

**VASECTOMY QUESTIONNAIRE**

LAST Name (REQUIRED) FIRST Name (REQUIRED) PHN/CARE CARD NUMBER (REQUIRED)

Date

**Instructions:** Please complete this questionnaire as completely as possible.  
**All information is strictly confidential and will assist in your evaluation.**

**FERTILITY HISTORY**

How many children do you have? \_\_\_\_\_ What is the age of the youngest child? \_\_\_\_\_

Age of current partner? \_\_\_\_\_

Mark [X] the correct column after each question. If YES to any of the below questions, please explain.

	Yes	No	Not Sure		Yes	No	Not Sure
<b>RELEVANT HISTORY</b> If YES, specify side				<b>UROLOGIC REVIEW</b>			
1. Undescended testes.				17. Family history of PROSTATE cancer			
2. RIGHT				18. Kidney stones			
3. LEFT				19. Bladder infection			
4. Scrotal surgery (e.g. hydrocele)				20. Chlamydia			
5. RIGHT				21. Gonorrhea			
6. LEFT				22. Blood in the urine (hematuria)			
7. Inguinal hernia surgery.				23. Erection problems			
8. RIGHT				24. Bladder or prostate surgery			
9. LEFT				<b>URINARY SYMPTOMS</b>			
10. Pain in your scrotum.				25. Burning			
11. RIGHT				26. Slow stream			
12. LEFT				27. Stream that starts and stops			
<b>CONTRACEPTION</b>				28. Urinate at night more than twice (2x)			
13. Rhythm method				29. More frequent urination than usual			
14. Condoms				30. Incomplete bladder emptying			
15. Oral contraception ("the pill")				31. Difficulty postponing urination			
16. Intrauterine device				32. Leakage (incontinence)			

Explain if you answered YES to any of the above. Is there anything else that you think is important for us to know?

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## **VASECTOMY QUESTIONNAIRE**

### **READ THIS CAREFULLY AND SIGN TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD THIS.**

A vasectomy will not be performed unless you have signed this form. Please speak with the urologist if you have any questions.

1. Vasectomy is intended to be a permanent form of contraception.
2. Vasectomy does not produce immediate sterility
3. Following vasectomy, another form of contraception is required until vas occlusion is confirmed by post-vasectomy semen analysis (PVSA).
4. You will be provided with a requisition, instructions and collection container for the specimen. It is the patient's responsibility to arrange for the test 3 months following vasectomy and confirm a satisfactory result before proceeding with unprotected intercourse.
5. Even after vas occlusion is confirmed, vasectomy is not 100% reliable in preventing pregnancy.
6. The risk of pregnancy after vasectomy is approximately 1 in 2,000 for men who have post-vasectomy azoospermia or PVSA showing rare non-motile sperm (RNMS).
7. Repeat vasectomy is necessary in  $\leq 1\%$  of vasectomies.
8. Refrain from ejaculation for approximately one week after vasectomy.
9. Options for fertility after vasectomy include vasectomy reversal and sperm retrieval with in vitro fertilization. These options are not always successful, and they may be expensive.
10. Rates of surgical complications such as symptomatic hematoma (internal bleeding) and infection are 1-2%.
11. Chronic scrotal pain associated with negative impact on quality of life occurs after vasectomy in about 1-2%. It is an inherent risk of the procedure and may be permanent and uncorrectable.
12. Other permanent and non-permanent alternatives to vasectomy are available.
13. The patient must shave hair from the base of the scrotum prior to the procedure. We advise this be done 2-3 days beforehand.

The technique used by the Metrovan Urologists is a minimally invasive technique. They are done in the ambulatory care clinic at Richmond Hospital. The date of your procedure will be set. The no-scalpel instruments are used. It is performed through a single opening in the majority of patients. Needle (local) anesthetic. Permanent titanium clips are used to occlude the vas, a segment of vas deferens is excised and mucosal cautery. Variations in technique may be used based on the difference in anatomy and at the discretion of the surgeon.

Vasectomy is covered by the Medical Services Plan such that there are no additional costs to the patient, but it is not 'free'. There are significant costs associated with the resources dedicated to the provision of this service. In order to discourage abuse of this service, failure to provide adequate notice of cancellation (7 working days) or failure to show for the procedure will result in a \$150 charge.

I confirm that I have read and understand this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

References: AUA Vasectomy Guideline (2012, modified 2015), CUA Vasectomy Guideline (2016)

**PLEASE COMPLETE ALL PAGES**