



Vasectomy Consent Form

Effective June 25, 2012

Patient Name: _____ DOB: _____

The physicians of Kansas City Urology Care believe that informed consent is vital to providing high quality care to our patients. Informed consent is not simply a legal form signed by you. Instead, this is a process which begins when you seek information regarding your care and ends when you understand your risks and are aware of your available alternatives.

We provide your patients information through our in-office video series as well as written information provided during your initial visit. While we have endeavored to provide you the most current and comprehensive information, additional information will undoubtedly be found through other resources including the internet. We encourage you to use all of these information resources and to freely ask any questions you have during this process. Please, sign this consent form if and only if you understand the risks, benefits and alternatives to a vasectomy.

I authorize Dr. _____ to perform a bilateral vasectomy on me.

I understand that this procedure is performed with the aid of numbing medicine through small scrotal incisions or punctures. The vas deferens (sperm tube) on each side will be cut and/or a small portion of the tube removed.

I understand that this procedure is being performed to achieve permanent sterility, meaning I will be unable to father any further children. If married, I have discussed this procedure with my wife who understands my decision. I understand that I will need to return to the doctor's office in the future with a semen sample to test the initial success of this procedure.



While sterility is most often achieved following a vasectomy, there are times when a man's fertility can return despite this procedure. This process is call recanalization and occurs approximately once per every 200 vasectomies performed. Therefore a vasectomy cannot guarantee long-term sterility for every man.

As with all surgical procedures, there are potential complications with a vasectomy. I understand that these complications include but are not limited to infection, bleeding, pain, sperm granuloma (painful scar tissue), and recanalization as discussed above. I realize that the change of having a complication that needs further therapy is about 1 per 250.

I understand that I am not considered sterile until 2 separate semen specimens are verified to be free of sperm following the vasectomy. I realize that I or my partner will need to use contraception until these specimens are reviewed. I also understand that the chance of delayed recanalization (sperm tube reconnection) after obtaining 2 negative semen specimens is extremely small.

I have reviewed the information provided to me and have had my questions answered, and therefore give my consent to vasectomy.

Witness Signature

Patient Signature

Witness Printed Name

Patient Printed Name/ D.O.B

Date

Date