

PATIENT REGISTRATION FORM

Name: _____ DOB: _____

Your Regular GP: I don't have one / _____ Clinic _____Do you consent to Vasectomy Australia informing your GP you have had a vasectomy? Yes / NoDo you consent to receiving correspondence, including Sperm Test results, via email / SMS? Yes / No**Fertility History:**

Number of Children: _____ Ages of Children: _____

Medical History:Medical problems: I don't have any medical problems / _____

Medications: I don't take any medications / _____

Drug Allergies: I don't have any drug allergies / _____

Scrotal surgery: (eg. for undescended testicles, testicular cancer, torsion):

 I have not had scrotal surgery / _____**Work History:**

Occupation: _____

Does your job involve manual labour / heavy lifting? No YesDo you require a medical certificate for work? No Yes: Absent / Sick Leave Light duties

What dates would you like off work? (up to 2 weeks off) _____ to _____

Consent Form

Patient Name: _____ **DOB:** _____

A. INTERPRETER / CULTURAL NEEDS

An Interpreter Service is required? Yes / No If Yes, is a qualified Interpreter present? Yes / No
A Cultural Support Person is required? Yes / No If Yes, is a Cultural Support Person present? Yes / No

B. THE PROCEDURE

A **vasectomy** operation permanently stops the flow of sperm from the testicles to the outside, thus preventing a man from fathering children.

C. POTENTIAL COMPLICATIONS DURING AND AFTER YOUR PROCEDURE

All surgical procedures carry certain risks and have potential complications.

During the procedure potential problems include:

1. Some men **faint** (about 1 in 100) when they receive the local anaesthetic needle. A period of brief unconsciousness usually resolves quite quickly. In most cases it is possible to complete the procedure when the patient regains consciousness. In rare cases it may not be possible to complete the procedure.
2. A small number of men (about 1 in 100) do not tolerate the tugging on the testicles that occurs during the procedure. Sometimes it is not possible to continue and it will be necessary to refer the patient for completion of the surgery under sedation or general anaesthetic

After the procedure most men will experience some **bruising and mild pain** and swelling in the days after the procedure. This will usually settle within 2 weeks.

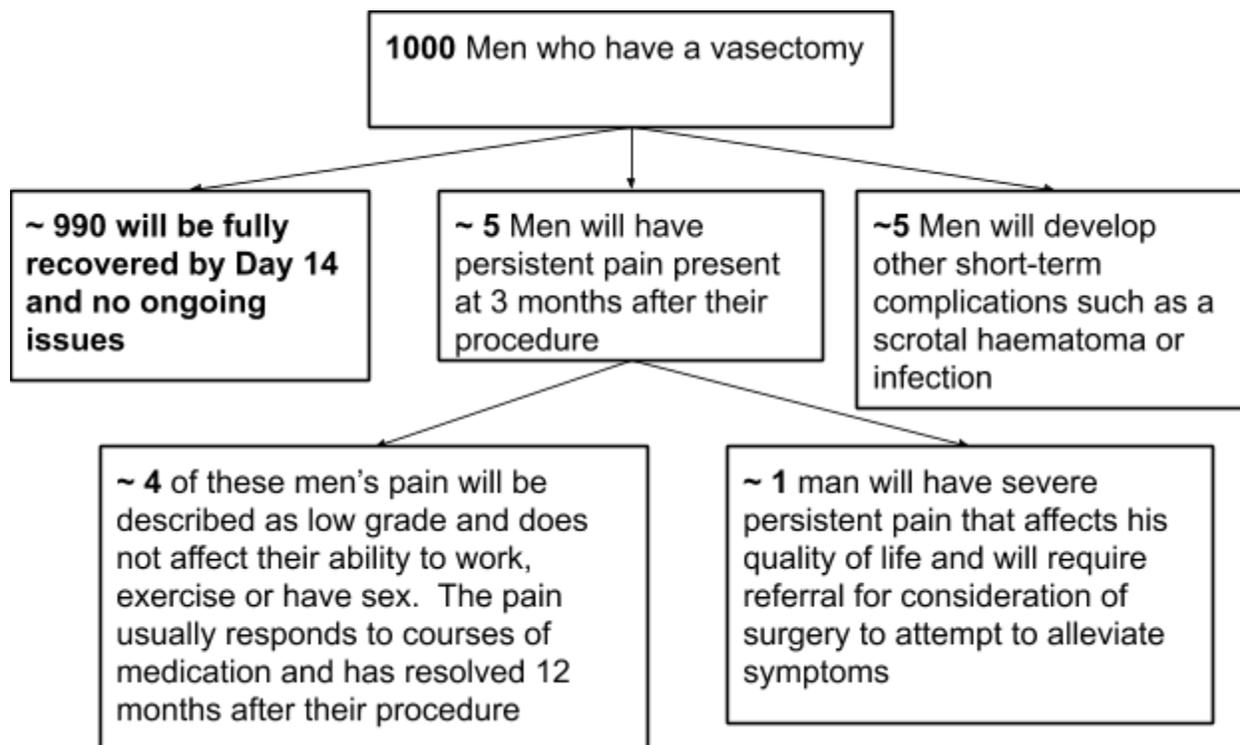
Less common complications include:

