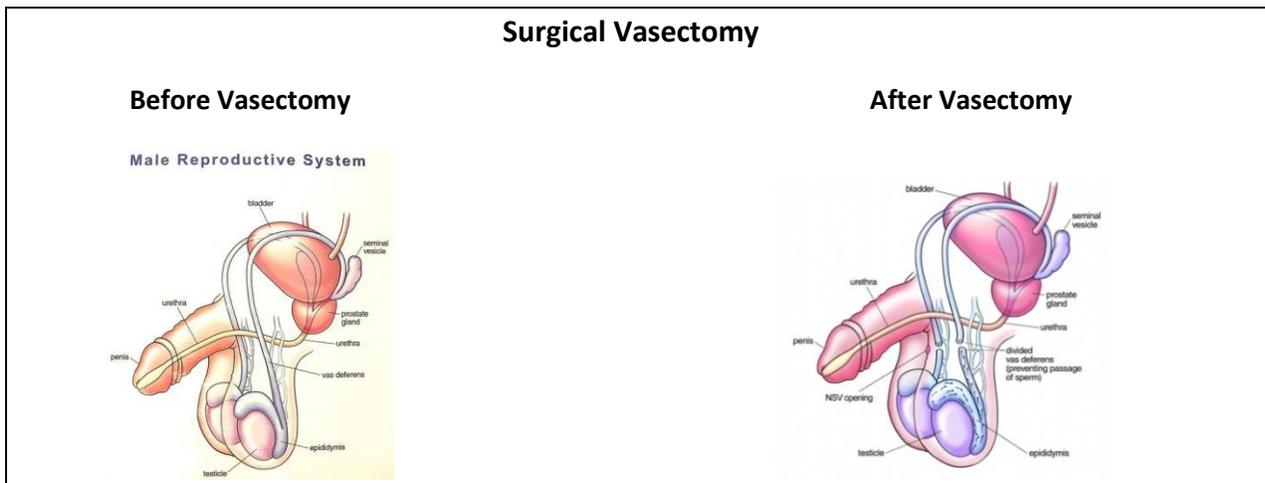


CONSENT TO STERILIZATION OPERATION (SURGICAL VASECTOMY)

I _____ (Patient's Name) have been given the following information:

Explanation of Sterilization:

Vasectomy is a minor surgical procedure that can be performed in the doctor's office or hospital under local anesthetic and involves cutting the vas deferens in the scrotum. The surgery takes approximately 15-20 minutes and involves making 1-2 small incisions in the scrotum. The sperm duct (vas deferens) is then cut and sealed, and the sealed ends of the duct are returned to the scrotum. To reduce the possibility that the cut tubes may rejoin, a ½- to 1-inch piece of vas deferens may be removed during the surgery. The skin incisions are so small that stitches may not be used. If the stitches are used, they will dissolve by themselves.



Description of the Attendant Discomforts and Risks:

A small amount of oozing blood (enough to stain the dressing), some discomfort and mild swelling in the area of incision are not unusual and should subside within 72 hours.

Occasionally, the skin of the scrotum and base of the penis turn black and blue. This is not painful, lasts only a few days, and disappears without treatment.

Very rarely, a small blood vessel may escape into the scrotum and continue to bleed to form a clot. A small clot will be absorbed after a time, but a large one is painful and usually requires reopening of the scrotum and drainage. Hospitalization and a general anesthetic may be required for this purpose.

For 1 week following the vasectomy, sex should be eliminated. Strenuous exercise (for example, climbing ladders, riding motorbikes or bicycles, playing tennis, etc.) should likewise be avoided for 3 days, and nothing that weighs over a few pounds should be lifted. The reason for this is that engaging in these activities sometimes results in complications.

The surgical procedure is not always 100% effective in preventing pregnancy, because on rare occasions the cut ends of the cord may rejoin. This only occurs at a rate of 1 in every 2,000 vasectomies. Sperm can survive from the point where the cords were cut for months, so another form of contraceptive must be used until sterility is assured. For this purpose, a specimen of seminal fluid should be brought in for microscopic examination. The specimen must contain no sperm before unprotected intercourse is allowed. Occasionally, it may take 6 months or longer to flush out all the sperm.

Benefits to be Expected:

The vasectomy is done in our office in approximately 30 minutes using a local anesthetic; it is a simple, safe method to prevent unwanted pregnancy. Recovery is quick, and the patient can usually return to work in 2 days (over a weekend).

