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There are some risks/complications of this procedure, which may include:

- After the operation, you may develop a bruise in the scrotum that may take up to several weeks to resolve.
- You may develop an infection in the skin wound that may need antibiotic treatment.
- You and your partner will need to use alternative contraceptive methods for several weeks until ejaculate samples have been tested and you have been told they are clear of sperm.
- There is a very small chance ejaculates will never clear of sperm due to a technical failure. This will require a repeat operation.
- Sometimes a generally painful and swollen area at the back of a testicle may develop and this may persist for some months. This can be treated with scrotal support, ice packs and anti-inflammatory medication.
- Small cysts may sometimes develop at the back of the testicle.
- There is a small risk of long term aching in the testicles. This is usually mild and responds to anti-inflammatory medication. In a few men, this can be persistent.

Patient Consent:

I acknowledge that: The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. I understand that there is not a 100% guarantee of success with this procedure.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

Name of Patient: _____

Signature: _____

Wife: _____

Date: _____

Doctor's Statement:

I have explained the condition, the procedure and the risks and the likely consequences if those risks occur. I have given the patient an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered as fully as possible.

Name of Doctor: _____

Signature: _____

Date: _____