Scott D. Dudak, M.D., FACS
Diplomate, American Board of Urology
9325 Glades Road
Suite 101
Boca Raton, FL 33434
(561) 482-8111 (561) 451-1768 fax

Consent for Vasectomy

I authorize Scott D. Dudak, M.D. to perform a bilateral vasectomy procedure on me.

I understand this to include removal of a small portion of each vas deferens through a small scrotal puncture/incision and then sealing severed ends.

I give consent for the use of an appropriate anesthetic agent and for the possible evaluation of any removed tissue by a pathologist.

I understand that with vasectomy a small percentage of patients may develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma and epididymitis. Any complication may require further treatment which may include medications, hospitalization and even surgery. Recanalization or rejoining of the vas ends may occur spontaneously in a small percentage of cases(approximately 1 in 2000.) This would create a situation in which sterility is not achieved, necessitating a repeat vasectomy procedure.

I understand that I am not to be considered sterile until two consecutive postoperative sperm analyses have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present in these specimens. I understand that the chance of delayed recanalization after two negative semen checks is extremely small.

I understand that the long-term effects of vasectomy have been studied extensively over the past 25 years. One such study had suggested a slight increase in prostate cancer rates, however this has not been found in several, other, larger studies. To date, no known diseases or processes are thought to be caused by vasectomy in humans.

I understand that I expect to be sterile as a result of this operation, although no such result is guaranteed. I understand what the term sterility means and in giving my consent to the vasectomy, I have in mind the probability of such a result.

_____   _____
            Signed   Date

_____   _____
            Witness   Date