

## Consent for Your Vasectomy

**Dr William Lynch** MRCGP MICGP  
**Vasectomist & GP Surgeon**



I ..... D.o.B .....

consent to undergo the operation of Vasectomy under local anaesthetic, the nature and purpose of which has been explained to me by Dr William Lynch. I confirm I have read and understood the explanatory leaflet and instruction sheet supplied by him.

**I have been told that the intention of the operation is to make me permanently sterile but that there is a low failure rate.**

I understand that I must supply a semen sample at 16 weeks after the procedure to confirm my sterility. Until this has been confirmed by letter, my partner and I must continue to use a method of contraception.

I have been advised that the operation has a low complication rate, however bruising, bleeding, haematoma, infection and scarring are possible. Cases of persistent scrotal discomfort after vasectomy have been reported but most are mild and settle without treatment.

Date ..... Signed ..... (Patient)

Date ..... Signed ..... (Wife/Partner)

I confirm that I have explained to the patient the nature and purpose of this operation

Date ..... Signed ..... (Dr William Lynch)  
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