

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	
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
<u>VASECTOMY</u> 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 EPIDIDYMIS REQUIRING ANTIBIOTICS
- RE-JOINING OF VAS ENDS RESULTING IN FERTILITY & PREGNANCY (1 IN 2000)
- CHRONIC TESTICULAR PAIN (5%) OR SPERM GRANULOMA
- LOSS OF TESTIS
- RISKS OF ANAESTHESIA

ALTERNATIVE TREATMENT OTHER FORMS OF CONTRACEPTION, MALE OR FEMALE

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

Patient information leaflet Version 1.0

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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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.
 - 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



Urology Department

Shrewsbury and Telford Hospitals NHS Trust
Tel: 01743 261000

What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your consultant, specialist nurses, GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

Removal of a small section of vas from both sides with interposition of tissue between the divided ends to prevent re-joining.

What are the alternatives to this procedure?

Other forms of contraception (both male and female).

Vasectomy should be regarded as an “**irreversible**” procedure. If you have any doubt about whether it is the right option for you, do not proceed with the operation.


What should I expect before the procedure?

You will usually be admitted on the same day as your surgery whether the procedure is being performed under local or general anaesthetic.

Please note: Sperm storage prior to vasectomy, for those who wish to consider this, is not normally available on the NHS and will need to be arranged separately through your GP or your Urologist.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection



At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

Vasectomy is usually performed under local anaesthetic, primarily for your own safety. If the tubes are difficult to feel, it may be necessary to carry out the procedure under a brief general anaesthetic. The injection is always uncomfortable but, thereafter, the skin is effectively numbed. The procedure itself cannot be made totally painless and the process of picking up the tubes in order to tie them can cause a variable degree of discomfort; this may make you feel slightly sick, sweaty or light-headed

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- let the medical staff know if you are in any discomfort
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- ensure that you are clear about what has been done and what is the next move

It is essential to have someone with you to drive you home after the procedure. You are advised to take the following day off work and sit quietly at home. The local anaesthetic will wear off after a couple of hours and the area may ache for 24-72 hours; this can usually be relieved by taking Aspirin or Paracetamol.


Vasectomy, whether under general or local anaesthetic, is normally carried out on a "day case" basis.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- A small amount of bruising and scrotal swelling is inevitable for several days

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- Seepage of a small amount of yellowish fluid from the incision several days later
 - Blood in the semen for the first few ejaculations
 - The procedure should be regarded as irreversible. Although vasectomy may be reversed, this is not always effective in restoring fertility, especially if more than 7 years have lapsed since the vasectomy
 - Sufficient specimens of semen must be produced after the operation until they have been shown to contain no motile sperms on two consecutive specimens
 - Contraception must be continued until no motile sperms are present in two consecutive semen samples
 - Chronic testicular pain (10-30%) or sperm granuloma (tender nodule at the site of surgery)

Occasional (between 1 in 10 and 1 in 50)

- Significant bleeding or bruising requiring further surgery
- Inflammation or infection of the testes or epididymis requiring antibiotic treatment

Rare (less than 1 in 50)


- Early failure of the procedure to produce sterility (1 in 250-500)
- Re-joining of vas ends, after negative sperm counts, resulting in fertility & pregnancy at a later stage (1 in 4000)
- No evidence that vasectomy causes any long-term health risks (e.g. testicular cancer, prostate cancer)

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ask for a contact number if you have any concerns once you return home
- ask when your follow-up will be and who will do this (the hospital or your GP)
- ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

Over the first few days, the scrotum and groins invariably become a little uncomfortable and bruised. It is not unusual, after a few days, for the wound to appear swollen and slightly weepy. If you are at all worried about this, you should contact your GP. The



skin sutures do not need to be removed and will usually drop out after a couple of weeks; occasionally, they may take slightly longer to disappear.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Are there any other important points?

Many people ask if they are “too young” to be accepted for vasectomy. There are no rules about how old you should be and each individual case will be considered on its own merits. However, vasectomy is not an appropriate form of contraception for a single man unless there are specified (and rare) medical conditions such as a severe inherited disease.

You are not sterile immediately after the operation because some sperms have already passed beyond the site where the tubes are tied off. These sperms are cleared by normal ejaculation; it takes, on average, 20-30 ejaculations before you are likely to be clear. At 10 and 12 weeks after the operation you will be asked to produce specimens of semen for examination under a microscope; please read the instructions for production and delivery of these specimens very carefully. If no sperms are present, you are sterile and we will write to tell you so. If there are still a few non-motile or dead sperms, you may be regarded as sterile but, if there are large numbers of motile sperms, further specimens will be required until you are clear. Until you get the “all clear” you must continue with your contraceptive precautions.

Vasectomy is only available on the NHS for a few special reasons; this may require your GP to obtain written authorisation from the appropriate Primary Care Trust (PCT), in advance of referral, to cover the cost.

Vasectomy may also be available through the Marie Stopes Foundation or through designated GP surgeries licensed to carry out the procedure. If you wish to pursue these options, you should contact your GP who will be able to put you in touch with the appropriate agency.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Contact details for more information

Please do not hesitate to contact us for any additional information on 01743 261126.

Other Sources of Information

National Contact Address for

- **NHS Direct**

A nurse-led advice service run by the NHS for patients with questions about diagnosis and treatment of common conditions.

Telephone: 0845 4647

Website: www.nhsdirect.nhs.uk

- **Equip**

A West Midlands NHS website which signposts patients to quality health information and provides local information about support groups and contacts.

Website: www.equip.nhs.uk

- **Patient UK**

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

Website: www.patient.co.uk

Further information is available from;

- **Patient Advise and Liaison Service (PALS)**

PALS will act on your behalf when handling patient and family concerns, they can also help

you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

Your Information

Information about you and your healthcare is held by the NHS. You can find out more about the information we hold and how it is used in the leaflet called: **Your Information**, which is available from PALS (contact details above).



Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

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