



## Consent for Surgical Sterilization

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Please initial after reading each line below:**

\_\_\_\_\_ I agree to not take any over the counter blood thinners (aspirin, Aleve, ibuprofen, Excedrin, etc.) for seven (7) days prior to my vasectomy.

\_\_\_\_\_ 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 azoospermia 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 12 weeks after the vasectomy. It is ultimately my responsibility to follow-up with these results to assure sterility is proven before discontinuing alternate contraception.

\_\_\_\_\_ I understand that if I haven't submitted a semen analysis within six months of having the vasectomy, the vas deferens will be sent on to pathology for analysis and I may be billed for this pathology.

**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). **Please note that if your tissue sample is sent to pathology for testing, you may receive a bill from Vista Pathology.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_