

**PHOENIX UROLOGY**

901 Heartland Road, Plaza 2 Suite 1800 St. Joseph, MO 64506  
(816) 232-8877 or 1-800-874-6279 FAX (816) 232-1933

**CONSENT FOR VASECTOMY**

I authorize Michael Aberger, M.D. to perform a bilateral vasectomy on me.

I understand this to include removal of a small portion of each vas through a scrotal incision and then sealing the severed ends.

I understand that this procedure is being performed in an attempt to achieve permanent sterility. I give consent for the use of an appropriate anesthetic agent and for the possible evaluation of any removed tissue by a pathologist.

I understand that with vasectomy a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis which may require further treatment with medications, hospitalization, and even surgery. Recanalization or rejoining of the vas ends may occur spontaneously in a small percentage of cases; 1 in 2000 creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not to be considered sterile until two consecutive postoperative sperm analyses have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after two negative semen checks is small.

I understand that the long-term effects of vasectomy have been studied extensively in the past 20 years. One recent study has suggested a slight increase in prostate cancer but that has not been found in other larger studies. To date no known diseases or processes are thought to be caused by vasectomy in humans.

I understand that I expect to be sterile as a result of this operation although no such result is warranted or guaranteed. I understand what the term sterility means and giving my consent to the vasectomy, I have desire this result.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Patient)

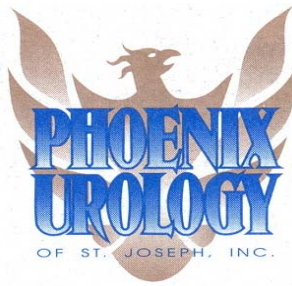
**SPOUSE CONSENT TO VASECTOMY**

I joint in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of the operation my husband may be sterile. This fact must be confirmed by post-vasectomy sperm analyses.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Spouse)

**PREOP INSTRUCTIONS**

- 1. Shave generously around scrotum and penis
- 2. Wear scrotal support
- 3. Coffee and juice only for breakfast
- 4. Transportation



## POST-VASECTOMY INSTRUCTIONS

1. Wear a scrotal support or snug fitting briefs.
2. Take it easy for the remainder of the day. No strenuous exercise, no sex, and no lifting more than 10 lbs. for the next 7 days.
3. Apply an ice bag to the scrotum for 15-20 minutes every hour for the rest of today.
4. You may take Tylenol (no aspirin or ibuprofen) or be given a prescription for pain medication as needed for the discomfort.
5. You may shower the next day. Sitting in a warm tub is helpful for swelling.
6. You MUST use other forms of contraception until a semen analysis has been checked and shows no sperm.
7. Follow up in 4 weeks with specimen and appointment to see the doctor.
8. Bring another specimen in 2 months (no appointment necessary) but please call for doctor availability.