

LAKEVIEW CENTER FOR UROLOGY  
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### **VASECTOMY INFORMED CONSENT**

It is important that you have sufficient information about a vasectomy before you have the operation. This informed consent has been written so that you and your partner/wife can learn all of the benefits, risks, and complications to make sure that you really do want to proceed with the operation. By signing the last page of this document, you officially give your consent to have the procedure.

First, you and your partner/wife will participate in a counseling visit in case there is anything you do not understand or there are questions you want to ask. At this time the doctor will examine you in order to make sure that the procedure will be possible, and he will also determine where to shave and what sort of anesthetic you want to have. At the counseling visit your partner/wife would be very welcome to attend as well since a vasectomy is a family planning procedure. She is also welcome to sign the consent form, although this is not compulsory.

The main points of this informed consent are:

- Are you sure that you never want to be the father of another child?
- Do you realize that occasionally the operation does not make you sterile?
- The operation is not easily reversible.
- Your sperm can be frozen and stored for at least 10 years.
- What are the risks and complications of the procedure?
- What does the operation involve?
- When can normal activities be resumed?
- You must continue to take contraceptive precautions until all sperm have disappeared from your semen.
- Are there any long-term health hazards as a result of having a vasectomy.

#### **1) Are you sure that you never want to be the father of another child?**

Because a vasectomy is potentially irreversible you must consider that this will be true in your case. The most common reasons for regretting having a vasectomy at some time in the future are:

- A. Divorce or death of your wife and remarriage to a partner who wants to have children.
- B. Making too quick of a decision too young and later wanting children within a stable marriage.
- C. The death of one or more of your existing children.

By the time you come to the clinic you and your partner should have thought

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about these possibilities and any others that might apply to you. Some other methods of contraception are not irreversible. Therefore if you have any doubts it is wiser to put off the decision to have vasectomy and carry on with other contraception until you are sure as you can ever be that you never want to be the father of another child.

**2) Do you realize that a vasectomy occasionally fails to make you permanently sterile?**

Although a vasectomy is the most reliable form of contraception, in rare cases one sperm pipe joins itself together again so that sperm can be released once more from the testis (recanalization). This happens in about one case in 500 within 3 months of the operation. These cases are detected because the follow up semen samples are found to contain increasing numbers of sperm. The operation can then be repeated. Unfortunately in about one case in 3000 a vas rejoins itself after three months and after all sperm have disappeared from the follow up semen samples. This means that a vasectomy is successful in 2999 cases out of 3000.

**3) The operation is not easily reversible.**

It would be unfair not to mention that there are ways to try to restore fertility after vasectomy. The best known is vasectomy reversal operation. This operation may restore sperm to the ejaculate but with increasing years after a vasectomy the numbers of sperm in the ejaculate falls and they may not be sufficient to restore fertility by normal sexual encounters. It may also be possible to extract sperm from the epididymis (a coiled tube between the testis and the pipe) or from the testis itself followed by fertilization of one or more of your partner's eggs in a "test tube" (also known as in vitro fertilization or IVF).

**4) Your sperm can be frozen and stored for at least 10 years**

A much simpler "insurance policy" against becoming irreversibly infertile is to have your sperm frozen and stored before a vasectomy operation. The usual maximum storage time for sperm is ten years.

**5) What does the operation involve?**

The operation can be done under general anesthesia if you have a particular aversion to having a local anesthetic, but most men find local anesthesia perfectly satisfactory.

This avoids the need to fast before the operation and driving for 24 hours afterwards (hence transport required to go home after the operations). Through

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one or two small skin incisions each sperm pipe is located. A section is excised (to reduce the chance of the divided ends being able to join together again) and the ends are tied off with a suture. The skin incision is also closed with absorbable stitches so that it is not necessary to have these stitches removed. Because your body digests the skin stitches there can be a little oozing or discharge from the skin incision until the stitches fall out.

Before the anesthetic wears off you should avoid as much activity as possible to avoid getting a bruise. Once the anesthetic has worn off you may get anything between slight discomfort, which warns you to take things easy, to a degree of pain which requires you to take simple painkillers like Tylenol or Aspirin as for a headache. After the operation you should not normally have to be seen by your physician.

A small lump can develop on the cut end of the vas nearest to the testis. This lump, which does not get bigger than a large pea, is a natural part of the healing process in some people and its technical name is a "sperm granuloma". Such lumps can be tender while healing occurs but this tenderness normally settles down with time.

