

**David Robbins, M.D.**

**Amery Wirtshafter, M.D.**

## **CONSENT FOR BILATERAL VASECTOMY**

I hereby authorize David Robbins, M.D. and/or Amery Wirtshafter, M.D. and any assistants as may be selected by said physician to treat the following condition(s):

**FERTILE MALE DESIRING STERILIZATION**

The procedure planned for the treatment of my condition(s) have been explained to me by my physician and are listed below:

**DIVISION OF VAS FROM BOTH SIDES (BILATERAL VASECTOMY)**

I understand the risks, benefits and alternative to the above bilateral vasectomy procedure. I have read and understand the details of the American Urological Association (AUA) patient information handout as detailed in the 2012 AUA guidelines for vasectomy.

### **American Urological Association 2012 Vasectomy Guidelines**

If you are thinking of having a vasectomy, there are some important things you should know before the vasectomy is done.

Vasectomy is intended to be a permanent form of contraception. There are options for fertility after vasectomy, but they are not always successful and they are expensive. You should not have a vasectomy unless you and your partner are sure that you do not want to have any more children.

Vasectomy does not produce immediate sterility. It takes about 8-16 weeks before you can be sure that you are sterile by having a microscopic examination of your semen

Following vasectomy, another form of contraception must be used until sterility is confirmed by the finding of no sperm or at most rare non-moving sperm on a semen analysis. Your doctor will tell you when he or she thinks the post-vasectomy semen analysis (also known as PVSA) should be done.

Even after sterility is confirmed by exam of the semen , you must understand clearly that vasectomy is not 100% reliable in preventing pregnancy. There is no method of contraception that is 100% certain to prevent pregnancy. Pregnancy occurs in 1 of 2,000 couples even when semen exam after a vasectomy shows no sperm in the semen. The rare pregnancies that occur after vasectomy can occur at any time, even years later.

A second vasectomy is occasionally necessary when the original vasectomy does not produce sterility. The chance that you will need a second vasectomy is less than 1%.

Your doctor will inform you about how long you should not have sex after vasectomy.

Vasectomy does not cause any physical change in sexual performance, function, pleasure, sensation, interest, desire, satisfaction, penile erection, volume of semen or ejaculation.

The options for fertility after vasectomy include vasectomy reversal and sperm retrieval with in vitro fertilization. These options are not always successful. Overall, about 50% of couples are able to have children with these techniques. Also, before the vasectomy, it is possible to freeze your sperm in a sperm bank. Freezing sperm is expensive, but it gives you a little insurance in case you decide after the vasectomy that you want more children.

The complications of vasectomy which may occur within about one to two weeks after vasectomy are bleeding and infection. Bleeding usually takes the form of blood oozing from the vasectomy incision or a painful collection of blood under the skin at the vasectomy site (called a hematoma.) Active bleeding usually stops by itself; opening the scrotal skin to control bleeding at the vasectomy incision site is rarely needed. Hematomas (collections of blood) usually get absorbed by the body; occasionally hematomas need to be surgically drained. Infections are usually treated with antibiotics. Rarely an abscess due to infection will require surgical drainage. The risk of these complications is 1-2%.

Medical journals report that about 1-2% of men develop significant chronic pain in the scrotal sac after vasectomy. This pain can last for months or years and can even be permanent. Chronic pain in the scrotum after vasectomy is usually treated with non- steroidal anti-inflammatory drugs (NSAIDS), antibiotics or injections of cortisone-like drugs or anesthetic agents. Few men have chronic pain after vasectomy that is severe enough to require additional surgery.



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There are many other permanent and non-permanent alternatives to vasectomy. You should discuss other options for contraception with your doctor to decide which method is best for you.

This information sheet is intended to give you the basic information you should know before you decide to have a vasectomy. Your doctor can provide you with more detailed information if you need it.

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I understand that any aspect of this consent form that I do not understand can be explained to me in further detail by asking my physician(s) or their associates.

I certify that my physician has informed me that the nature and character or the proposed treatment, or the anticipated results of the proposed treatment, or the possible alternative forms of treatment; and the recognized serious possible risk, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non treatment.

I certify that I have read this consent and all my questions have been answered. I certify that I have not taken any aspirin or any blood thinners within two weeks of this procedure.

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PATIENT SIGNATURE

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DATE

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PATIENT NAME (PRINTED)

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WITNESS

The medical procedure or surgery stated on this form (page I), including the possible risks, complications, alternative treatments (including non treatment) and anticipated results, were explained by me to the patient or his representative before the patient or his representatives consented.

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PHYSICIAN'S SIGNATURE

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DATE