

CONSENT FOR DR. SNYDER TO PERFORM NO NEEDLE NO SCALPEL VASECTOMY

Please read and initial each statement:

_____ I understand that vasectomy is a method for permanent birth control, meaning it will forever prevent me from having children. Vasectomy reversal procedures often fail to restore fertility and are very expensive.

_____ I understand that no-needle anesthesia is administered prior to making an opening in the skin, and that local anesthesia may also be given with a needle if needed, to maximize procedural comfort.

_____ I understand that to be sure the vasectomy has been successful in preventing pregnancy, I will need to submit a specimen (semen analysis) to Dr. Snyder via US Mail as instructed by Dr. Snyder with the kit he supplies. This is expected nine weeks after the vasectomy to be sure there are no more sperm in the semen.

_____ I understand that another form of birth control must be used until the semen analysis has confirmed that there are no more sperm in my ejaculation fluid (semen).

_____ I understand that a few men will not have successful clearing of their sperm, even after multiple tests over a six month period. If this happens to me, I will need to have the vasectomy repeated or rely on another method of birth control. Dr. Snyder offers to repeat the vasectomy at no additional charge under this circumstance if I so desire.

_____ I understand that if I do not get the semen analysis done, then I am taking an unnecessary risk of causing pregnancy in my partner.

_____ I understand that there will be less than one man in two thousand (<0.05%) who might cause pregnancy in his partner once his semen analysis is clear of sperm at 9 weeks after a vasectomy, and that it is reasonable to rely on vasectomy alone for birth control for the rest of my life once my semen is clear of sperm.

_____ I understand that risks associated with vasectomy include bleeding, swelling, infection, and significant pain, but occur less than 1% of the time. Treatment of complications is not included in the cost of the vasectomy.

_____ I understand that I should rest for 18 to 24 hours after the procedure, then avoid lifting and/or strenuous activity for at least two more days after that. I should also avoid sexual activity for at least three days.

_____ I understand that other complications rarely occur such as Chronic Scrotal Pain Syndrome which can be caused by sperm granuloma (scar tissue at the end of the cut tube), long term congestion in the epididymis, and other known or unknown causes. Treatment of Chronic Scrotal Pain Syndrome is not included in the cost of the vasectomy.

_____ I understand that sometimes a vasectomy is not able to be completed due to variations in anatomy, scarring from prior surgery, or other reasons. Dr. Snyder may need to abandon the vasectomy attempt if he feels it is in my best interest to do so, and I will need to rely on another form of birth control if that happens.

_____ I understand that rarely it is possible for a man to get light headed or pass out several minutes after a vasectomy. This is especially true in men who have a history of passing out or getting light headed in the past. I have been informed that being driven home is the safest alternative. If I choose to drive myself, I accept all responsibility if an accident occurs.

_____ I authorize Dr. Snyder to send correspondence to my family doctor and/or my spouse's doctor concerning my vasectomy.

_____ I will have the opportunity to ask questions regarding vasectomy for permanent birth control just prior to having it done and can change my mind at any time prior to the procedure. I have watched the consult video and have reviewed the content on the www.nostork.com website. I wish to proceed with No Needle No Scalpel Vasectomy by Dr. Snyder.

Signature _____
_ (09-2020)

Date _____