

VASECTOMY CONSENT FORM

GreatVas Gentle Vasectomy Center www.vasdoc.com

_____ 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 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 (optional): _____ **Date:** _____

Physician: _____ **Date:** _____