STERILIZATION REQUEST AND INFORMED CONSENT  ( Vasectomy )

I, __________________________ hereby authorize Dr. Jeffrey I. Silverstein, M.D., to perform a Bilateral Vasectomy procedure on me. I had a pre vasectomy consultation with Dr. Silverstein, where the procedure was discussed, alternatives, risks and benefits outlined, and all my questions were answered. To follow is a summary of my understanding and accept all the following:

I understand that Bilateral Vasectomy means the removal of a segment of each vas deferens, each of which conducts sperm, and that the purpose of this procedure is to cause me to be sterile, i.e., unable to produce children or cause pregnancy. To achieve vasal occlusion, Dr. Silverstein divides and removes a segment of vas, cauterizes the mucosa, and places titanium clips on the vasal ends.

I understand that Vasectomy is intended to be a permanent and irreversible form of contraception. Options for fertility after vasectomy include vasectomy reversal, or sperm retrieval with in vitro fertilization. These options are not always successful, and they may be expensive. I am aware of reversible alternative forms of birth control including use of condoms, IUD, or diaphragm. Also, I am aware of the option of freezing my sperm in a sperm bank prior to the vasectomy procedure.

In order to allow proper healing, strenuous exercise (for example, climbing ladders, riding motorbikes, playing tennis, or heavy lifting) should be avoided for four days. Additionally, I should refrain from any form of ejaculation for seven days after vasectomy.

I am aware that vasectomy does not produce immediate sterility. The most common cause of post vasectomy pregnancy is a patient’s lack of compliance with recommended post vasectomy semen analyses (PVSA). After vasectomy, sperm can survive in the vas or seminal vesicles for months; so another form of contraceptive must be used until sterility is assured by having my semen checked for sperm. Thus, I understand that I am not considered sterile until a ten (10) week post vasectomy semen analysis confirms the finding of no sperm (azoospermia) or in some circumstances at most rare non-motile sperm (RNMS). I understand and will comply with using alternate contraception until Dr. Silverstein or his office has advised me that it is all right to discontinue its use.

I am aware that on rare occasions the cut ends of the vas can rejoin (recanalization). Thus, like any form of contraception, vasectomy cannot be considered 100% guaranteed to prevent pregnancy. According to published literature, the risk of pregnancy after vasectomy is approximately 1 in 2,000 for men who have post-vasectomy semen analyses showing azoospermia or RNMS. The rare pregnancies that occur after vasectomy can occur at any time, even years later. Because of this delayed failure risk, however rare, some patients opt for semen checks yearly, and I am welcome to do this at no charge.

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. The Titanium clips used are very small and are similar to clips used for many types of surgery. They sometimes may feel to the touch like a grain of rice under the skin.

Vasectomy does not cause any physical change in sexual performance, function, pleasure, sensation, interest, desire, satisfaction, penile erection, volume of semen or ejaculation. The published rates of post vasectomy surgical complications such as symptomatic hematoma (bleeding) and infection are 1-2%. Although uncommon, other risks and complications include allergy or adverse reaction to an anesthetic, testicular atrophy, prolonged tenderness of the vas deferens, pain, swelling, painful nodule or scar (called sperm granuloma), or epididymitis. I understand that any complication may require further treatment, which may include medications, hospitalization, and even surgery.

There have been reports in the literature of chronic testicular pain syndrome. Some authors have reported that chronic scrotal pain associated with negative impact on quality of life can occur after vasectomy in about 1-2% of men. 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.

I have carefully read the above, and I understand and accept the terms and conditions.

(Signature of Spouse (optional)/ DATE) ___________________________________________________________  (Patient’s Signature/ DATE) ___________________________________________________________

X JI Silverstein, M.D. __________________________ Date __________

BRING THIS FORM WITH YOU TO YOUR VASECTOMY APPOINTMENT

Copyright © 2014-2015 Atlantic Urology Associates, PC and Center for No-Scalpel Vasectomy ™