

VASECTOMY

Covid 19 Version

CONSENT FORM for UROLOGICAL SURGERY

(Designed in compliance with  consent form 1)

PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Patient Details or pre-printed label

Patient's NHS Number or Hospital number	
Patient's surname/family name	
Patient's first names	
Date of birth	
Sex	
Responsible health professional	MR N LYNN
Job Title	
Special requirements <i>e.g. other language/other communication method</i>	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
VASECTOMY REMOVAL OF A SMALL SECTION OF VAS FROM BOTH SIDES	- GENERAL/REGIONAL - LOCAL - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

PERMANENT CONTRACEPTION

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON

- IRREVERSIBLE PROCEDURE
- SMALL AMOUNT OF SCROTAL BRUISING
- 2 SEMEN SAMPLES REQUIRED BEFORE UNPROTECTED INTERCOURSE WITH ABSENCE OF LIVE SPERMS

OCCASIONAL

- BLEEDING REQUIRING FURTHER SURGERY OR BRUISING

RARE

- RARELY, INFLAMMATION OR INFECTION OF TESTES OR EPIDIDYMISS REQUIRING ANTIBIOTICS
- RE-JOINING OF VAS ENDS RESULTING IN FERTILITY & PREGNANCY (1 IN 2000)
- CHRONIC TESTICULAR PAIN (5%) OR SPERM GRANULOMA
- RISK OF ANAESTHESIA

ALTERNATIVE TREATMENT: OTHER FORMS OF CONTRACEPTION, MALE OR FEMALE

Covid 19

- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital
- Elective patients who develop hospital-acquired Covid-19 have a postoperative 30 day mortality of 16.2%, with the two-thirds who experience pulmonary complications having a mortality rate of 23.8%

(Source - <https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3>)

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

BAUS INFORMATION LEAFLET (20/049)

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter:

Print name:

Date:

Copy (i.e. page 3) accepted by patient: yes/no (please ring)

Patient identifier/label

Patient Copy

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BILATERAL VASECTOMY UNDER

..... ANAESTHESIA

Patient identifier/label

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- I agree**
 - to the procedure or course of treatment described on this form.
 - to a blood transfusion if necessary
 - that any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE
- I understand**
 - that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
 - that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
 - that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- I have been told**
 - about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

Signature of Patient:		Print please:	Date:
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A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed _____
Date _____
Name (PRINT) _____

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature of Health Professional	Job Title
Printed Name	Date

- Important notes: (tick if applicable)**
- See also advance directive/living will (eg Jehovah's Witness form)
 - Patient has withdrawn consent (ask patient to sign/date here)



VASECTOMY

Information about your procedure from The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Vasectomy.pdf

Key Points

- Vasectomy is the most effective method of male sterilisation
- It should always be regarded as “irreversible”
- You will not be sterile immediately, but will need to continue alternative contraception until you have been given the “all-clear” from your post-operative semen tests after at least 12 weeks and 20 ejaculations
- Late failure, due to the ends joining themselves back together, occurs in 1 in 2000 men
- There is no evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)
- Troublesome chronic testicular pain severe enough to affect day-to-day activities in up to 5%

What does this procedure involve?

Vasectomy is the most effective method of male sterilisation. It involves removal of a small section of vas from both sides with insertion of tissue between the divided ends to stop them re-joining.

What are the alternatives?

- **Other forms of contraception** – both male and female

You should regard vasectomy as an “irreversible” procedure. If you have any doubt about whether it is the right option for you, you should not go ahead.