### **6) When can normal activities be resumed?**

If you had a general anesthetic you must avoid driving or going to work for one day. After vasectomy under local anesthesia you can get back to normal activity within the limits set by pain and discomfort. Therefore if your work does not involve significant physical activity you could normally go back to work the next day e.g. office or clerical work. Active physical work, including lifting more than 10 pounds, should be avoided for up to a week. Use your common sense about returning to vigorous sporting activities.

### **7) What are the risks and complications that can occur?**

- Inflammation or Infection - ranging from mild inflammation to a serious infection or abscess of the skin, vas deferens, or testicle. Treatment may include observation only, antibiotics, or, very rarely, surgical treatment;
- Hematoma - Blood clot or bruise that usually clears up by itself, but which may require medical or surgical treatment;
- Adhesion - Skin attaches to vas, or a connection forming between the vas and skin (called a fistula). This may require surgical correction;
- Hydrocele - Fluid build-up in the scrotum. This may clear on its own or the fluid may need to be removed surgically;
- Spermatic Granuloma - Swelling caused by leakage of sperm from the vas deferens. This usually resolves on its own or it may require drainage;
- Pain - Transient discomfort or pain in the testicles may be experienced from

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time to time. In very few cases persistent chronic pain can develop after a vasectomy. This can occur even when there are no other complications of the operation, and we have no way of predicting who is going to develop such chronic pain. However, if one of your testes is painful or tender before you have a vasectomy the risks of getting worse pain after a vasectomy are increased, and it is well worth discussing this possible complication before deciding to have the operation;

- Recanalization - The growing back together of the cut ends of the vas which may restore fertility. This is most likely to occur within the four-month period following the operation. Rarely, this occurs or is recognized at a later time;
- Sexual Problems - In about four cases in a thousand, decreased sexual desire or inability to have an erection is reported. Such problems are believed to be emotional, because there is no known way that the operation, itself, can cause them;
- Vasectomy and Cancer - A number of medical studies have looked at the relationship between vasectomy and the later development of prostate cancer. Two of these studies showed no relationship, while another two studies showed that there may be a weak link between vasectomy and later prostate cancer. ***Overall, all that can be said at this time is that taken as a whole, there is little evidence for a causal association between vasectomy and prostate cancer.*** All men between 50 and 70 years old, regardless of whether they have had a vasectomy, should be screened once a year for prostate cancer.

### **8) You must continue to take contraceptive precautions until all sperm have disappeared from your semen.**

When you ejaculate, millions of sperm are released from a "sperm bank" behind the bladder and not from the testes. What then happens is that this sperm bank is slowly topped up by sperm migrating from the testes along the sperm pipe which they are doing continuously until a vasectomy is performed. Therefore you are still fertile immediately after the operation i.e. the operation does not remove the sperm bank. The way to be as sure as possible that you have subsequently become infertile is to examine your semen in the pathology laboratory three months and at least 35 ejaculations after your vasectomy operation to check that all the sperm have disappeared. Sometimes this takes longer and you may have to produce more semen samples for this investigation. As mentioned earlier, sperm may not disappear in about one case in 500 and the vasectomy has to be repeated. However, when all the sperm have gone we will notify you to say that it is now safe for you to celebrate the success of your operation without taking other contraceptive precautions.

It is very important that even at this stage one or other sperm pipe may rejoin later on and fertility will be restored in one person out of 3000. If you fail to

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supply follow up sperm samples, you must accept the 1 in 500 chance that the operation failed before all sperm disappeared from your semen I.e. you are taking your own risk medico-legally.

**Voluntary Consent**

It has been fully explained to me that there is no perfect method of sterilization and that in the event that sterilization should fail, under no circumstances whatsoever will I hold Fawad Zafar, M.D. legally liable for any subsequent pregnancies. I fully understand that the purpose of sterilization of any patient is to prevent further pregnancies and this is in no way contrary to our personal and moral beliefs.

The complications include spontaneous reconnection resulting in a possible pregnancy, infection, bleeding, hematoma in the scrotum and possibility of chronic testicular pain.

I have read and understood the above statements pertaining to vasectomy. I have had time to think about the procedure, its expectations and risks with the physician and I consent to a bilateral vasectomy for elective sterilization process.

I do hereby request and grant permission for sterilization to be performed on myself.

Signature of Patient\_\_\_\_\_

Date\_\_\_\_\_

Signature of Spouse\_\_\_\_\_

Date\_\_\_\_\_

Witness Signature\_\_\_\_\_

Date\_\_\_\_\_