



IRONWOOD UROLOGY *A DIVISION OF IRONWOOD PHYSICIANS, P.C.*
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CONSENT TO VAS LIGATION

I, _____, hereby request and consent to Dr. _____, and/or such assistants selected and supervised by him or her to perform a bilateral vas ligation, vasectomy. I understand the information briefly summarized below, which has been fully discussed with me, and all of my questions have been satisfactorily answered.

1. The results of the vasectomy are not guaranteed.
2. Sterility caused by a successful vasectomy must be considered irreversible and permanent. Although the surgical reversal of the procedure can be attempted, the results and outcome cannot be guaranteed.
3. A vasectomy, if successful, will results in male sterility, i.e., a man cannot make a female pregnant. However a patient is not considered sterile until two (2) separate analyses show a zero sperm count, and a patient should not assume the sterilization procedure as a complete form of contraception until advised by a physician.
4. Possible risks or complications associated with a vasectomy include infection, pain, bleeding or discomfort. Other complications attributable to the procedure, but are not medically proven are arthritis, multiple sclerosis, other immune diseases or increased risk of prostate cancer. However, subjective sexuality factors, i.e., desire, potency, ect. are not physical in the nature and are not caused by a vasectomy.
5. I understand that even though the vasectomy is performed properly there is still an approximately two percent (2%) chance that I will remain fertile. I have discussed this possibility with any other interested parties. I also understand that sperm bank exist for the storing of sperm.
6. I voluntarily request a bilateral vas ligation for personal reasons and not for any medical reasons. Therefore, all responsibility is assumed by me.

I have read the above and understand the content. I have had all my questions answered by my physician. I acknowledge that no guarantees have been made concerning the results of the vasectomy. I hereby consent to the bilateral vas ligation or other treatment deemed necessary due to unforeseen conditions.

WITNESS

PATIENT

DATE

DOCTOR'S SIGNATURE

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