

# VASECTOMY CONSENT FORM

**Dr. Andrew Rynne. Consultation by Appointment**

**Cellular: 087-2455957**

I .....

**Of** .....

consent to have the operation of Vasectomy,

the nature, purpose and intended effect of which have been explained to me.

I understand:

1. that it should make me incapable of fathering children.
2. that it may not be possible to reverse the operation.
3. that one semen test 18 weeks post operation must show no sperm are present before stopping other methods of birth control.
4. that it will be done using a local anaesthetic, and as a private patient.
5. that no assurance can be given that the operation will be 100% safe or successful.
6. that there is a rejoining rate before 18 weeks of about 1:100
7. that after 18 weeks there is a rejoining rate of about 1:3000
8. that tiny titanium clips will be left in place in the scrotum after the procedure
9. I have read every page of [www.vasectomy-ireland.com](http://www.vasectomy-ireland.com) I understand all I need to know about vasectomy and I understand that if any questions should still arise I am free to put these to Dr Rynne before he starts the procedure.

**Signed:**..... **Date:**.....

I have explained to the patient the nature and purpose of the operation, to which he has given his consent.

**Signed:**..... **Date:**.....