



NO-SCALPEL VASECTOMY INTERNATIONAL (NSVI), Inc.

INFORMED CONSENT FORM FOR VASECTOMY

Client's name: _____

I do hereby understand that:

- a) Vasectomy is a permanent and non-reversible method of male sterilization.
- b) If successful, I will not be able to make any woman pregnant ever.
- c) The eligibility criteria for the operation have been explained to me and I affirm that I am eligible to undergo the operation according to the criteria.
- d) After the vasectomy, sterilization will be achieved after 20 ejaculations and three months, whichever happens LAST.
- e) Like any other surgical procedure, there is no guarantee it will work 100%: there is a small risk of **failure**. About 1 in 2000 men will experience a return of sperm to the semen and get a woman pregnant, possibly years after the vasectomy. This is a lower risk of failure than that of any other form of contraception. There is also a risk of **infection** and a risk of developing a **blood** clot in the scrotum, either of which could require a **second procedure** to drain infection or blood. Both are VERY RARE, and both usually respond to medication without need for a second procedure. Some men, fewer than 1%, also develop **chronic pain** in the testes, often treatable with medication, rarely requiring a second procedure.
- f) I can use temporary methods of contraception (like condoms) instead of having a vasectomy.
- g) At any time before the procedure, I am free to change my mind and decide against having a vasectomy.

I, the undersigned, request that NSVI doctors perform a bilateral vasectomy, a procedure to produce obstruction of the vas deferens for the purpose of producing sterility. I understand there can be no absolute guarantee that this or any procedure will be successful. I declare that I have voluntarily consented without coercion or inducement to the vasectomy, and I understand that there are possible risks and discomforts that may be expected from the procedure. I recognize a small chance that I might have to come to see a doctor or go to a hospital for evaluation and treatment of a very rare complication. By consenting to vasectomy and accepting the risks outlined above, I release NSVI and its volunteer doctors from liability for time lost from work, salary unearned, and medical and travel expenses incurred to treat complications.

Client's signature: _____ Date: _____

Name of Counselor: _____

Counselor's signature: _____ Date: _____