



Charles L. Wilson, M.D.
Kelly R. White, M.D.

Patient Name: _____

Vasectomy Consent Form

Washington State law guarantees that you have both the right and the obligation to make informed decisions about your health care. It is our intent to provide you with complete and accurate information about vasectomy; it is your responsibility to consider all of the options, the risks, and the benefits, and to make the best choice for you.

1. I, the undersigned, request that Dr. Wilson or Dr. White perform a vasectomy on me. It has been explained to me that this operation is intended to result in permanent sterility, which means that I would not be capable of fathering a child.
2. I agree to the administration of local anesthetic (medicine to numb the area of the surgery) or other medications before, during, or after the procedure.
3. I understand that vasectomy is not immediately effective and that I must use another method of birth control until a semen test proves that my vasectomy was successful.
4. I recognize that, as with any operation, there are risks, both known and unknown, associated with vasectomy, and that no guarantee has been given to me as to the results of this operation. Possible complications include, but are not limited to, the following:
 - Inflammatory reaction in the epididymis or vas deferens (5%)
 - Excessive bleeding into the scrotum (hematoma) (0.1%)
 - Painful nodule or scar (sperm granuloma, neuroma) (1.5%)
 - Infection (0.1%)
 - Allergy or adverse reaction to an anesthetic or medication (rare)
 - Emotional reactions that could interfere with normal sexual function (rare)
 - Impaired blood flow resulting in loss of a testicle (< 0.01%)
 - Failure to achieve or to maintain sterility (0.3%)

I understand and accept that these or other conditions may necessitate further treatment, tests, another operation, procedure, and/or hospitalization, at my own expense. I request and authorize my doctor and other qualified medical personnel to perform such treatment or procedures as required.

5. I have been advised not to drive for at least two hours following my vasectomy procedure. Sudden lightheadedness or fainting could impair my driving ability and endanger myself and others.
6. I have read and understand the contents of the Informational Booklet, including the alternative forms of birth control for both men and women. I understand and will abide by the instructions for care after vasectomy, and I have received a written copy.

I request this operation voluntarily, of my own free choice. I have carefully read or had read to me the above, and I understand and accept the terms and conditions.

Signed: _____

Date: _____

Spouse: _____

(spouse's signature optional)

Date: _____

ID: _____