



The Urology Division of Integrated Medical Services

CONSENT FOR VASECTOMY

I authorize the providers of Arizona Urology to perform a bilateral vasectomy on me.

I understand this to include removal of a small portion of each vas through a scrotal incision and then sealing the severed ends.

I understand that this procedure is being performed in an attempt to achieve permanent sterility.

I give consent for the use of an appropriate anesthetic agent and for possible evaluation of any removed tissue by a pathologist.

I understand that with vasectomy a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment which may include medications, hospitalization and even surgery. Recanalization or rejoining of the vas ends may occur spontaneously in a small percentage of cases (~1 in 2000) creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not to be considered sterile until two consecutive post-operative sperm analysis have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after two negative semen checks is astronomically small.

I understand that the long term effects of vasectomy have been studied extensively in the past 20 years. One recent study has suggested a slight increase in prostate cancer but this was not found in other larger studies. To date, no known diseases or processes are thought to be caused by vasectomy in humans.

I understand that I expect to be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means and in giving my consent to the vasectomy, I have in mind the probability of such a result.

SIGNED DATE _____ DATE _____
(Patient)

SPOUSE CONSENT TO VASECTOMY I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of the operation my husband may be sterile. This fact must be confirmed by post vasectomy sperm analysis.

SIGNED _____ DATE _____
(SPOUSE)

Tel: 623.512.4390 • Fax: 623.512.4391 • www.arizona-urology.com

West Valley Office: 13555 W. McDowell Road, Suite# 203 Goodyear, AZ 85395

Arrowhead Office: 18555 N 79th Ave., Suite# E105 Glendale, AZ 85308