

VASECTOMY AND MALE INFERTILITY CENTER OF CONNECTICUT

CONSENT FOR VASECTOMY

DESCRIPTION: The term “vasectomy” refers to the surgical obstruction (by any of various methods) of the tube that transports sperm from each testicle known as the “vas deferens”. Vasectomy is a surgical procedure that should be considered permanent, as it can be costly and sometimes impossible to reverse. Because of the permanent nature, the decision to have a vasectomy should be carefully considered and entered into only after careful consideration and exploring other alternatives. This procedure is frequently carried out by a urologist in the office setting, and offers reliable and **permanent** method of birth control.

BENEFITS: Vasectomy is frequently carried out under local anesthesia in a doctor’s office and offers a greater than 99% success rate. Depending on the study referenced, the failure rate of vasectomy is less than or equal to all other methods of contraception except abstinence. Following vasectomy most men report no noticeable difference in sexual function.

DRAWBACKS: (1) Vasectomy is considered a minor surgical procedure with low surgical risks. (2) Vasectomy is costly to reverse and in some cases is not reversible and therefore should be considered permanent. (3) Vasectomy offers no protection from sexually transmitted diseases. (4) Vasectomy does not work right away, and at least one semen test will be needed to confirm the vasectomy is working before having unprotected sex.

RISKS: Include but are not limited to: (1) **Bleeding.** Rare cases of bleeding following vasectomy do occur. The vast majorities of these cases are minor but can prolong recovery. Rarely the bleeding may require surgical drainage in the office or even the operating room. (2) **Infection.** Rare cases of infection occur and could require antibiotic treatment and rarely surgical management. (3) **Sperm granuloma.** A small (pea sized) lump commonly occurs in up to 25-40% of vasectomy patients. These are considered normal after vasectomy but rarely may cause symptoms and require removal. (4) **Failure/Recanalization.** In less than 1% vasectomy men may experience failure of the vasectomy. This may occur “early” in which the vasectomy fails to remove all sperm from the semen. You are therefore required to use alternative birth control until semen analysis is performed and shows no sperm in the semen. Failure can occur “late” in which patients who were proven to have no sperm in the semen re-develop sperm in the semen. Late failure is medically called “recanalization” and is considered a spontaneous healing of the vasectomy. (5) **Vasal pain syndrome/epididymitis.** Less than 1% of patients report chronic, intermittent discomfort following vasectomy. The vast majority of these men use occasional ibuprofen for discomfort, but more serious chronic pain has been described after vasectomy. (6) **Anti-sperm antibodies.** Men who undergo vasectomy may develop anti-sperm antibodies which may reduce the chances of vasectomy reversal but are not otherwise thought to cause medical harm.

ALTERNATIVES: There are many alternatives to vasectomy all of which have their own risks and benefits. Common alternatives include: (1) Barriers including condoms or a diaphragm (female) (2) Spermicide (3) Tubal ligation (female) procedures (4) Oral contraceptive pills and patches (female) (5) Intrauterine device (female) (6) Abstinence

I, the undersigned, have read the above information, been counseled to my satisfaction and request that Dr. Scott Matson perform a bilateral vasectomy for the purpose of permanent birth control. I understand that there can be no absolute guarantee that this or any method of birth control will be successful. I understand that alternative contraception must be used until semen analysis shows no sperm. I understand there is a small risk of side effects that may require additional medical treatment and release Dr. Matson from liability for such conditions, including time lost from work, salary unearned, and medical expenses incurred to treat such conditions.

Patient Signature _____

Significant Other’s Signature _____

(Optional)

Date _____

Date _____

Print Name _____