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VASECTOMY CONSENT

I, the undersigned, request Dr. J. Vladars to perform upon me the following operation: **Bilateral Partial Vasectomy.**

It has been explained to me that this operation is intended to result in sterility. I understand that a sterile person is not capable of becoming a parent. I also understand that the operation may not result in sterility and that no guarantee of sterility has been given to me.

I have been told that the operation is not without possible complications such as infection, hematoma (bleeding), sperm granuloma formation (reaction of sperm in the scrotum) and chronic scrotal pain which is uncommon. A reaction to the local anaesthetic can happen but is rare. The chances of my fertility returning in the distant future are approximately 2 in a 1000.

I voluntarily request the operation and understand that, if it proves successful, the results may be permanent, and, if they are it will be impossible for me to father children. I have been told the reversal of vasectomy is possible but this does not necessarily result in a return of fertility or the ability to father children.

I have also been informed that there is no evidence of a direct causal relationship between having a vasectomy and developing cancer of the prostate or testicle.

I have been advised that, because of the supply of sperm in the seminal vesicles (storage sac) present at the time of operation, a sperm test should be performed after approximately 20 ejaculations after surgery in order to demonstrate that the storage sacs are empty. If necessary, repeat tests may be advised. I am aware that I will need to continue with my present contraceptive method until tests are negative.

I have also been informed of the usual post-operative care necessary to reduce complications arising after surgery.

I also understand that if I cancel my appointment for my vasectomy once it has been booked without giving Dr. Vladars' office 1 week prior notice or I fail to keep my appointment for surgery that I will be billed $100.00.

I have read the above, and agree to the above terms and conditions. I hereby release the above-named physician from any and all liability arising out of or connected with the performance of this operation.

Date _____ _____
Patient Signature

Date of Birth _____ _____
Patient Name – Please Print

_____
Witness