

V. HUMENIUK MBBS, FRACS
Breast, Oncology and General Surgery

CONSENT & INFORMATION SHEET – VASECTOMY

REQUEST FOR VASECTOMY:

Iof..... hereby request and give my consent for the operation of Vasectomy on myself. I acknowledge my understanding of the procedure, its affects and side effects and am satisfied with the explanation given to me by Dr. Humeniuk. I understand it will have the following effects:

1. To render me sterile, meaning that I will not be able to father children. This sterility will not occur immediately after the operation and it will be necessary to have several examinations of my seminal fluid to determine when this state of sterility arrives.

I WILL NOT REGARD MYSELF AS STERILE UNTIL SO INFORMED BY DOCTOR.

2. The sterility, when achieved, will be usually permanent and not easily reversible. I am aware that instances have occurred in which natural processes have reversed the sterility, making patients fertile again.
3. There will be some bruising and swelling of the scrotum after the operation. Scarring in the tissues supporting the testicle may remain tender for several months after the operation in 1 - 2% of cases.
4. That there will be no alteration to my general health and no alteration to my sexual life apart from the state of sterility unless psychologically I allow my knowledge of the fact to so cause.
5. This operation carries a small but significant failure rate (1:2-300). If the tests show a failure and if you wish to complete the vasectomy, it may need to be done over again.

I consent to the administration of a local or general anaesthetic, the nature and effects of which have also been explained by Dr. Humeniuk.

Date: _____ Signed: _____

Agreement:

I..... the spouse / partner of the above am aware of the proposed procedure and its effects, and agree to the operation of Vasectomy being carried out on my husband / partner.

Date: _____ Signed: _____

Confirmation:

I, Dr. V. Humeniuk, have explained to this patient, the nature and effects of Vasectomy. In my opinion he understands this explanation.

Date: _____ Signed: _____

If you have concerns about any possible complication you must discuss them with doctor before any operation.