



VASECTOMY

DEFINITION	Vasectomy is the most effective available mode of male contraception. The procedure involves interruption or occlusion of the vas deferens, and is typically performed in an outpatient setting under local anesthesia. Compared to tubal ligation, vasectomy is safer, less costly, and has a significantly shorter post-procedure recovery time. Conventional vasectomy approach involves bilateral small scrotal incisions to visualize and mobilize the vas deferens. A portion of the vas is removed and the resulting ends are occluded by electrocautery fulguration and sutures/clips. The no-scalpel vasectomy approach involves a minimal skin puncture made instead of incisions. This technique has reported lower rates of bleeding and infection. The Percutaneous sasal occlusion involves injecting chemicals directly into vas deferens to effect temporary or permanent occlusion. (This procedure is not in general use).
SUBJECTIVE	Male seeking permanent sterilization.
OBJECTIVE	<ol style="list-style-type: none">1. Prior to proceeding with the procedure, the client should be generally in good health and a complete urologic evaluation to confirm the presence of a single vas deferens and testicle on each side and absence of anatomic abnormalities.2. Vital signs, weight , and height
LABORATORY	<ol style="list-style-type: none">1. Routine preoperative laboratory tests, prophylactic antibiotics and fasting are unnecessary.2. Any STI testing as indicated.3. Post-procedure semen analysis
ASSESSMENT	No contraindications for permanent sterilization
PLAN & CLIENT EDUCATION	<p><u>Men choosing to undergo vasectomy should clearly understand the goal of the procedure is permanent sterilization.</u></p> <ol style="list-style-type: none">1. Vasectomy procedure will be done in the Family Planning setting once medical clearance has been completed.2. All pre and postoperative education must be reviewed with the client prior to the vasectomy. <p>Pre-vasectomy counseling includes:</p> <ol style="list-style-type: none">1. Alternative methods of contraception available (including permanent and reversible methods for partners)2. Avoid taking aspirin and non-steroidal anti-inflammatory medications for 7 days prior to the procedure, as these may increase the risk of postoperative bleeding.3. Instruct client regarding possible complications including hematoma, infection, sperm granuloma, and persistent post vasectomy pain.4. Hematoma formation is the most common complication associated with vasectomy. In rare cases, bleeding may be severe enough to require additional surgery for scrotal exploration, hematoma evacuation, and control of bleeding.5. The possibility of failure, although highly effective, is not 100% successful and failure may occur, even years after the procedure was performed.6. Counseled the importance of barrier methods to reduce the risk of STI/HIV7. Consent for Sterilization signed and dated. (See consent form for sterilization). Federal and State Medicaid regulations regarding informed consent, including age of the client, circumstance in which consent is obtained, and interval from time of consent to procedure is required at least 30 days before procedure can be performed.

	<p>Postoperative Care</p> <ol style="list-style-type: none"> 1. The dressing and scrotal support are maintained for at least 48 hours after surgery. An ice pack can be applied to the scrotum for 48 hours helps decrease discomfort and swelling. 2. Review with client mild pain, swelling, and bruising are normal for the first 2-3 days and blood in the ejaculate is common and will typically clear after 3-4 days. Seek medical attention if increasing pain, bleeding from the incision site, fever, or significant scrotal swelling. 3. Bed rest or quiet activity is recommended for the first 24 hours following a vasectomy. The client may return to light work in 2-3 days, but should refrain from heavy work, sports, or lifting for 1 week. 4. Sexual activity is avoided for one week. Client and his partner should be reminded to use an alternate method of contraception until semen analysis has confirmed absence of sperm (azoospermia) in the ejaculate. 5. Vasectomy failure – vasectomy failure can be due to technical errors, recanalization, or unprotected intercourse before azoospermia is documented. 6. A semen analysis 3 months postoperatively; the client should have had at least 20 ejaculates since the time of vasectomy. Azoospermia is indicative of a successful procedure.
<p>CONSULT / REFER TO PHYSICIAN</p>	<ol style="list-style-type: none"> 1. All vasectomies will be performed by a qualified physician in the family planning setting. 2. Any client with medical conditions which require additional medical evaluation.

Revised 08/2013

References:

1. www.uptodate.com/contents/vasectomy-the-basics
2. www.uptodate.com/contents/overview-of-vasectomy
3. Hatcher, R. A., Trussell, J. Nelson, A., et al (Editors)(2011). Contraceptive Technology. (20th revised ed.). p. 460-474. New York: Ardent Media.