

## VASECTOMY INFORMATION AND CONSENT FORM

### SECTION 1: PATIENT INFORMATION

Patient's Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Main Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

### SECTION 2: PROCEDURE

**IMPORTANT:** PLEASE read this information sheet prior to your appointment. If you have any questions, please contact your provider's office.

This information sheet has been designed to help you understand the details of a vasectomy; the indications for this procedure, the success and failure rates, the alternative forms of contraception, the possible complications, and what to expect during and after the procedure.

#### What is a vasectomy?

A vasectomy is a small surgical procedure designed to permanently block the flow of sperm from the testicles to "the outside." A vasectomy is indicated in those situations where a couple desires to have no more children, and should always be considered a permanent form of birth control (sterilization). This procedure can be performed in any man except those with severe bleeding problems, and can usually be accomplished in a doctor's office. Vasectomy is a popular, time honored method of pregnancy prevention because it is simple, safe, highly effective, and relatively inexpensive.

#### What are the alternatives to a vasectomy?

The most popular alternative to a vasectomy is female sterilization – a tubal ligation. Unless performed at the same time as another surgical procedure (such as C-section), tubal ligation requires anesthesia and is more expensive than a vasectomy. Like a vasectomy, tubal ligation is safe and highly effective. Other methods of birth control available in this country include the birth control pill, hormonal implants (Norplant), depot hormone injections (Depo-Provera), hormone patches, barrier methods (diaphragm or condom) with spermicide, vaginal sponge, intrauterine device (IUD), and emergency contraception (morning after method). Each method has its own effectiveness, safety and cost; none are quite as effective as permanent sterilization.

#### How effective is a vasectomy?

While there are no absolute guarantees in any medical endeavor, most large studies show that vasectomy results in permanent sterilization in more than 99 percent of patients. The pregnancy rate in large studies of vasectomized men is between 0.2 percent and 0.05 percent.

#### How do I prepare for the procedure?

It is important to avoid aspirin or other medications that thin the blood for seven days prior to the procedure. Bathe or shower normally on the day of the procedure and clean the genitals very well. Unless otherwise instructed, do

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not shave your scrotum. Bring an athletic supporter with you to the office, and arrange for someone to drive you home after the procedure. Plan on spending the rest of the day at home resting in a bed or chair.

### **What is involved in the actual procedure?**

A no scalpel vasectomy is performed by first anesthetizing the skin of the scrotum with a small shot of lidocaine or other local anesthesia. The medication will cause a small, short burning sensation and then the tissue will be numb. A small incision(s) is/are then made in the skin, and the vas is lifted up with instruments. A small section is cut out and the cut ends are cauterized. The entire procedure usually takes 15 minutes. Your provider may perform a traditional vasectomy. The difference between providers involves the location of the incision, the number of incisions and the method of occlusion – some providers employ clips or stitches. Some physicians prefer to close the skin with stitches.

### **What can I expect afterwards?**

You should plan to go home and rest for 18 hours. A slight amount of aching or discomfort is common, and you will be prescribed a mild pain killer. An ice pack may be helpful for the first 24 hours, and can be achieved with a bag of frozen peas. Bruising of the scrotal skin is common and may take several days to dissipate. Sometimes a small lump may form on one side of the scrotum; this is not a cause for concern, but may take several weeks to completely subside. If you have no or minimal swelling, you can resume normal activity the following day. Wear the athletic supporter as needed. You may bathe or shower normally the day following the procedure. Refrain from sexual activity, exercise, or lifting greater than 30 pounds for one week. Remember: It takes several ejaculations for the sperm to be completely washed out of the vas, so you are not considered sterile after the vasectomy. **YOU MUST CONTINUE TO USE ANOTHER CONTRACEPTIVE METHOD UNTIL OUR OFFICE HAS TOLD YOU THAT IT IS SAFE TO DO OTHERWISE.**

The current standard for sterility is the absence of sperm from your semen on one or more occasions. The number of post procedure semen checks is decided by your provider preference. We advise performing the first check no sooner than eight weeks following the vasectomy. You will be given instructions for how, where, and when to bring your semen specimen at the time of the procedure.

### **What are the potential complications?**

Bleeding in the scrotum is the most common complication and occurs in about one percent of procedures. Other possible complications include infection, a chronic pain syndrome, failure to produce a sterile state resulting in pregnancy, and loss of the testicle. All of these complications occur in less than one percent of cases.

A vasectomy does not affect hormone levels, sexual desire, size of the testicles, erection quality, distribution of body hair, or semen volume significantly. In 1992 a study was published implicating a possible link between vasectomy and prostate cancer. Subsequent well controlled studies have failed to demonstrate any increased risk of prostate cancer in men who have had a vasectomy.

### **Reversal**

A vasectomy can be reversed by a technique called vasovasostomy. The overall success rate is 90 percent of men have sperm in the ejaculate, and 50 percent achieve pregnancy. Obstruction of the vas for a prolonged period is thought to impair sperm quality.

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### SECTION 3: INFORMED CONSENT

#### Does my wife need to sign the consent form?

While not required, we request that your spouse sign the consent form to confirm her understanding that the procedure is intended to result in permanent sterility.

#### Questions

If you have any questions that are not addressed by this literature, please contact your USMD Urology provider or nurse. Each provider may have slightly different preferences or postoperative instructions.

#### Attestation

I have read this information, understand its contents, and have been given an opportunity to have all of my questions answered.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_