1. **Infection of the surgical wound, testicles, epididymis or urinary tract (Up to 1%):** This may present as redness or discharge around the wound site, testicular pain and swelling, pain when urinating or fevers and feeling generally unwell. If this occurs you will require oral (tablet) antibiotics. More severe infections may require admission to hospital and intravenous antibiotics.
2. **Bleeding within the scrotum (Up to 1%)** can occur during or after vasectomy. If this occurs within the scrotum, drainage of a **scrotal hematoma** (blood clot) in a hospital operating room could be necessary. Smaller haematomas do not require surgical drainage, but tender swelling can last for 2 to 4 weeks. If the scrotal skin bleeds at the vasectomy access site, the scrotum can become discolored (black and blue) for about a week; this is more common than swelling, but painless and usually does not require treatment.
3. **Early Recanalisation / Failure of the procedure:** There is a chance your vasectomy does not work and you continue to have sperm in your ejaculate. For this reason it is essential to have **semen analysis 3 months after your vasectomy** to confirm the procedure has worked. If there has been a failure you will need a repeat procedure.
4. **Delayed re-canalisation:** There is a remote chance the vas may rejoin spontaneously even after you have been sterile for some time. The chance of delayed recanalisation is between 1 in 2000 and 1 in 3000 men

5. **A granuloma (Up to 25%)** is a pea-sized (sometimes tender) lump on the vas tube at the vasectomy site and sometimes requires treatment. Most are painless and will disappear within 12 months. Periodic tenderness usually responds to an anti-inflammatory medication like ibuprofen.
6. **Congestion:** tender buildup of sperm and white blood cells upstream from or at the vasectomy site, can occur anytime after vasectomy, but usually goes away with use of an anti-inflammatory drug such as aspirin or ibuprofen. The incidence of congestion has been greatly reduced by using the open-ended technique.
7. **Post Vasectomy Pain Syndrome (PVPS)** is an important potential complication whereby your vasectomy may result in chronic/ persistent pain in the testicles/scrotum that last months or years. It is not possible to predict which patients may end up with PVPS. The probability of developing PVPS has been quoted being as high as **5% although the current percentage (as at 2 Sept 2020) of men affected by this condition who have had a vasectomy with Dr Cashion is approximately 0.5% (1 per 200 men)** . PVPS has a variety of causes including congestion, a neuroma, an entrapped nerve, chronic epididymitis, chronic inflammation, perineural fibrosis or damage to the spermatic cord structures. Sometimes a cause for a man's PVPS cannot be found. Most men who develop PVPS will be able to be successfully treated with medications and other non-surgical methods and their pain will eventually go away. In less common cases patients with PVPS may require surgery such as neurolysis (cutting the nerves that supply the testicles), vasectomy reversal or other surgical procedures to attempt to relieve their symptoms. These are not always successful and men with PVPS may develop long term psychological distress or depression if their pain cannot be cured.

Initial x____

Summary of Vasectomy Complications



D. PATIENT CONSENT AND DECLARATION

I, _____ confirm that I have been given the following information via a **video presentation** which I have watched OR an **information sheet** which I have read OR **in person** by Dr Cashion:

- What is a vasectomy
- What alternatives I could choose instead of having a vasectomy
- How the procedure is performed
- How long my recovery should take
- Precautions I need to take during recovery such as rest and avoidance of exercise, sex and heavy lifting
- The risks of having a vasectomy and potential complications that may arise during or after the procedure and their likelihood
- The requirement for a sperm test 3 months after the vasectomy

I confirm that:

1. I understand the vasectomy procedure and its associated risks.
2. I acknowledge other relevant procedures/treatment options and their associated risks
3. I understand that vasectomy is not my only option for contraception and that I could also use condoms, abstain from sex or my partner could use female forms of contraception (such as the pill or long acting contraceptives like Implanon, Mirena or a 3 month depot injection) to ensure I/we do not have children
4. I give the doctors and nurses permission to treat me if there is a life-threatening event during the procedure,
5. I was able to ask questions and raise concerns with the doctor about vasectomy, its risks, and my other treatment options. I confirm that my questions and concerns have been discussed and answered to my satisfaction.
6. I understand I have the right to change my mind at any time, including after I have signed this form
7. I understand that I must get a semen test performed approximately 3 months after the procedure to confirm that the vasectomy procedure was successful and I am sterile. I understand that until I have been advised I am sterile following this test I should consider myself fertile and use appropriate contraception
8. I understand that there is a chance the procedure may not work and I may still be fertile after the vasectomy has been performed
9. I have been advised to abstain from strenuous exercise, heavy lifting and sex for at least 1 week following my vasectomy, and to abstain from bike riding and contact sports for at least 3 weeks following my vasectomy.
10. **I understand vasectomy is permanent sterilisation and after this operation I will not be able to father children**
11. I understand that If it is not possible to perform the vasectomy or the procedure fails I may need to be referred to a surgeon. I also understand that I am responsible for any fees payable to the surgeon in this situation
12. I understand if there are post operative complications I may require referral to a specialist such as a urologist or a general surgeon. I understand that I am responsible for fees payable in this situation

On the basis of the above statements, I accept the risks of this procedure and I request to have a vasectomy

Signature:..... Date:.....

