

# Post Falls Family Medicine, PA

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## Consent for Vasectomy

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vasectomy is a procedure of male sterilization in which the tubes that carry sperm from the testes are cut and the ends are closed. This procedure is intended to be permanent. If there is any chance that you may want to father children in the future, you should not have a vasectomy.

The actual surgery takes about 20 to 30 minutes. The skin over the incision area will be injected with a local anesthetic so that pain will be minimized. After the tube is cut, the skin will be closed with stitches that will dissolve in about one week. The procedure is repeated on the opposite side.

Possible complications are infection, bleeding, reconnection of the cut ends of the tube and granuloma formation resulting from leaking sperm. Any of these complications may require surgery that is more extensive or hospitalization to correct. During the procedure, it is possible that complications or variations in anatomy will necessitate discontinuation of the procedure before completion.

A sample of the tube will be sent out to Pathology Associates for testing. Pathology Associates will bill you separately for this.

You must use condoms or some other form of birth control for four to six weeks after surgery. At that time, a sample of semen will be examined to be sure that no sperm are present.

Please be sure to ask any questions you may have before signing this consent.

### CONSENT:

I have read the above and have had all of my questions answered. I do hereby request that

Dr. \_\_\_\_\_ performs the above described procedure.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date