



# DR. JOHN BOYLE

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## VASECTOMY COUNSELLING

Patient's Name:	Address:
Phone number:	Name of GP:
Date of Birth:	Partner's age:
Length of relationship	Number & ages of Children in current relationship:
Partner present at counselling : Yes/NO	Number & ages of Children in previous relationship:
Health problems of partner or children:	Consideration of other methods of contraception including female sterilisation:
Medical History, including genital surgery, bleeding disorders & medication:	Post - Op contraception:

CHECK LIST	PLEASE TICK
<p>Loss of child</p> <p>Loss of spouse</p> <p>Relationship breakdown</p> <p>Irreversibility</p> <p>Operation technique</p> <p>Local anaesthesia</p> <p>Sutures</p> <p>Shaving</p> <p>Effects on Hormones, testes &amp; seminal Fluid</p> <p>Post Op pain, bruising &amp; infection</p> <p>Risk of haematoma - 1 in 100</p> <p>Post op seminal samples to be posted 16 weeks.</p> <p>Continued ejaculation required</p> <p>Post op contraception</p> <p>Failure rates:</p> <p>1 in 100 chance that the samples never clear</p> <p>1 in 1000 failure in the first few years after the all clear</p> <p>1 in 5000 up to 10 years after all clear</p> <p>Post - Op pain 3-4%, lasting a few months Sperm granuloma</p> <p>Reason for non - recommendation for procedure (if applicable)</p> <p>Patient suitable and consent obtained for local anaesthetic procedure</p>	

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_