Additional Acknowledgement by Men who do not have children and are requesting a vasectomy:

I, _____ confirm that:

- I do not have any children wish to be permanently sterilised with a vasectomy
- I understand that this will result in me not being able to have children in the future
- I am firm in my decision to not have children and **I have wanted to have a vasectomy for at least 12 months.**
- I understand that my Vas Deferens tubes will be cut / separated and that re-joining the ends of the tubes by way of vasectomy reversal is difficult microsurgery that will be expensive and is not always successful
- I understand that the percentage of men who have had a vasectomy and seek to have it reversed at a later date is higher in the group of men who did not have children when they originally had their vasectomy performed than the group of men who had children
- If I am younger than 30 years of age I have had a consultation (by phone or in person) with Dr Cashion and was given a cooling off period of at least 28 days to consider my decision, OR I have met with another doctor in the last 2 years (but not less than 28 days ago) to discuss and request a vasectomy

Signature:.....

Date:.....

Doctor/delegate Statement

The following information has been delivered to the patient _____, either in person, via video presentation or via an information sheet:

- The Vasectomy Procedure
- Alternative options for contraception
- Potential complications and their likelihood
- Expected recovery time
- Advice on restriction of activity while recovering
- The requirement of a 3 month Semen test to confirm the procedure's success and that the patient should assume they are fertile and use contraception until they are advised, by Vasectomy Australia that they can cease using contraception

I have discussed, in person, any concerns with the patient and I have answered any questions they have had. I am of the opinion that the patient understands the procedure, its potential complications and risks and has had any questions answered or concerns adequately addressed

Name of Doctor: Dr Geoff Cashion

Signature:.....

Date:.....

OFFICE USE ONLY - CLINICAL RECORD

Patient Name: _____ Date of Procedure: _____ Time: _____

Consultation

Patient presents requesting permanent sterilisation with a Vasectomy

Patient's Medical / Fertility / Surgical / Drug / Allergy Noted

Examination (Scrotal)

Left: No testicular lumps, hernia, Varicocoele, Hydrocoele / _____

Right: No testicular lumps, hernia, Varicocoele, Hydrocoele / _____

Vas Palpable Left Vas Palpable Right / _____

PATIENT SUITABLE FOR VASECTOMY **PATIENT UNSUITABLE FOR VASECTOMY**
 PROCEDURE AND RISKS EXPLAINED, QUESTIONS ANSWERED, INFORMED CONSENT OBTAINED

Operation Report

Vasectomy performed under local anaesthetic
 Betadine used to clean the patient's scrotum
 2ml of 2% Lignocaine injected into the scrotum 1cm below the scrotal - penile junction in the midline
 Blunt dissection made into the scrotum through skin and dartos layer
 Further anaesthesia with 2ml local anaesthetic into the scrotum for both sides of the vas

No variations
 Variations:

Left Vas

2ml LA into the scrotum around the left vas.
 Left vas in sheath removed from the scrotum. Diathermy and blunt dissection to expose vas
 Additional sheath removed to clean the vas. Prostatic end - intraluminal electrocautery performed and then cut with hyfrecator
 Fascial interposition with 1 x medium clip. Testicular end returned to the scrotum

Add. clips for FI: _____ Add. clips for bleeding: _____
 No variations
 Variations:

Right Vas

2ml local anaesthetic into the scrotum around the right vas.
 Left vas in sheath removed from the scrotum. Diathermy and blunt dissection to expose vas
 Additional sheath removed to clean the vas. Prostatic end - intraluminal electrocautery performed and then cut with hyfrecator
 Fascial interposition with 1 x medium clip. Testicular end returned to the scrotum

Add. clips for FI: _____ Add. clips for bleeding: _____
 No variations
 Variations:

Conclusion

Haemostasis achieved. Wound closed with steristrips . Post Op instructions given and A/H number to call me if he has any issues . Patient advised to have a PVSA in 3/12 (form and jar provided) and consider himself fertile until that time

Difficulty: Easy / straightforward Straightforward with some minor difficulties
 Moderately difficult but completed Very difficult & completed Very difficult & abandoned

Letter to GP: Standard Letter Non-standard sent by Geoff Non-standard letter dictated over Voxer