



Consent Form

Patient Name: _____ DOB: _____

Facility / Location: _____

A. THE PROCEDURE

You have authorised Dr Aaron M Goldstein and his chosen assistant to perform an operation. Vasectomy is permanent ligation (“snip”) of the vas deferens to achieve male sterility. The vas deferens are the tubes which connect your testes to the ejaculatory duct at the base of the penis. Once vasectomy has been performed, your semen will not contain any sperm and you will not be able father any more children.

Vasectomy may include No-Scalpel Vasectomy (NSV) and/or Traditional Open-Ended Vasectomy (TOEV). The method of vasectomy you undergo is solely at the discretion of Dr Aaron Goldstein based on his clinical judgment before and during the procedure. I acknowledge that the doctor may perform a TOEV if there are difficulties encountered with NSV during my procedure.

B. POTENTIAL COMPLICATIONS DURING AND AFTER YOUR PROCEDURE

All surgical procedures carry certain risks and have potential complications.

During the procedure potential problems include:

1. Some men **faint** (about 1 in 50) when they receive the local anaesthetic needle. A period of brief unconsciousness usually resolves quite quickly. In most cases it is possible to complete the procedure when the patient regains consciousness. In very rare cases it may not be possible to complete the procedure.
2. A small number of men (about 1 in 100) do not tolerate the tugging on the testicles that occurs during the procedure. Sometimes it is not possible to continue and it will be necessary to refer the patient for completion of the surgery under sedation or general anaesthetic

After the procedure most men will experience some **bruising and mild pain** and swelling in the days after the procedure. This will usually settle within 1 week.

Less common complications include:

1. **Infection:** This may present as redness or discharge around the wound site, testicular pain and swelling or fevers and feeling generally unwell. If this occurs you will require oral (tablets) antibiotics. More severe infections may require admission to hospital and intravenous antibiotics
2. **Bleeding** can occur during or after vasectomy by either method, but it is less common with NSV. If this occurs within the scrotum, drainage of a **scrotal hematoma** (blood clot) in a hospital operating room could be necessary. Smaller hematomas do not require surgical drainage, but tender swelling can last for 2 to 4 weeks. Both large and small hematomas are **very rare**. If the scrotal skin bleeds at the vasectomy access site, the scrotum can become discolored (black and blue) for about a week; this is more common than swelling, but painless.
3. There is a very small chance (1 in 1000) ejaculates will never clear of sperm due to a **technical failure**. This will require a repeat operation. This is why it is essential to have **semen analysis** performed three months after your procedure to confirm success.
4. There is a remote chance (1 in 5000) the vas may rejoin spontaneously even after you have been sterile for some time (**delayed re-canalisation**). If this happens you may no longer be sterile.
5. Vasectomy should be regarded as a permanent procedure. **Reversals** can be done but they are expensive and are not always successful. They are not available under Medicare.
6. **Sperm granuloma** is a pea-sized (sometimes tender) lump on the vas tube at the vasectomy site, almost never requiring treatment. Periodic tenderness usually responds to an anti-inflammatory medication like ibuprofen.
7. **Congestion**, tender buildup of sperm and white blood cells upstream from or at the vasectomy site, can occur anytime after vasectomy, but usually goes away with use of an anti-inflammatory drug such as aspirin or ibuprofen.
8. About one in 2000 patients will experience **chronic post-vasectomy discomfort** (PVPS or Post-Vasectomy Pain Syndrome) severe enough that he will seek vasectomy reversal or neurolysis (division of the sensory nerves coming from the testes).

C. PATIENT CONSENT

I acknowledge that the doctor has explained in person:

- the Vasectomy procedure and the risks associated
- Other relevant procedure/treatment options and their associated risks
- If there is a life-threatening event during the procedure, I give the doctors and nurses permission to treat me
- I was able to ask questions and raise concerns with the doctor about vasectomy , its risks, and my other treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- If it was not possible to perform the vasectomy or the procedure fails I may need to be referred to a surgeon. I also understand that I am responsible for any fees payable to the surgeon in this situation
- I understand if there are post operative complications that require referral to a specialist I am responsible for fees payable in this situation

On the basis of the above statements, I request to have a vasectomy

Name of Patient:.....

Signature:

Date:.....

Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section in person, or the patient has viewed the video presentation detailing this information and I am of the opinion that the patient understands the procedure, its potential complications and risks and has had any questions answered or concerns adequately addressed

Name of Doctor:

Signature:.....

Date:.....