Sexual activity, penile sensitivity, and the production of the male hormones are not adversely affected. In fact, the freedom from fear of producing unwanted children may greatly improve the mutual enjoyment in your sexual relations. You may find that your desire for sexual expression becomes more spontaneous and more frequent.

Counseling Concerning Alternate Methods:

If your objective is merely to space pregnancies, or if you have the slightest reason to believe that you might want to have children in the future, then a vasectomy will not suit your purpose and should not be considered.

Other methods of birth control that may be used are:

- Oral contraceptive (the pill)
- Intrauterine device (IUD)
- Diaphragm
- Condom
- Aerosol contraceptive foam
- Rhythm
- Contraceptive cream and jellies
- Abortion

If you should decide that vasectomy is not for you, yet you and your wife are sure you do not want to have children or more children, a tubal ligation for your wife is an alternative method. This is likewise a permanent method of birth control.

A vasectomy should have no adverse effects on our sex life. Any problems that develop in relation to having sexual intercourse would result from psychological rather than physical causes. After a vasectomy, a man's hormones remain normal, and there is not noticeable difference in his ejaculate, since sperm make up only a tiny part of the semen. Because the sperm cannot come out after the cord is cut, like other dead body cells, the sperm disintegrate and are reabsorbed by the body.

Some men, even knowing these facts, are still anxious about what a vasectomy will do to their sexual performances. These men should not have vasectomies. Worrying about sexual performances is likely to impair a man's ability to have an erection or ejaculate, even though the production of sperm and male hormones continues.

A vasectomy is not the answer to a problem of sexual maladjustment or failing sexual performance. Therefore, if you are getting a vasectomy in hopes of improving your wife's attitude toward sex or increase your sexual function, you are likely to be disappointed. On the other hand, the freedom from fear of producing unwanted children may improve greatly the mutual enjoyment in your sexual relations.

Effect and Impact of Sterilization:

The purpose of a vasectomy is to prevent sperm from entering the seminal fluid so that the female egg cannot be fertilized subsequently to intercourse. Sperm cells continue to be produced in the testes but disintegrate and are reabsorbed. However, the amount of fluid discharged during intercourse does not decrease more than 5% after vasectomy.

A vasectomy is considered to be a permanent birth control procedure, even though these operations can be reversed if absolutely necessary, with a subsequent pregnancy rate of approximately 60% if

reversal is within 5 years of the sterilization. Although a vasectomy must be thought of as producing permanent sterilization, the procedure is not always 100% effective.

Vasectomy and Long-Term Health Problems:

Vasectomy began to be a popular means of permanent sterilization in the 1950s and 1960s. While isolated studies have caused concern from time to time regarding general health hazards that might be associated with elective vasectomy, no real problems have ever been identified.

It is true that after vasectomy approximately 60%-70% of men develop antisperm antibodies in their blood and, in effect, this is a type of allergy to one's own sperm proteins. However, it has never been shown conclusively that these antibodies have any significant effect on any other organ. Approximately 1% of all men undergoing vasectomy have chronic orchalgia.

Inquiries:

Any inquiries I had about the sterilization procedures described in this document were fully answered.

Print Patient's Name

Date

Patient Signature

Date

Physician (or Person Obtaining Consent) Signature

Date

VASECTOMY

PREOPERATIVE INSTRUCTIONS:

1. You may eat a light lunch on the day of your vasectomy.
2. Wear compression shorts to the appointment.
3. Shave your scrotum the night before.
4. The vasectomy will be done under a local anesthetic as well as light sedation by oral medication. Because you receive this medication, we cannot allow you to drive yourself home. **YOU MUST ARRANGE TO HAVE SOMEONE DRIVE YOU HOME.**

POSTOPERATIVE CARE:

1. Remove all dressings from inside the compression shorts in 24 hours. Continue with scrotal support for 1 week.
2. Apply ice packs to the scrotum tonight and as much as possible tomorrow. After 36 hours, use a warm bath tub at least once daily for 1 week. Shower as usual.
3. Intercourse can be resumed in approximately 1 week.
4. Blood may be visualized in semen for 1-2 weeks after the procedure.
5. Sperm can remain in your semen for 3-6 months or longer after your vasectomy. Therefore, it is very important for you to continue to use contraception until your semen is analyzed again and **none** is found.
6. Abstain from an ejaculation for 3-4 days prior to collection of the specimen (**same-day specimen within 2 hours**)
7. You will need to have a semen analysis done in 12 weeks. Please visit www.PVSA.org with the date of your vasectomy to order your kit.