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PATIENT INFORMATION AND CONSENT FORM FOR VASECTOMY

What is a vasectomy and what is involved?

Vasectomy is a reliable and proven method of birth control in men which is undertaken as an irreversible procedure. Sperm are produced in the testes, which lie in the scrotum. The sperm pass from the testes to the ejaculatory system *via* tubes called vas deferens. It is these tubes that are cut through a small incision in the scrotum.

The operation can be performed under local or general anaesthesia. Most men choose to have a local anaesthetic. The anaesthetic is injected into the neck of the scrotum. This is to reduce the dragging sensation that may occur. The scrotum is then prepared and draped. More local anaesthetic is placed in the scrotal skin where it is cut. Normally both vas can be removed through one central incision. A portion of each vas is sent for analysis to confirm the nature of the tissue divided. The ends of the vas are then tied. The skin is then closed. The operation takes 20-30 minutes to perform.

After the operation.

The cut(s) will be covered with a gauze for a few hours to absorb any blood. They can then be left exposed. The wound(s) will tolerate a shower or a quick splash in a bath but you should not soak or swim for at least seven days. Afterwards the wound(s) should be padded rather than rubbed dry. The stitches are absorbed and do not need to be removed. You can return to work the next day. You can resume sexual activity when you feel comfortable but at this time you must not rely on the vasectomy for contraception and you must still use some other form of protection.

Pain relief.

The local anaesthetic will provide pain relief for four to six hours. You are then likely to require some tablets for pain relief. Panadol or Panadeine should be adequate. You should take the first of these before the local anaesthetic wears off as pain relieving drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose of the drug. Most patients do not require pain relief for more than 48 hours.

What can go wrong?

Bruising of the scrotal skin is common. Occasionally deep bleeding may occur causing a painful, enlarged and bruised scrotum. Ice packs will diminish bruising but internal bleeding needs immediate attention. If you find pain increases after the fourth or fifth day or the wound becomes swollen, red or discharges some fluid you should seek advice of your General Practitioner. It is not unusual for there to be some bruising around the wound. This will fade over three to four weeks.

Long term complications

The operation does not alter sex drive, ejaculation, orgasm and normal sexual feelings. The vasectomy does not interfere with testicular hormones and normal libido and male characteristics continue unaltered. Long term complications such as prostate cancer,

testicular cancer and immunological deficiencies have not been proved to be associated with vasectomy, but on-going evaluation is proceeding. At this time it would seem that vasectomy is a safe operation which will not inhibit a man living a full and effective life.

Sterility is not immediate.

At the time of surgery sperm will be lying above the cut of the vas. It may take up to 20 ejaculations for the sperm to be cleared out of the seminal fluid. In order to confirm that all the sperm have been flushed out two semen analyses are performed 6-10 weeks after surgery. Only when these semen samples are shown to be free of sperm will it be known that the vasectomy has been successful. Until you have been advised in writing that the semen samples were clear of sperm you must continue to use another form of contraception or you will risk a further pregnancy.

Collection of semen samples.

1. Collect the sample two to seven days after the last ejaculate.
2. Use a sterile container labelled with your name, date and time of collection.
3. Collect the entire sample. Interruption of intercourse is not suitable as the first proportion of the sample may be lost.
4. The sample should be in the laboratory within one hour of collection. It should be maintained at body temperature and not refrigerated.

Failure and unwanted pregnancy.

All methods of contraception can fail and vasectomy and no different. However, the risk of failure is less than 1%. There is a very small chance that the initial surgery may fail. This usually occurs because one side or other has a small second vas. This would normally be detected by positive semen samples. There is a very small chance of spontaneous reunion of the vas and this has been reported following successful vasectomy in men.

If you have concerns you should discuss these fully prior to the procedure.

VASECTOMY CONSENT

I..... with the knowledge and consent of my partner, give permission for bilateral vasectomy to be performed on myself. I am aware that if the operation is successful I will have permanent sterility. I am also aware that there may be a delay of several months before this sterility is achieved and that tests are essential to make sure that sterility has been achieved. I am also aware that there is a slight possibility of reunion of the vas occurring later in life.

I have read the information contained within this document and have understood it. All of my questions regarding vasectomy have been explained to me by **Mr RJ Aitken**.

Signed:.....Date:.....

Although not legal binding for your spouse to sign this form, her acceptance of the procedure can be acknowledged by signing here.

I..... give consent for bilateral vasectomy to be performed on my spouse.

Signed:.....**Date:**.....