Pre Vasectomy Consultation



Patient:		Priv/ GMS	Date:
D.o.B Tel.			
Occupation:		GP:	
Number of children: Age of youngest child:			
General Health:		Allergies: LA:	
Bleeding disorders: Medication:			
Genital surgery: Scrotal pain: Sexual problems:			
Examination:			
Understands alternatives, irreversibility, risk of failure (early & late), delay in onset, potential complications e.g. bruising, bleeding, haematoma, infection, scar tissue, pain?			
Certain re decision? Yes Accepts risk? Yes Consent signed? Yes	s No		
Operation Note			
Date of Operation:			
Pre-med Yes/No No Scalpel Vasectomy p delivered and hyfrecated buried in interfascial plan contraception reinforced. literature supplied and refe	on HP 24 – . e. Haemostasis Arrangement	left first then right. F achieved. Aftercare a s for semen analysi	Proximal ends of vas dvice given. Need for
Additional notes: I]	R	

Surgeon: Dr. William Lynch Letter to GP Nurse:

V3 19.12.2017