

VASECTOMY PROCEDURE - CONSENT BY PATIENT

I.....D.O.B.....

Address:

I hereby consent to undergo the operation of bilateral vasectomy, the nature and effect of which has been explained to me by Dr Ramkisson.

I confirm I have fully read and understood the information provided to me in the Patient Information Leaflet and I have carefully considered the alternatives to a vasectomy.

I understand that there is a low failure rate. I have been explained that the risk of the procedure initially not working (this is known as an 'early failure') is 1:200, this could mean a repeat vasectomy.

I accept the risk of the procedure later failing (i.e. pregnancy occurs) after I have been confirmed sterile (1:2000, this is called a 'late failure')

I also understand that I have to supply at least 1 or more semen samples after a minimum of 16 weeks and a minimum of 30 ejaculations= no less than 2 ejaculations / week.

Until sterility has been confirmed in writing by the surgeon, my partner and I must continue to use a method of contraception. This letter will only be sent after the supply of a semen sample.

I confirm that through earlier conversations with my GP, or the publications of the Family Planning Association www.fpa.org.uk I feel well informed about (female) alternatives to vasectomy including the so called "long acting reversible forms of contraception" e.g. the coil, Mirena, Implant and contraceptive injection.

I consent to the administration of a local anaesthetic. I confirm I understand that my car insurance may be invalidated due to the delivery of local anaesthetic and that I must not drive until the following day.

I accept I can ask the surgeon about reversal procedures and statistical information, but should not consider vasectomy if I seriously think about the possibility of a reversal procedure.

I understand the operation has a low complication rate, usually due to swelling, infection or formation of a blood clot, also called "haematoma". If you feel a painful lump, which is twice the size of your testicle please contact us immediately. A small swelling of the size of a pea or a bean can be ignored as this is likely a sperm granuloma.

I am aware that a number of men develop a sperm granuloma, which is a lump of various size at the end of their interrupted tube. However, as such a sperm granuloma has little significance attached to it except that in very few men it sometimes can be tender. If it remains tender, please contact us.

Occasionally it can be quite large initially, but painless and then usually shrinks to a small granuloma after some weeks or months.

I accept that it remains unclear, but a possibility, that vasectomy may be the cause for a slight increase of the risk of prostate cancer from 16 in 1000 to 19:1000. Particularly younger men (in their early 30s and younger) may be affected. For more information, please read the enclosed information on vasectomy and prostate cancer.

I confirm I accept a small risk of "PVP" (post vasectomy pain), which may in some cases last for months or years. While it is not fully understood it is thought it may be severe enough in about 1:400 patients to affect their quality of life. I also know I should contact the service once self-help measures have failed should such pain occur.

Any form of surgery will leave a scar, but you may not be able to see this scar. As in any surgery, there cannot be any guarantees over the size of a scar or incision and although the procedure is usually suture free you accept the right of the surgeon to use any materials, including sutures, deemed necessary to complete the operation satisfactorily. If you develop any infection after your surgery you must contact us immediately. Signs of infection are: • Redness of the Skin • Increasing pain • Pus coming from the wound • Unusual bleeding or swelling several days after surgery has been performed • Swollen lymph glands in your groin(s) • Fever with any of the above

I accept that rarely, following the vasectomy an estimated 1:1000 patient have to have an operation under General Anaesthetic due to excessive or ongoing bleeding or abscesses that form.

I accept other extremely rare complications are orchidectomy (removal of a testicle) and testicular atrophy resulting in a shrunken and useless testicle. This is particularly important in patients with 1 testicle as they would not be able to make testosterone themselves and would have to be put on testosterone replacement for life.

I confirm I have told / will tell the surgeon about any allergy to any local anaesthetic, disinfectant, antibiotic or Elastoplast and any other allergy I know of.

I confirm I have told / will tell the surgeon about any chronic or acute illness (i.e. diabetes, circulation problems HIV, Hepatitis or if I am immunocompromised)

I confirm I have told / will tell the surgeon about any medications I receive, specifically agents to thin my blood (i.e. Warfarin, Heparin, Aspirin, Dipyridamole, Clopidogrel, Naproxen and long term steroids). I confirm that I have/will let the surgeon know about any pacemaker.

Date..... Signed.....
(Patient)

I confirm that I have explained to the patient the nature and effect of this operation

Date..... Signed.....
(Dr Vishen Ramkisson)