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**NO-SCALPEL VASECTOMY CONSENT FORM**

I, …………………............................................................... do consent to the Vasectomy as performed by Dr Larry Bull on this day dated ..........................................

I have read and understand the potential complications of:

* **Haematoma**
	+ Collection of blood in the scrotum
* **Sperm Granuloma**
	+ Small tender lump in the scrotum
* **Increased scrotal tenderness after vasectomy**
	+ There may be some increased tenderness in the scrotum for a short while after the vasectomy. This is not uncommon.
	+ Very occasionally some men may experience increased pain lasting more than 3 months. This only affects approximately 1% of men
* **Potential risk of failure**
	+ The vas deferens rarely may rejoin. The chance of this happening is 0-0.5%
	+ This is a much smaller failure rate than the Oral Contraceptive Pill.
	+ Vasectomy is considered one of the best forms of contraception and definitely the best choice for a man if he wants to take personal control of any future pregnancies.
* **Infection**

I understand that I must provide a semen sample for testing for QML (at least 12 weeks and 20 ejaculations) after the vasectomy, and understand the need to continue to use some other form of birth control/contraception until the results confirm a negative sperm count.

I understand that a vasectomy is not always reversible and that I have no intention of reversal at this stage.

Name (BLOCK LETTERS): ………………........................................................................

Signed: ................................................................................................

Date: ..............................................................................

