



No Scalpel Vasectomy Consent Form

Patient Information:

- ❖ **Name:**
- ❖ **Date of Birth:**
- ❖ **Address:**
- ❖ **Phone Number:**
- ❖ **Emergency Contact:**

Procedure Information: I, _____, consent to undergo a no-scalpel vasectomy procedure on _____. I understand that a vasectomy is a permanent form of birth control and involves the surgical cutting or blocking of the vas deferens to prevent the release of sperm during ejaculation.

- Vasectomy is intended to be a permanent form of contraception.
- Vasectomy does not produce immediate sterility.
- Following vasectomy, another form of contraception is required until vas occlusion is confirmed by post-vasectomy semen analysis (PVSA) 12-16 weeks after the procedure.
- Even after vas occlusion is confirmed, vasectomy is not 100% reliable in preventing pregnancy.
- The risk of pregnancy after vasectomy is approximately 1 in 2,000 for men who have post-vasectomy azoospermia or PVSA showing rare non-motile sperm (RNMS).
- Repeat vasectomy is necessary in $\leq 1\%$ of vasectomies, provided that a technique for vas occlusion known to have a low occlusive failure rate has been used.
- Patients should refrain from ejaculation for approximately one week after vasectomy.



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- Options for fertility after vasectomy include vasectomy reversal and sperm retrieval with *in vitro* fertilization. These options are not always successful, and they may be expensive.
- The rates of surgical complications such as symptomatic hematoma and infection are 1-2%. These rates vary with the surgeon's experience and the criteria used to diagnose these conditions.
- Chronic scrotal pain associated with negative impact on quality of life occurs after vasectomy in about 1-2% of men. Few of these men require additional surgery.
- Other permanent and non-permanent alternatives to vasectomy are available.
- Vasectomy is not a risk factor for prostate cancer, coronary heart disease, stroke, hypertension, dementia or testicular these conditions.
- Prophylactic antimicrobials are not indicated for routine vasectomy unless the patient presents a high risk of infection.

Risks: I understand that risks associated with a vasectomy may include, but are not limited to:

- Infection
- Bleeding or hematoma
- Sperm granuloma (a small, usually painless lump)
- Chronic pain in the testicles (post-vasectomy pain syndrome)
- Failure of the procedure (rare)
- Regrowth of the vas deferens leading to recanalization (very rare)

Benefits: The benefits of a vasectomy include effective permanent contraception without affecting sexual function or hormone levels.

Procedure: I understand that during my consultation (in-person or virtual) or Vasectomy procedure; the Physician may choose to not proceed with a Vasectomy due to clinical reasons, which may include but are not limited to:

- Patient risk factors
- Challenging patient anatomy
- Unable to achieve appropriate level of local anesthesia
- Abnormal findings on exam



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In this case, the Physician will do their best to refer the patient to a local Urologist for evaluation for Vasectomy.

Alternatives: I understand that alternatives to a vasectomy include other forms of contraception such as condoms, birth control pills, intrauterine devices (IUDs), or surgical procedures like tubal ligation (for female partners).

Voluntary Consent: I understand that undergoing a vasectomy is my choice and that I have had the opportunity to ask questions and discuss any concerns I may have had regarding the procedure.

Confidentiality: I understand that my medical information will be kept confidential and will only be shared with those directly involved in my care, unless otherwise required by law.

Follow-Up: I understand that I will need to follow post-procedure instructions provided by my healthcare provider and attend any scheduled follow-up appointments.

Acknowledgement: I acknowledge that I have read and understood the information provided in this consent form. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

Patient Name: _____

Patient Signature: _____ Date: _____