



ROGUE VALLEY UROLOGY
PHYSICIANS AND SURGEONS, PC

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Consent for Surgical Sterilization

Patient Name: _____ **DOB:** _____

Please initial after reading each line below:

_____ Vasectomy is intended to be a permanent form of contraception.

_____ Vasectomy does not produce immediate sterility.

_____ Following vasectomy, another form of contraception is required until vas occlusion is confirmed by post-vasectomy semen analysis.

_____ Even after vas occlusion is confirmed, vasectomy is not 100% reliable in preventing pregnancy, with a risk of ~1/2000 with azospermia or rare non-motile sperm.

_____ Repeat vasectomy is necessary in <1% of vasectomies.

_____ I should refrain from ejaculation for approximately 1 week following vasectomy.

_____ I will not tub bathe or swim for 2 weeks following my procedure.

_____ I will wear my scrotal support for at least 2 weeks following the vasectomy, and refrain from vigorous physical activity over this time. I will ice the scrotum and rest for 24hrs following the vasectomy.

_____ There is at least a 1-2% risk of chronic scrotal pain beyond 3months with vasectomy, which may require additional procedures or medications to control.

_____ There is a <5% risk of complications such as wound hematoma and infection, sperm granuloma, symptomatic scar, allergic reaction or significant damage to the testis or epididymis with vasectomy.

_____ Other permanent and non-permanent alternatives to vasectomy are available.

_____ I will submit a semen analysis at 6-8 weeks after the vasectomy and a second semen analysis at 10-12 weeks. It is ultimately my responsibility to follow-up with these results to assure sterility is proven before discontinuing alternate contraception.

Please SIGN and DATE BELOW:

I have read and understand the above information, and that my doctor has explained the procedure of vasectomy to me in detail. All of my questions to my satisfaction, and I give consent to proceed with bilateral vasectomy (permanent sterilization).

Signature: _____ Date: _____