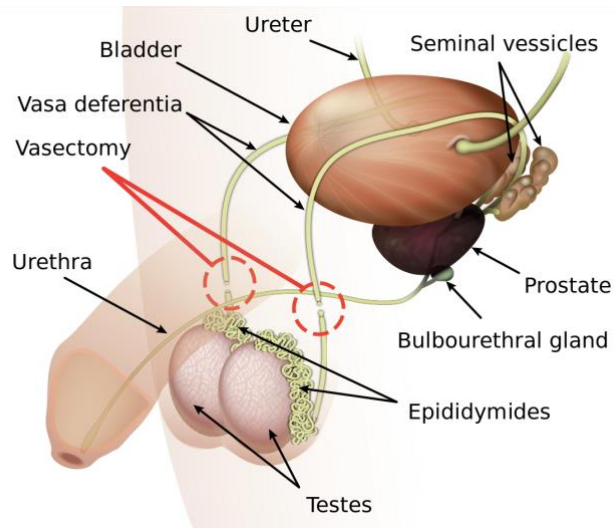
Under normal circumstances, vasectomy is not appropriate during pregnancy or within the first six months after the birth of a child.

Vasectomy is **NOT** recommended in men who have not had any children.

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

If you are scheduled to have your vasectomy under general anaesthetic, an anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.










We usually provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- If your tubes are difficult to feel, or if you have issues with injections and/or a low pain threshold, we normally recommend a general anaesthetic
- local anaesthetic causes some discomfort when injected and is like a “bee sting”
- you will need two injections of local anaesthetic, one on each side
- once this has worked, your skin will be numb and you will not feel anything sharp or painful; you will still feel sensations of touch, hot and cold
- when the surgeon picks up each tube in turn, you may get a little discomfort; this can make you feel light-headed, sweaty and slightly sick but subsides very quickly
- we use absorbable stitches to close the scrotal skin which disappear within two to three weeks

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have listed some important but very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild bruising and scrotal swelling with seepage of clear yellow fluid from the wound after a few days	 Almost all patients
Blood in your semen the first few times you ejaculate	 Between 1 in 2 & 1 in 10 patients
Troublesome chronic testicular pain which can be severe enough to affect day-to-day activities	 Up to 1 in 20 patients
Significant bruising and scrotal swelling requiring surgical drainage	 Between 1 in 10 & 1 in 50 patients
Epididymo-orchitis (infection or inflammation of your testicle)	 Between 1 in 10 & 1 in 50 patients
Early failure (post-operative semen analysis shows persistent motile sperms) so that you are not sterile	 1 in 250 patients
Late failure (re-joining of the ends of the tubes after initial negative sperm counts) resulting in fertility & pregnancy at a later stage	 1 in 2000 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- the local anaesthetic will wear off after four to six hours
- it is advisable to take simple painkillers such as paracetamol, before the local anaesthetic wears off, to help keep discomfort at bay
- we usually provide you with a scrotal support (“jock strap”) to make the post-operative period more comfortable. If you find this difficult to wear, you can use tight, supportive underwear or cycling shorts
- it is advisable to take some simple painkillers such as paracetamol or ibuprofen to help any discomfort in the first few days
- you may find ice packs helpful to reduce pain and swelling in the first few days after surgery (but do not apply them directly to your skin)
- if your bruising, swelling or pain is getting progressively worse, day-by-day, you should contact your surgical team for advice
- your stitches do not need to be removed and usually disappear after two to three weeks, although this may sometimes take slightly longer
- try to avoid any heavy lifting or strenuous exertion for the first few weeks
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- we will give you information about your follow-up appointments and [post-vasectomy sperm counts](#)

Am I sterile straight after my vasectomy?

No, you are not.

It is essential that you understand you are **not** sterile immediately after the operation. This is because some sperms have already passed beyond the site where the tubes are tied off. These sperms need to be cleared by normal ejaculation. On average, you will need 20 to 30 ejaculations to clear them

IMPORTANT INFORMATION ABOUT SPERM COUNTS

At least 12 weeks after your vasectomy, you will be asked to produce a specimen of semen for examination under a microscope. Please read the instructions for producing and delivering the specimen very carefully.

If no sperms are present, you will be given the “all-clear” that you are sterile.

If the sample still contains sperm, you will be asked to produce a further sample a few weeks later to ensure that you are clear.

More information is available in the information leaflet about [post-vasectomy sperm counts](#) on the BAUS website.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

If you are having a local anaesthetic, stopping smoking will have no effect on this procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.