from the incision site. There may also be some pain, which can be controlled with Tylenol™. These symptoms are normal.

COMPLICATIONS

During the first few days after surgery internal bleeding in the scrotum {*hematoma*} or infection can occur. Other complications that are less common include sperm granuloma {*lump*}, epididymitis, sperm antibodies, and spontaneous return of fertility {*recanalization*}, and rarely, prolonged testicular heaviness or pain. There is no conclusive evidence that vasectomy causes any health problems, including prostate cancer. However, if you choose to undergo a vasectomy, it is recommended that you have periodic examination of your prostate gland. The American Urological Association and the National Cancer Institute recommend that all men have a digital rectal examination and a PSA blood test performed annually beginning at age 50, or age 40 if you have had a vasectomy, a family history of prostate cancer, or are of African-American descent.

Patient Initials

VASECTOMY CONSENT

I, _____, have read the attached document concerning vasectomy, which is a permanent sterilization surgical procedure. All risks, benefits, goals, and alternatives to the procedure have been explained to me.

It has been explained to me that for a time period after the operation some sperm remains in the semen and I am not to be considered sterile immediately. I have agreed to present specimens of my semen at different times until it is determined that there is no longer any sperm present. Until the doctor or his office advises me, I know that I will require some method of contraception.

It has also been explained that in a small number of cases the operation is not successful so that permanent results are not guaranteed.

I hereby give my full and informed consent for Dr. Robert B. McBeath, Dr. Mark E. Leo, or Dr. H. Tamiko Housley, Dr. Jason N. Zommick, Dr. Michael P. Finkelstein, Dr. Mulugeta D. Kassahun, Dr. Kristin M. Sanderson or Dr. Andrew H. Hwang to perform this procedure on me at my request.

PATIENT NAME (PRINT): _____

PATIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____