

VasectomyCenter – Seattle * Eastside * Edmonds

Specializing in No-Needle No-Scalpel Vasectomy

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(425) 394-0773 www.VasectomyCenter.com

CONSENT FOR VASECTOMY

I authorize James E. Gottesman, M.D. or Wayne D. Weissman, M.D to perform a bilateral vasectomy on me.

I understand this procedure will include removal of a small portion of each vas through a scrotal puncture site 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 (*short or long term, from known or unknown causes*), sperm granuloma (*a painful bump at the site of the vasectomy*), and epididymitis (*inflammation or infection of part of the sperm duct system requiring antibiotics and pain medication*). Any complication may require further treatment which may include medications, hospitalization and even surgery. Recanalization or re-joining of the vas ends may occur spontaneously in a small percentage of cases 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 analyses 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 highly unlikely but possible.

I understand that the long term effects of vasectomy have been studied extensively. To date, no known diseases or chronic illnesses 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 _____ (Patient) DATE _____

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 analyses.

SIGNED _____ (Spouse) DATE _____