

Vasectomy Consent Form Sterilization

____ I request a no-scalpel vasectomy (NSV). This will block the tubes (vas deferens) that carry sperm into my semen. Because my semen will have not sperm, I will no longer be able to get someone pregnant. This will last for the rest of my life.

____ My semen will be checked after the vasectomy to make sure it worked. It usually takes 2-3 months to work. I should use another form of birth control until I get my semen test results. Otherwise, my partner(s) may get pregnant.

____ There is a small chance that the vasectomy will not work.

____ Vasectomy is permanent. While a reversal procedure does exist, it does not always work.

____ I will have local anesthesia using lidocaine. My clinician may inject my skin to numb it, or use a needle-free instrument to numb my skin. As far as I know, I am not allergic to lidocaine.

____ There is a very small chance that I will have to return to the health center or go to the hospital if I have a problem after the vasectomy.

____ Problems that vasectomies can cause include: infection, bleeding, swelling, allergic reaction, and pain. Mild pain is a typical side effect. There is a very, very small chance that the vasectomy does not work to prevent pregnancy.

____ I have read this form and have had time to think about it. I asked and my clinician answered all of my questions.

____ I know how to get help if I have a question or problem after the procedure.

____ If I have a problem during the procedure, I allow my clinician to treat it..

____ By consenting to vasectomy and accepting the risks outlined above, I release the health center from liability for time lost from work, salary unearned, and medical expenses incurred to treat complications.

____ I consent that _____ do the procedure "bilateral no scalpel vasectomy" for me.

Signature of patient: _____ Date: _____

Witness: _____ Date: _____