

**Dr GARETH JAMES MBBS DRCOG DFFP MRCGP MBANSV**

**Member of the British Association of No Scalpel Vasectomists**

**Danetre Medical Practice, Daventry, NN11 4DY Tel: 01327 708838 Fax: 01327 708549**

**CONSENT FOR VASECTOMY**

I ..... of ..... date of birth.. ..

Hereby consent to undergo the operation of bilateral VASECTOMY under local anaesthetic.

I have been told that the object of the operation is to render me permanently sterile and incapable of further parenthood and I understand that the effect of the operation must be deemed as irreversible. I understand there is a low failure rate, and that I must receive notification by post of either being sterile (requiring a single negative sperm count taken at least 16 weeks after the vasectomy) or having achieved Special Clearance (testing not undertaken before 8 months after vasectomy) before I abandon other methods of contraception.

It has also been explained to me that, notwithstanding having obtained a negative sperm count as mentioned above, there still exists a small chance of later spontaneous reversal and therefore a small risk of pregnancy in the future, even after being given the 'all clear'.

I understand that no guarantees can be given that the operation will be successful or that it will be free from side effects. I acknowledge that the operation has a low complication rate usually due to bleeding, infection, or inflammation. I also acknowledge that there is a small risk of more significant complications such as developing chronic testicular pain or experiencing severe infection and/or excessive bleeding/bruising (common to any surgical procedure – for non-scalpel vasectomy, less than 1%), and extremely rarely even testicular atrophy.

I understand that any complication may require further medical treatment, hospitalisation or even further surgery. I consent to such further alternative measures as may be found necessary or advisable during the course of the operation and to the administration of a local anaesthetic for any of these purposes.

I have been counselled regarding alternative forms of long term *reversible* contraception, eg. Coils / Implants.

I have read and understood the leaflet entitled "*Advice on Vasectomy*" and that I have been counselled on all of the above by Dr Gareth James.

I understand that I can change my mind at any time and decide not to proceed with the vasectomy.

**DOCTOR**

I confirm that I have explained to the patient /and partner\* the nature and effect of vasectomy as detailed above including the possible short term and long term complications of the operation. Furthermore, I confirm that the patient has read (or had read to him) the above form and I am satisfied that he understands what is proposed, has no further questions, and is happy to proceed with a vasectomy.

Signed.....(Doctor Gareth James)                      Date.....

**PATIENT**

I confirm that I have read (or had read to me) and understand the above form and I am satisfied with the conditions stated therein.

Signature of Patient:.....                      Date.....

Any additional signature.....                      Date.....  
Role: (wife/interpreter etc...)