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CONSENT FOR VASECTOMY

Iof
date of birthhereby consent to undergo the operation of bilateral VASECTOMY,
and to the administration of a local anaesthetic.

I have been told that the object of the operation is to render me permanently sterile and incapable of further parenthood. I understand that the operation's effect is deemed as irreversible. I understand there is a low failure rate, and that a single negative sperm count after 16 weeks post operation must be obtained before I abandon other methods of contraception, and that I will be informed by post of the result of these tests.

It has also been explained to me that, notwithstanding having obtained a negative sperm count as mentioned above, there still exists a small chance of later spontaneous reversal.

I understand that the operation has a low complication rate usually due to bleeding, infection, or inflammation and I also understand that there have also been reports of persistent discomfort in the scrotum after a vasectomy.

I have read and understood the leaflet entitled "Advice on Vasectomy" by Dr Gareth James.

I have been counselled by Dr.....on all of the above.

Date: Signed.....(Patient)

WIFE/PARTNER

I hereby agree to the operation of VASECTOMY being carried out on my husband/partner, the nature, purpose and effect of which have been explained to me by Dr.....

I have read and understand the "Advice on Vasectomy" by Dr Gareth James, and the whole of this form, which my husband/partner has signed in my presence.

Date..... Signed.....(Wife/Partner)

DOCTOR

I confirm that I have discussed contraceptive methods with this couple, that I have explained the purpose, nature and effect of vasectomy, and that we have discussed the possible short term and long term complications of the operation.

Date..... Signed.....(Doctor)