

Kew Medical

MEDICAL · COSMETIC · WELLNESS

Patient Consent – Vasectomy

I,

OF

CONTACT NUMBER

authorise M. Athari M.D. to perform a vasectomy on me.

I have read and discussed the procedure (a vasectomy) with Dr. Athari in regards to the benefits, risks and options of using sperm storage (sperm bank), and acknowledge that the final decision should be made with the consideration of my partner's feelings and the information I have been given. With this in mind I wish to undergo a Vasectomy Voluntarily under local anesthetic.

- + It has been explained to me that this operation is performed with the end result being sterility (unable to father a child) with small chance of operation failure and late reanastomosis.
- + I understand that I am **NOT** to be considered sterile until two consecutive post-operative 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 highly unlikely but possible.
- + I have been informed that there may be some pain and discomfort of the scrotum for 2 – 3 days after the operation, with some bruising and slight swelling for 7 – 10 days, and I can return to light duties in 1 – 2 days permitting.
- + I understand and recognise that with any operation there are risks and I have been informed of these fully.
- + I have been given a copy of Vasectomy information on pre-operative & post-operative information for my knowledge.

SIGNED

DATE

I join 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.

SPOUSE

DATE

176 COTHAM ROAD
KEW, VIC 3101



KEWMEDICAL.COM.AU
(03) 9817 7071