

No-scalpel vasectomy is a minimally invasive procedure which divides the vas deferens to prevent sperm from entering the semen. It will be performed under local anaesthetic.

By ticking the boxes below, I acknowledge that I have read and understood each point.

- A vasectomy will render me sterile.
- Sterility can only be proven after a sperm count. I will provide a semen sample at a minimum of 12 weeks AND 20 ejaculations following my procedure.
- Until I have been given clearance following providing a semen sample, I need to use alternative forms of contraception.
- Vasectomy should be regarded as permanent.
- I have informed the doctor of any known allergies I have before the procedure.
- I will comply with the vasectomy procedure instructions.

I acknowledge I understand the risks of vasectomy are as follows:

- Bleeding may range from minor bruising to a swollen scrotum (scrotal haematoma). Haematomas usually resolve by themselves but rarely need surgical intervention.
- Infection is rare but can be serious requiring antibiotics or surgery.
- Allergic/adverse reactions may occur with the skin preparation, latex, anaesthetic, etc.
- A sperm granuloma is a common inflammatory nodule near the vas deferens which occurs after vasectomy. It is usually painless but very rarely needs to be removed due to discomfort.
- Pain can usually be managed with simple pain relief and usually resolves. Rarely men develop Post-Vasectomy Pain Syndrome which is characterized by chronic pain in the scrotum or testicle after the procedure. As pain is subjective and may have physical or psychological contributing factors, treatment varies dependent on the cause.
- Failure to become sterile maybe early (risk about 1/2000) or delayed (which may occur years down the track even after being confirmed sterile).
- The final cosmetic results cannot be guaranteed as every single patient has a completely different healing process.
- There is no evidence the procedure reduces libido or sexual function. If this occurs, it is most likely psychological rather than physical.

I _____ of address _____

with date of birth ___ / ___ / _____, consent to undergoing a vasectomy. I fully understand the risks and benefits of the procedure. I understand that there are alternative forms of contraception, but agree that vasectomy is my preferred option.

Patient Signature _____ Date: ___ / ___ / _____

Doctor Signature _____