

Vasectomy Consent Form

___ I request a no-scalpel vasectomy. 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.

___ I will get my semen checked after the vasectomy to make sure it worked. It usually takes 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 very small chance that the vasectomy will not work to prevent pregnancy.

___ 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.

___ 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 no scalpel vasectomy procedure for me.

Signature of patient: _____

Date: _____