CONSENT FOR VASECTOMY

Please read thoroughly before signing

POSSIBLE COMPLICATIONS

Minor side effects

- immediately following vasectomy may include discomfort, swelling and/or bruising of the scrotal skin, all of which usually disappear without treatment.
- Some men (about 1 in 20) will experience swelling and a low-grade ache in one or both testes anywhere from two weeks to six months after the procedure. This is probably due to an exaggerated form of the body's natural response to the obstruction caused by the vasectomy. It usually responds to an anti-inflammatory drug (such as ibuprofen) 400-600 mg 3 times per day and almost never lasts for more than a week or two but for rare patients, fewer than 1 in 100, **swelling and discomfort** will occur more than once and/or will be severe enough to require prescription pain medications, stronger anti-inflammatory drugs, and one or more days off from work.

Early complications

- Hemorrhage and infection can occasionally occur after any surgery.
- Hemorrhage may cause a hematoma to form in the scrotum. A hematoma is a collection of blood that may become very tender. Many resolve on their own, but some may require surgical drainage. Likewise, infection is usually indicated by painful swelling, redness, or drainage from the operative site. Many infections respond to antibiotics, but some may require surgical drainage.

Long term complications, vasectomy can lead to the following **conditions**:

1. A sperm **granuloma** is a pea sized tender mass which results when the body reacts to and walls off sperm which may leak from the lower (testicular) end of the cut vas. Most sperm granulomas respond to conservative therapy, but some may require surgical removal.

2. A few (perhaps 5%) of patients will experience periodic **tenderness** of the epididymis, the tube behind the testis in which sperm are resorbed by white blood cells after vasectomy.

3. Chronic testicular pain occasionally occurs after vasectomy in less than 1% of vasectomy patients. The pain may originate from the testicle or the epididymis. Occasionally, removal of the epididymis may be required to alleviate the discomfort.

3. **Recanalization** is the re-establishment of sperm flow from the testis up to the rest of the reproductive tract by virtue of the cut ends of the **vas growing back together** after vasectomy. Most **early** recanalizations occur during the healing process and are detected at the time of follow-up semen checks (live sperm are seen). It obviously requires that the procedure be repeated and there is no charge for the second procedure. **Late** recanalization, return of live sperm to the semen at some time after the semen has been confirmed to be sperm-free by microscopic examination, is exceedingly rare. Late failure resulting in pregnancy is possible but rare, odds being **less than one in 5000**, a rate of failure much lower than with any other form of contraception. Our office policy is to check semen analyses 6 and 12 weeks after vasectomy. Although some urologists do not require additional checks, I ask that patients drop off an additional specimen 6 months after the vasectomy to check for sperm. In addition, our office will be happy to check a semen analysis on any vasectomy patient at no cost at any time in the future, for added comfort and confidence that the procedure is durable.

4. Antisperm antibodies do appear in the blood of about half of the patients who undergo vasectomy and patients who develop antibodies have a lower chance of causing a pregnancy even when a successful vasectomy reversal allows sperm to re-enter the ejaculate. These antibodies have no influence on health status otherwise.

5. The February 17, 1993 issue of the Journal Of The American Medical Association contained 2 studies (by the same research group) that suggest that vasectomy was associated with a small increased risk of **prostate cancer** in their study groups. This issue is highly controversial and has never been proven definiteively. Because the question of a relationship has been raised, however, the American Urologic Association recommends that men who have had vasectomy and are over 40 have an annual rectal exam and prostate cancer screening blood test (PSA). This is the same recommendation made by the AUA for all men of age 50-70.

6. Damage to the testicle (devascularization) is an exceedingly rare complication. This is a results of interruption of the normal blood flow to the testicle. Patients who suffer an interruption of normal testicular blood flow may develop testicular atrophy (shrinkage), or rarely, may develop gangrene of the testicle which would require removal. This complication is seen mainly in men who have a history of previous surgery that may have damaged normal testicular blood flow prior to the vasectomy itself, including hernia repair, surgery for an undescended testicle (cryptorchidism), varicocoele repair, or other pelvic and/or scrotal surgery.

7. Patients should understand that here are a number of **alternatives to vasectomy**:

1. Barrier methods. You could wear a *condom*, your partner could use a *diaphragm*, or you could use *both together*.

2. Spermicides. There are *foams and creams* that can be placed into the vagina before intercourse to kill sperm before they can fertilize your partner's eggs. Spermicides can be used alone or in combination with barrier methods.

3. Hormonal methods. Your partner may use birth control *pills, shots, or patches* to prevent the release of eggs from the ovaries or the implantation of fertilized eggs into the uterus (womb). *Emergency Contraception* (EC, or the "morning-after" pill) will prevent pregnancy if taken within 72 hours of intercourse during which no contraception was used.

4. Intrauterine device (IUD). Your partner may have a small device placed into her uterus to decrease the likelihood of fertilization (sperm and egg coming together) and to prevent implantation of fertilized eggs into the uterus.

All of these alternatives are less effective than vasectomy, but they are reversible. You should be familiar with them before proceeding with vasectomy. Please ask us if you would like more information, and feel free to postpone your vasectomy if you need more time to evaluate information about alternatives.
There is no form of fertility control except abstinence that is free of potential complications. Vasectomy candidates must weigh the risks of vasectomy against the risks (for their partners) of alternative means of contraception as well as the risks associated with unplanned pregnancy and either induced abortion or childbirth. Vasectomy provides a means of permanent birth control with a minimum likelihood of complications and maximum chances of effectiveness and safety. Remember, although unlikely, VASECTOMY MAY FAIL. This may result in an unwanted pregnancy. Although we go to great lengths to ensure success, there is currently no method of vasectomy with 100% proven success.

CONSENT FOR STERILIZATION

I, the undersigned, request that Dr. Chris Moore perform a bilateral vasectomy, a procedure to produce obstruction of the vas deferens for the purpose of producing sterility. I understand there can be no absolute guarantee that this or any procedure will be successful. It is understood, however, that my semen will be checked following the operation. I understand that contraception must be practiced until there are no sperm present. I also understand that while the reversal success rate is quite good, it is not 100%, and vasectomy should therefore be considered a permanent or irreversible procedure. By consenting to vasectomy and accepting the risks outlined above, I release Dr. Moore from liability for time lost from work, salary unearned, and medical expenses incurred to treat complications.

Patient's signature _____

Wife's signature (optional)_____

Witness_____

Date_____