

## CONSENT FORM FOR VASECTOMY

Patient Name

Responsible Health Professional Dr Maher Al-Ausi

- 1. Name of proposed procedure** – No Scalpel Vasectomy (removal or destruction of a small section of vas from both sides)
- 2. Anaesthetic** – Local anaesthetic
- 3. The intended benefits** – Irreversible and permanent contraception. I have discussed the contraception alternatives, what this procedure is likely to involve, the benefits and risks of this procedure, how to prepare and recover from this procedure, and addressed any particular concerns of this patient.
- 4. Serious or frequently occurring risks** and impact, including any extra procedures, which may become necessary during the procedure (tick the box once explained to the patient).

### Very common

- Bleeding and bruising such as small amount of bruising to scrotum [1 in 5]

### Common

- Mild ongoing or intermittent testicular discomfort [1 in 20]  
 Bleeding forming haematoma [1 in 50]

### Uncommon

- Inflammation or infection of testes or epididymis requiring antibiotics [1 in 100]  
 Early failure [1 in 250]  
 Chronic post vasectomy pain syndrome affecting quality of life and / or ability to work [1 in 1000]  
 Severe haematoma requiring further surgery [1 in 1000]

### Rare

- Late failure (re-joining of vas ends) resulting in fertility and pregnancy [1 in 2500]

- 5. Specific additional risks** discussed related to pre-existing medical history or medications

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- 6. Signature of Health Professional**

<b>19 October 2024</b>
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- 7. 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 must not abandon other methods of contraception prior to receipt of notification of a clear sperm count 16 weeks after the operation

- 8. Signature of Patient**

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