

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
<u>VASECTOMY</u> REMOVAL OF A SMALL SECTION OF VAS FROM BOTH SIDES	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

PERMANENT CONTRACEPTION

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON

- IRREVERSIBLE PROCEDURE
- SMALL AMOUNT OF SCROTAL BRUISING
- 2 SEMEN SAMPLES REQUIRED BEFORE UNPROTECTED INTERCOURSE WITH ABSENCE OF LIVE SPERMS

OCCASIONAL

- BLEEDING REQUIRING FURTHER SURGERY OR BRUISING

RARE

- RARELY, INFLAMMATION OR INFECTION OF TESTES OR EPIDIDYMISS REQUIRING ANTIBIOTICS
- RE-JOINING OF VAS ENDS RESULTING IN FERTILITY & PREGNANCY (1 IN 2000)
- CHRONIC TESTICULAR PAIN (5%) OR SPERM GRANULOMA

ALTERNATIVE TREATMENT OTHER FORMS OF CONTRACEPTION, MALE OR FEMALE

A blood transfusion may be necessary during procedure and patient agrees **YES** or **NO** (Ring)

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter:

Print name:

Date: