

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p>Name of proposed procedure (include brief explanation if medical term not clear)</p>	<p>ANAESTHETIC</p>
<p><u>SPERM RETRIEVAL FROM VAS DEFERENS OR EPIDIDYMIS</u> SPERM COLLECTION FROM VAS DEFERENS OR EPIDIDYMIS</p>	<p><input type="checkbox"/> GENERAL/REGIONAL <input type="checkbox"/> LOCAL <input type="checkbox"/> SEDATION</p>

Serious or frequently occurring risks

COMMON

- SMALL AMOUNT OF SCROTAL BRUISING

OCCASIONAL

- NO GUARANTEE THAT SPERM WILL BE OBTAINED
- NO GUARANTEE THAT PREGNANCY WILL BE ACHIEVED

RARE

- WORSENING OBSTRUCTION OF THE VAS DEFERENS OR EPIDIDYMIS
- INFECTION AND/OR BLEEDING IN THE SCROTUM OR EPIDIDYMIS REQUIRING SURGICAL EVACUATION.

ALTERNATIVE TREATMENT: OTHER FORMS OF IVF