Clinic / outreach facility: _____

Consent for No Scalpel Vasectomy

Full name: _____ Date of birth: _____

Record / ID number: _____ Telephone: _____

My decision and understanding

I voluntarily request a no-scalpel vasectomy under local anaesthesia. The clinician has explained that the tubes carrying sperm will be blocked through a small opening in the scrotal skin to prevent pregnancy. I understand the following:

Permanence. Vasectomy is intended to be permanent. I do not want to father children in the future. Reversal or fertility treatment may be costly and may not succeed.

Alternatives. Other choices, including condoms, reversible contraception for my partner, and female sterilisation, have been discussed. I may choose another method or no procedure.

Risks. These include pain, bruising, swelling, bleeding or a blood collection, infection, a sperm-related lump (granuloma), and reactions to local anaesthetic. Persistent scrotal pain can occur and may require treatment or further surgery. Failure or reconnection of the tubes may occur, and a repeat vasectomy may be needed. Pregnancy remains possible, even after clearance.

Semen testing. Vasectomy does not work immediately. I must continue another contraceptive method until my clinician reviews my post-vasectomy semen analysis and confirms clearance. My clinic schedules this test at 12 weeks (about 3 months); counting ejaculations alone does not confirm success. Further samples may be required.

Sexual health and recovery. Vasectomy does not protect against HIV or other sexually transmitted infections. It is not expected to affect testosterone, erections or orgasm. Recovery instructions and how to seek help for worsening pain, swelling, bleeding or fever have been explained.

I have disclosed my relevant medical history, medicines and allergies. I have had enough time to consider my decision and ask questions, and my questions have been answered in a language I understand. I may withdraw consent at any time before the procedure without losing access to other care. I consent to the vasectomy and local anaesthesia discussed with me.

Beneficiary signature / thumbprint: _____ Date / time: _____

Clinician confirmation

I have explained the procedure, intended permanence, alternatives, material risks, recovery and need for semen-test clearance. I have answered questions and am satisfied that the beneficiary understands and is consenting voluntarily.

Clinician name: _____ Signature: _____

Date / time: _____ Interpreter / witness name (if used): _____

Interpreter / witness signature: _____ Language used: _____