urology associates

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Patient information and consent to bilateral vasectomy

- **Read this form and information sheet carefully**. You and your Urologist will sign it to document your consent to treatment.
- **You need to have two semen tests** to check the procedure was successful; at 8-10 weeks then 2 weeks later. You will be given a pottle and instructions at your appointment. Make sure the sperm is fresh when taken to the laboratory.
- Phone one of our Urology Nurse Practitioners on 03 353 0051 three days after each semen test **to get your results,** or if you have any questions regarding the procedure.
- **Please wear firm supportive underwear**, and **bring this consent form with you at the time of your appointment**.

Consent of patient

1	I understand the purpose of a vasectomy is to render me permanently sterile and incapable of further parenthood.	☐ Yes	☐ No
2	I understand that I will **not be sterile immediately**, and that it is unsafe to stop using other contraceptives until I have had **two negative** semen tests.	☐ Yes	☐ No
3	I understand that there is a small possibility that I may not become or remain sterile, and that there is a 5% risk of having long term pain in the testes afterwards.	☐ Yes	☐ No
4	I understand there has been a suggestion of a link between prostate cancer and vasectomy. At this stage the World Health Organisation has stated there is no evidence of vasectomy causing prostate cancer.	☐ Yes	☐ No
5	There is a small chance I will have to return or go to hospital if I have a problem (infection, bleeding, swelling, allergic reaction) afterwards.	☐ Yes	☐ No
6	I consent to the administration of a local anaesthetic for the purpose of the above operation. I have informed the Urologist of any allergies.	☐ Yes	☐ No

Signed (Patient): ..... **Date**: ...../...../.....

Full Name: .....

Statement of health professional

1 I confirm I have explained the purpose and risks of this procedure to the patient

Signed (Urologist): ..... **Date**: ...../...../.....

Name: .....

Appointment details

Date: ...../...../..... **Time**: ..... am/pm

Charges

Consultation fee
Theatre fee
Surgeon fee
Total