



**STERILIZATION CONSENT**

I have asked for and received information about sterilization from my doctor. In accordance with my instructions, my doctor and such associates and assistants as chosen, may sterilize me by bilateral vas ligation. I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not wish to father children. I understand that the results cannot be guaranteed and approximately 1 in 400 patients have recanalization of the vas deferens. I have been told about temporary methods of birth control that are available and could be provided to me which would allow me to father a child in the future. I have rejected these alternatives and have chosen to be sterilized.

I understand that I will be sterilized by the procedure listed above. Discomforts, risks and benefit associations have been explained to me and all of my questions have been answered to my satisfaction. I understand that I may revoke this consent orally or in writing at any time prior to the sterilization. I acknowledge, in addition, that my doctor makes no guarantee as to sterilization and that the above operation may be unsuccessful.

I consent to the administration of such anesthetics as may be considered necessary or advisable to the physician responsible for this service, with the exception of \_\_\_\_\_. I release the associates of Urologic Consultants of Southeastern Pennsylvania from any responsibility regarding the administration of anesthesia

The surgeon or the hospital, in accordance with their accustomed practice, may dispose of tissues surgically removed.

I am fully aware that sterility is intended to result from this procedure and I know a sterile person is incapable of becoming a parent.

I understand I am not sterile until two consecutive semen analyses reveal no sperm and I am to submit a semen analysis yearly thereafter to reaffirm sterility

I am aware of the availability of a Frozen Sperm Bank and have elected (to) or (not to) utilize it in preserving my sperm after vasectomy.

For purposes of assisting the surgeon and/or advancing medical education, I consent to the admittance of assistants or medical observers in the operating area.

I have read this form, or have had it read to me, and I believe that I have sufficient information upon which to base my informed consent. I hereby consent to be sterilized in accordance with this consent.

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Spouse Name (Print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Signature (Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature (Print)