

# VASECTOMY CONSENT FORM

## GreatVas Vasectomy Center

\_\_\_\_\_ I request a vasectomy. This will block the tubes (vas deferens) that carry sperm into my semen. Because my semen will have no sperm, I will no longer be able to get a woman pregnant. This will last for the rest of my life.

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

\_\_\_\_\_ I will still be fertile (able to cause pregnancy) for the next 2 to 3 months after a vasectomy, and maybe longer. I should continue to use a birth-control method for at least the next three months after my vasectomy.

\_\_\_\_\_ I understand that a semen check (a test for sperm in the semen) is highly recommended three months after a vasectomy.

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

\_\_\_\_\_ I will have local anesthesia using lidocaine. My doctor will inject or spray lidocaine into my skin and vas tubes to numb them. As far as I know, I am not allergic to lidocaine.

\_\_\_\_\_ There is a very small chance that I will need further care after a vasectomy. For example, I might have to return to the clinic or go to the hospital if I have a problem.

\_\_\_\_\_ Problems that vasectomies can cause include: infection, bleeding, swelling, allergic reaction, and pain. A small percentage of men may have chronic pain after the procedure. Birth control failure (including pregnancy) can also happen.

\_\_\_\_\_ 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 doctor to give me any treatment I need.

\_\_\_\_\_ I understand that it is possible to pass out after any medical procedure. I understand that the safest thing to do is not drive myself. If I do drive myself, I do so of my own will and assume the risks.

\_\_\_\_\_ By consenting to vasectomy and accepting the risks outlined above, I release the Dr. John Curington and his associates from liability for time lost from work, salary unearned, and medical expenses incurred to treat complications.

\_\_\_\_\_ I consent and request that Dr. John Curington perform a vasectomy for me.

**Signature of patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_