

MARPLE COTTAGE SURGERY
CONSENT FORM FOR VASECTOMY

Patient's Surname

Patient's First Names

Responsible Health Professional DR KEITH WELLS

Name of proposed procedure – Vasectomy (removal or destruction of a small section of vas from both sides)

Anaesthetic – Local anaesthetic

1. The intended benefits – Permanent contraception

2. Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatment (including no treatment) and any particular concerns of this patient. (Please tick the box once explained to patient).

COMMON

- Irreversible procedure
- Small amount of scrotal bruising
- 2 Semen samples required before unprotected intercourse with absence of live sperms

OCCASIONAL

- Bleeding requiring further surgery or bruising

RARE

- Rarely inflammation or infection of testes or epididymis requiring antibiotics
- Re-joining of vas ends resulting in fertility and pregnancy (1 in 1000)
- Chronic testicular pain rare or granuloma (5%)

Signature of Health Professional

Cont/...

Consent form for Vasectomy

Statement of Patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of this form which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, please ask. You have the right to change your mind at any time, including after you have signed this form.

I agree - to the procedure or course of treatment described on this form.

I understand - that any procedure in addition to that described on this form, will only be carried out if it is necessary to save my life, or to prevent serious harm to my health.

Signature of Patient Date

Print Name