

CONSENT FORM - Vasectomy

NHS Number: <patient NHS number> **Surname:** <patient surname>

Date of Birth: <patient DoB> **Forename:** <patient forename>

Proposed procedure: **VASECTOMY**

Statement of health professional

- I have explained that the intended benefit: **to make you infertile permanently**
- I have explained the following significant, unavoidable or frequently occurring risks:
 - Pain, bleeding, bruising, swelling, haematoma, infection - less than 5% patients
 - Failure: Early (up to 1 in 100) and late (1 in 2000)
 - Sperm granuloma – less than 5% patients
 - Testicular atrophy – extremely uncommon
 - Chronic post vasectomy pain - severe – up to 1-2% patients
- I have also had a collaborative discussion with the patient concerning what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved

Additional patient led concerns / other risks discussed:

.....
.....

- I have explained that occasionally the procedure will be unable to be performed, or unable to be completed, and referral to a Urologist will be necessary.
- I have explained that in rare situations we might need to transfer patient to hospital, especially in cases of excessive bleeding

This procedure will involve: Local Anaesthesia

Signed:.....Date:...../...../.....

Name (PRINT):Job Title:.....

Statement of Interpreter *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he can understand.

Signed: Date:

Name (PRINT):

Copy given to patient? **Yes / No** *(please circle)*

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Date of Birth: <patient DoB> **Forename:** <patient forename>

Statement of patient

Please read this form carefully. You will be offered a copy of page 1, which describes the benefits, and risks of the proposed treatment. Please ask if you have further questions. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure described on this form.

I have received and read, to my satisfaction, the patient information leaflet.

I have had adequate time and space to consider the information given to me and been given time to ask questions regarding the procedure, its side effects and complications.

I have been provided with information regarding semen analysis and understand that I should continue to use an alternative form of contraception until I receive *written confirmation* that my vasectomy has been successful.

I am aware that some patients will later regret having had a vasectomy.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

Responsibility for Semen Analysis Provision

I understand that it is my responsibility to provide semen samples as explained. I understand that without providing the necessary semen samples I will **NOT** know if the vasectomy has been successful. I will **NOT**, therefore, be able to stop using other means of contraception without being at risk of a pregnancy occurring.

I understand that, should I **NOT** provide the necessary semen samples and I father any children post-vasectomy, I will **NOT** hold my vasectomy surgeon or the Trust responsible in any way for any costs or damages incurred.

Patient's signature: Date:

Name (PRINT):

A witness should sign below if the patient is unable to sign but has indicated his consent.

Witness' signature: Date:

Name (PRINT):