

VASECTOMY CONSENT FORM

Polish law guarantees that you have both the right and the obligation to make informed decisions about your health care. It is our intent to provide you with complete and accurate information about vasectomy; it is your responsibility to consider all of the options, the risks, and the benefits, and to make the best choice for you.

1. I, the undersigned, request that Dr. Eugeniusz Siwik perform a vasectomy on me. It has been explained to me that this operation is intended to result in permanent sterility, which means that I would not be capable of fathering a child.
2. At the same time I have been informed about the opportunity to donate sperm to a sperm bank, and the feasibility of vasectomy reversal (restoring patency of vas deferens at my own cost) as well as about the method of in vitro-MESA (Micro Epididymal Sperm Aspiration-Microsurgical Epididymal Sperm Aspiration) (at my own cost).
3. I have been informed of the rules, the conduct and the possible consequences of the proposed surgery (the proposed diagnostic procedure) or with a purpose, action and possible consequences of the proposed surgery.
4. I had the opportunity to ask the doctor questions and I received clear answers.
5. I agree to the administration of local anesthetic (medicine to numb the area of the surgery) or other medications before, during, or after the procedure. Patient can normally eat and drink before and after the procedure.
6. I understand that vasectomy is not immediately effective and that I must use another method of birth control until a semen test proves that my vasectomy was successful.
7. I hereby voluntarily agree and accept the proposed vasectomy, diagnostic procedure, or the application of the proposed treatment in the event of complications after surgery.
8. I declare that during the interview and health tests I have not withheld crucial information about my state of health and illnesses I have had.
9. I undertake to carry out themorphology of the ejaculate – in my place of residence, it self covering the costs of the examination - after 8 (eight) weeks, or if necessary after 12 (twelve) weeks from the date of surgery (vasectomy).
10. I recognize that, as with any operation, there are risks, both known and unknown, associated with vasectomy, and that no guarantee has been given to me as to the results of this operation. Possible complications include, but are not limited to, the following:
 - Inflammatory reaction in the epididymis or vas deferens (5%)
 - Excessive bleeding into the scrotum (hematoma)
 - Painful nodule or scar (sperm granuloma, neuroma)
 - Infection
 - Allergy or adverse reaction to an anesthetic or medication
 - Emotional reactions that could interfere with normal sexual function
 - Failure to achieve or to maintain sterility
11. I understand and accept that these or other conditions may necessitate further treatment, tests, another operation, procedure, and/or hospitalization, at my own expense. I request and authorize my doctor Eugeniusz Siwik and other qualified medical personnel to perform such treatment or procedures as required.
12. I have read and understand the contents of the informational booklet, including the alternative forms of birth control for both men and women. I understand and will abide by the instructions for care after vasectomy, and I have received a written copy. I request this operation (vasectomy) voluntarily, of my own free choice. I have carefully read or had read to me the above, and I understand and accept the terms and conditions.

Date and Patient's Signature