

My Vasectomy Doc, LLC consent for Vasectomy (male sterilization) procedure.

Performing physician: Matthew Delfino, MD, MBA

Procedure: Dr. Delfino will perfe	orm a no-needle, no-scalpel vasectomy using local anesthesia to achieve
the goal of sterilization so that I will no longer be able to father a pregnancy. I	
with DOB	have had time to read and understand the following:

- Vasectomy is intended to be a permanent form of contraception.
- Vasectomy does not produce immediate sterility.
- Following vasectomy, another form of contraception is required until success is confirmed by post-vasectomy semen analysis (PVSA).
- Even after vas occlusion is confirmed, vasectomy is not 100% reliable in preventing pregnancy.
- The risk of pregnancy after vasectomy is approximately 1 in 2,000 for men who have post-vasectomy azoospermia or PVSA showing rare non-motile sperm (RNMS).
- Repeat vasectomy is necessary in ≤1% of vasectomies, provided that a technique for vas occlusion known to have a low occlusive failure rate has been used.
- Patients should refrain from ejaculation for approximately one week after vasectomy.
- Options for fertility after vasectomy include vasectomy reversal and sperm retrieval with in vitro fertilization. These options are not always successful, and they may be expensive.
- The rates of surgical complications such as symptomatic hematoma and infection are 1-2%. These rates vary with the surgeon's experience and the criteria used to diagnose these conditions.
- Occasionally a needle will need to be used to inject additional anesthesia once the procedure has begun.
- Chronic scrotal pain associated with negative impact on quality of life occurs after vasectomy in about 1-2% of men. Few of these men require additional surgery.
- Other permanent and non-permanent alternatives to vasectomy are available.

I have had the opportunity to ask all questions and have had all concerns addressed. I desire to proceed with vasectomy:

<u>Signature</u>	Date
Witness	Date
Physician	Date





