



## **PATIENT CONSENT FORM**

### **1) FAILURE**

Vasectomy is not considered successful until you have been given the all clear by a post vasectomy semen analysis. This is to be performed 12 weeks and 20 ejaculations after your procedure. Until then continue to use alternative forms of birth control in order to prevent an undesired pregnancy. Even with a post vasectomy semen analysis the risk of undesired pregnancy remains about 1/2000.

### **2) PERMANENT**

Vasectomy is considered a form of permanent birth control. If you feel that there is any chance at all that you may want to have more children, then vasectomy is not for you. While vasectomy reversal is possible, it is expensive and is not 100% effective. You should not rely on having a reversal as an option. There are other relatively safe and effective forms of reversible birth control such as: barrier methods, hormonal methods, or devices such as an IUD. You should also consider sperm storage as a potential option prior to your vasectomy.

### **3) YOU SHOULD NOT DRIVE**

Some men become light headed during or after procedures. This would make driving unsafe for you and others. It is strongly recommended that you do not drive for the remainder of the day following your vasectomy.

### **4) INFECTION**

Any procedure has some risk of infection. Every effort is made to prevent this from happening and the risk is very low; still the risk is not zero. If you think you may be developing an infection contact me immediately. Most infections can be easily treated with antibiotics. However, in rare instances, some infections may require additional surgical intervention.

### **5) BLEEDING**

There is always some risk of bleeding. With the minimally invasive no scalpel technique the risk is reduced, but it still exists. If you think you may have a problem with bleeding contact me immediately. Most post procedure bleeding is minor and can be treated with support and rest. Again, in rare occasions some people may require additional surgical intervention.

**6) SPERM GRANULOMA**

You will likely form a small pea like nodule along your vas deferens at some point several weeks after your procedure. On occasion, when this happens, there is associated inflammation that can cause some achiness. This is usually managed with a few days of NSAIDs and support without any long-term discomfort.

**7) POST VASECTOMY PAIN**

Some men experience discomfort after the procedure. The vast majority of the time this is easily managed with NSAIDs and supportive underwear. However, there is a very small percentage of men that go on to have a chronic pain syndrome that is not fully understood. This potentially could have a significant impact on your quality of life and may require further surgical interventions such as steroid injections, removal of the epididymis, or even vasectomy reversal.

**8) LOSS OF TESTICLE**

In very rare instances the artery to the testicle can be injured leading to impaired blood flow causing loss of a testicle. This may require additional surgery.

**9) EMOTIONAL REACTIONS**

Both patients and their partners can sometimes have unexpected emotional reactions to a vasectomy. This can potentially impair sexual function and affect relationships.

**10) THE UNFORSEEN**

Vasectomy is a very low risk procedure with minimal side effects. However, healthcare is not benign. Every procedure, intervention, and medication, can have unforeseen and unpredictable effects. Every body is different and human physiology is only partially understood. There will always remain the risk of unforeseen consequences of every intervention.

I have been given the opportunity to read the above and ask questions clarifying any risks of the procedure and to address any concerns I may have. I also understand that complications are possible, and if one occurs, I may need further treatment, tests, operations, or hospitalizations at my own expense. Feeling comfortable with the above, I give Dr. Zola permission to proceed with performing my vasectomy.

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Patient	Date	Partner	Date
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