

SW9306



Queensland Government

# Vasectomy

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Interpreter / cultural needs

- An Interpreter Service is required?  Yes  No
- If Yes, is a qualified Interpreter present?  Yes  No
- A Cultural Support Person is required?  Yes  No
- If Yes, is a Cultural Support Person present?  Yes  No

## B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....  
.....

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....  
.....  
.....

The following will be performed:

A vasectomy operation permanently stops the flow of sperm from the testicles to the outside, thus preventing a man from fathering children.

The operation may occasionally also be used to prevent urine from refluxing along the vas (and may be used to treat recurrent infection of the tubules near and inside the testicle when non-surgical options have failed.)

## C. Risks of a vasectomy

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

- During the operation, a few men may notice a slowed heart beat and may feel faint.
- After the operation, you may develop a bruise in the scrotum that may take up to several weeks to resolve.

- You and your partner will need to use alternative contraceptive methods for at least several weeks until ejaculate samples have been tested and you have been told they are clear of sperm.
- There is a very small chance ejaculates will never clear of sperm due to a technical failure. This will require a repeat operation.
- There is a remote chance the vas may re-join spontaneously, even after you have been sterile for some time (re-canalisation). If this happens, you may no longer be sterile. Despite this, the operation should be regarded as permanent. Reversals can be done, but they are expensive and are not always successful. They are not available under Medicare.
- Sometimes a generally painful and swollen area at the back of a testicle may develop and this may persist for some months. This can be treated with scrotal support, ice packs and anti-inflammatory tablets.
- Small cysts may sometimes develop at the back of the testicle.
- Occasionally small inflammatory nodules around the cut ends of the vas or in the epididymis occur. These are unlikely to cause symptoms, but uncommonly result in some tenderness or pain with ejaculation. Most respond to simple treatments if necessary.
- There is a small risk of long term aching in the testicles. This is usually mild and responds to anti-inflammatory medication. In a few men, this can be persistent.
- Rarely, a connection may form between a cut vas and the skin. This requires surgical treatment.

## D. Significant risks and procedure options

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

.....  
.....  
.....

## E. Risks of not having this procedure

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

.....  
.....  
.....

## F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

.....  
.....



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## G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional guidelines.

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

### Student examination/procedure for educational purposes

For the purpose of undertaking professional training, a student/s may observe the medical examination/s or procedure/s and may also, subject to patient consent, perform an examination/s or assist in performing the procedure/s on a patient while the patient is under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with the relevant professional guidelines.

For the purposes of education I consent to a student/s undergoing training to:

- observe examination/s or procedure/s  Yes  No
- assist and/or perform examination/s or procedure/s  Yes  No

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

### I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Vasectomy

On the basis of the above statements,

### I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

## Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: .....

No ▶ Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

### Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

DO NOT WRITE IN THIS BINDING MARGIN

## H. Doctor / delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

## I. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....

V4.00 - 12/2018



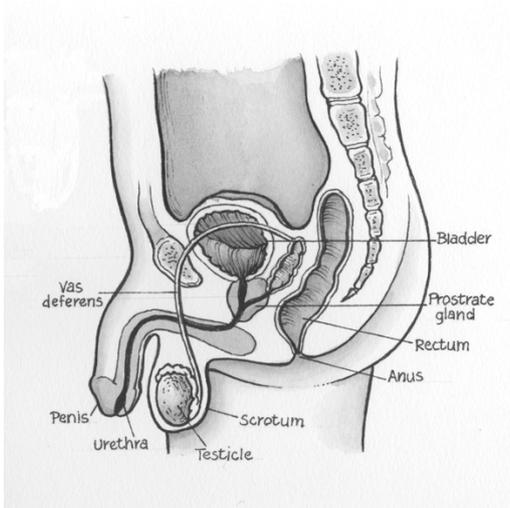
## 1. What do I need to know about this procedure?

A vasectomy permanently stops the flow of sperm from the testicles to the outside, thus preventing a man from fathering children.

The operation may occasionally also be used to prevent urine from refluxing along the vas (and may be used to treat recurrent infection of the tubules near and inside the testicle when non-surgical options have failed.)

The scrotum may be shaved before being cleansed with antiseptic. Under local anaesthetic, the tube draining sperm from the testis (vas deferens) is located on each side and a small cut made in the scrotum so the vas can be seen. Several ways can be used to interrupt the vas, including removing a length. The lining of the tubes may be destroyed for a short distance to seal them, or other tissues may be placed between the cut ends of the tubes. Both sides are treated in the same way.

The choice of procedure depends on the surgeon. Any bleeding is stopped and the separated ends of the cut tubes are replaced in the scrotum. The skin may be closed with fine absorbable stitches if necessary.



## 2. My anaesthetic:

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

## 3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

### General risks:

- Infection can occur, requiring antibiotics and further treatment.

- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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