



COASTAL  
UROLOGY  
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NAME OF PATIENT: \_\_\_\_\_

NAME OF SURGEON: \_\_\_\_\_

CONSENT:

I hereby consent to and authorize the above named surgeon to perform surgical sterilization procedure upon my person, the object of which is to terminate my ability to procreate children. This consent extends to the assisting physicians that may be designated by the surgeon and also to the surgical nurses and other personnel on duty in the operating room at the time of performance of procedure.

ANESTHESIA:

I further consent to the administration of a local by the surgeon.

PATHOLOGY:

Specimen of vasectomy will be sent out and examined by a pathologist to insure that no abnormality is present. Fee is patient's responsibility.

NO GUARANTEES:

I acknowledge that no guarantees have been made to me by the office or by the surgeon as to the outcome of the sterilization procedure, and that sterility is not an absolute certainty upon completion of this procedure.

PATIENT'S  
STATEMENTS:

I represent to the office and to the surgeon that the following information is true:

- 1) I am of full age.
- 2) I understand that after the sterilization procedure it is probable, that I will no longer be capable of producing children.
- 3) If I am a married person, I state that I have conferred with my spouse as to the performance of the sterilization procedure.
- 4) I am consenting to the performance of the sterilization procedure voluntarily and will full knowledge that the result will be sterility.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

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The operation consists of making two small surgical cuts in the scrotal sac (the bag that contains the testicles) and cutting and blocking up the tubes that carry the sperm or "seed". Today this operation is usually performed to sterilize the patient. A man who has been sterilized is unable to make a woman pregnant; he is unable to father a child. This operation does not ordinarily have any effect on a man's enjoyment of intercourse or his ability to have intercourse. A small percentage of patients do have mental difficulties after having had a vasectomy. These mental difficulties could result in an interference with normal sexual function and normal social behavior. Your doctor can make no guarantee as to the result that might be obtained from this operation.

The vasectomy operation is relatively simple and the vast majority of patients do not have any problems during or after surgery. The operation is usually done under "local" anesthesia. This means that the doctor will inject a medicine into the scrotal sac to "numb" the skin there. Complications from vasectomy operations are very uncommon, but they do occur. Some of the complications that have occasionally occurred from vasectomy include such things as infections, bleeding, damage to the testicles. These complications could result in scarring, poor healing wounds, pain and swelling in the scrotal sac and testicles, and prolonged illness. Allergic and other bad reactions to one or more of the substances used in this operation are rare complications. Very, very rarely, allergic reactions have caused death.

You should be advised that the vasectomy operation is not immediately effective. Until you have been tested after the operation and found to be sterile, you cannot engage in intercourse without the risk of making a woman pregnant. Usually vasectomy results in permanent sterility. In a small percentage of patients, the tubes that carry the sperm or "seed" open up again all by themselves. This could result in unexpected, unwanted pregnancy.

If you should decide after the operation that you do want to father a child, you will need to have a second operation. The result of this second operation depends primarily on the length of time that you were rendered sterile by the original vasectomy. The longer the period of time of sterility, the more difficult it will be to be able to father a child. More information on this can be obtained by discussing this with the doctor at the time of your vasectomy consultation. Because of this, you should consider that the vasectomy will make you permanently unable to father a child.

Some men may request to store their sperm prior to the vasectomy. This can be time consuming and in some cases expensive. Further information about this should be discussed with the doctor at the time of your vasectomy consultation. Reversal of the vasectomy can be accomplished and should be discussed with the doctor prior to having the vasectomy performed.

There may be alternatives to this operation available to you, such as using condoms or having your sexual partner use birth control devices, or for her to have a sterilizing operation. These alternative methods also carry their own risks of complications and a varying degree of success. In most men in whom vasectomy is indicated, this operation provides one of the better chances of successful family planning and the lowest risk of complications.

Note: Please do not take aspirin, or aspirin products or blood thinners for at least seven days prior to the vasectomy.

If you have had an artificial joint replacement (hip, knee, etc.) or if you have a heart valve, please let the doctor know.

Please bring someone with you to drive you home.

- 1) Wear a supporter or jockey shorts for two weeks and bring them with you to the office/hospital.
- 2) Apply an ice pack to the scrotum (never put ice directly on the skin).
- 3) Stay off your feet for the remainder of the day.
- 4) No heavy lifting or straining for 72 hours after the procedure. No strenuous activity or exercise for at least 7 days.
- 5) You may shower 48 hours after the procedure.
- 6) If excessive bleeding, swelling or pain occurs, call the office immediately, day or night.
- 7) Sutures will usually dissolve by themselves and look somewhat pus-like.
- 8) Sexual activity may be resumed 7 days after the procedure.
- 9) We would expect you to have a sperm count done after 16-20 ejaculations, collected in a clear container and brought to the appropriate lab. A second specimen should be brought in about 1-2 weeks later to the same laboratory. Our office will call you after the results of the 1st and 2nd specimens are obtained.
- 10) REMEMBER, SPERM ARE STILL PRESENT UNTIL YOUR DOCTOR TELLS YOU THAT YOU HAVE NO MORE SPERM.