

CONSENT FORM FOR VASECTOMY

Date
First Name Surname
Responsible Health Professional Dr Maher Al-Ausi

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. I have discussed what the procedure is likely to involve, the benefits and risks of this treatment and addressed any particular concerns of this patient
2. **Serious or frequently occurring risks** including any extra procedures, which may become necessary during the procedure. (Please tick the box once explained to the patient).

Common

- Irreversible and permanent procedure (all)
- Semen sample confirmed results are required before unprotected intercourse (all)
- Bleeding and bruising such as small amount of bruising to scrotum (1 in 5)

Occasional

- Bleeding forming haematoma (1 in 50)
- Inflammation or infection of testes or epididymis requiring antibiotics (1 in 100)
- Mild ongoing or intermittent testicular discomfort (1 in 20)

Rare

- Chronic post vasectomy pain syndrome (1 in 1000)
 - Severe haematoma requiring further surgery (1 in 1000)
 - Re-joining of vas ends resulting in fertility and pregnancy (1 in 2000)
3. **Specific additional risks** discussed in light of patients pre-existing medical history or medications (write in the box if necessary).

Specific additional risks

Signature of Health Professional

Statement of Patient - Please read this form carefully. 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 anytime, 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.
- I understand that I should not abandon other methods of contraception prior to receipt of notification of a clear sperm count at least 12 weeks post operation.

Signature of Patient