**Patient vasectomy information and questionnaire**

**Please read the following carefully and then answer the following questions. If after reading you want to go ahead with the vasectomy then please return the attached form via email or paper copy. If you would prefer to discuss the issue further then please arrange an appointment with the doctor.**

Vasectomies are to be considered **non-reversible**. Some procedures can be carried out privately to reverse them but the success rate is mixed and not always possible, so it is best to consider it a permanent change.

Usually a clinician will be reluctant to consider the procedure in anyone under 30, **if you are under 30** and would like a vasectomy then please discuss this with the GP rather than completing the online form.

A vasectomy is carried out as a day case procedure with local anaesthetic.

Results are not instant. It can take between 8-12 weeks to become sterile, sperm samples will be required on follow up to ensure it has been successful. Some people do still produce viable sperm after 12 weeks but this is not common.

Other forms of contraception will be required until you are informed the procedure has been successful.

Vasectomy does not prevent against infections and so condoms are still recommended to reduce this risk.

Currently the procedure is carried out in Nairn, at the health centre, they use the non-scalpel technique which is very common. Please see the link below for more information regarding this.

More information regarding vasectomies can be found here <https://www.nhs.uk/conditions/contraception/vasectomy-male-sterilisation/>

Please see the next page for the patient questionnaire.

**Referral Form**

**If you would like to be referred for a vasectomy then please complete the following questionnaire and return it to the practice, paper copy or email is acceptable, the practice email is** **nhsh.gp55889-reception@nhs.scot****. If you are sending the form via email please put “vasectomy request” as the email subject and ensure your name and date of birth are clear. If filling out on paper please write in block capitals.**

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| --- |
| **Name:** |
| **DOB:** |
| **Address:** |
| **Questions** | **Yes/No** |
| **Do you feel your family is complete?**  |  |
| **Would you be interested in having children in the future even if your current family circumstances changed?** |  |
| **Do you have any current swelling or infection involving the genital area?**  |  |
| **Do you have a current untreated hernia in your groin or thigh?** |  |
| **Are you under investigation for a new testicular lesion or mass?** |  |
| **Are you allergic to local anaesthetic (lidocaine)? If so what reaction did you have?**  |  |
| **Do you have any problems with bleeding or on any regular medication which may make you more likely to bleed?**  |  |

*Upon receipt of your questionnaire please allow admin time of 1 week for this to be processed, an SMS will be sent to inform you of your referral confirmation or if any further information is required first. Times to be seen from referral vary so it is not possible to give an estimated time for how long it may take to be seen.*