Unit 9
VASECTOMY

Learning Objectives

By the end of this unit, learners should be able to:

- Define vasectomy
- List the types of surgical techniques used for vasectomy
- Explain how vasectomy works
- State the effectiveness of vasectomy
- List the characteristics of vasectomy
- Describe the potential complications of vasectomy and their warning signs
- Correct misconceptions about vasectomy
- Determine a client's medical eligibility for vasectomy
- List the 6 points of informed consent for vasectomy
- List the client assessment tasks required for vasectomy
- Explain how to manage complications of vasectomy
- Describe the procedure for performing no-scalpel vasectomy
- Demonstrate knowledge and skills in counselling clients to make an informed choice about vasectomy
- Demonstrate competence in performing no-scalpel vasectomy (for the cadres performing the procedure)
- Provide counselling messages for clients following vasectomy.

Teaching Resources In This Unit

Learning activities

Unit assessment

Unit 9: Vasectomy

Key Points

- **Highly effective and safe contraception**
- **Permanent**. Intended to provide life-long, protection against pregnancy. Reversal is usually not possible.
- **Involves a safe, simple surgical procedure**
- **Three-month delay in taking effect.** The man or couple must use condoms or other contraceptive methods for 3 months after the vasectomy.
- **Does not affect male sexual performance or desire**
- **Promotes male involvement in family planning.**

9.1 Defining Vasectomy

Vasectomy is permanent contraception for men who do not want more children. It is also called male sterilisation and male surgical contraception. Vasectomy involves cutting or blocking the vas deferens, the tubes that carry sperm to the penis.

Types of vasectomy surgical procedures

There are two types of vasectomy procedures:

- **No-scalpel vasectomy (NSV**) is the recommended technique. It requires only one small puncture in the scrotum.
- **Conventional vasectomy**: In this technique, the provider makes one or two small incisions on the scrotum.

This unit focuses on no-scalpel vasectomy, which is the technique most often performed in Malawi. The advantages of NSV versus conventional vasectomy include:

- Less pain, bruising and bleeding, and quicker recovery because only 1 small puncture is made instead of 1-2 incisions
- Requires no stitches to close the skin
- Fewer infections and less likelihood of a hematoma (a collection of blood in the tissue)
- Shorter time required for procedure, when performed by skilled providers.

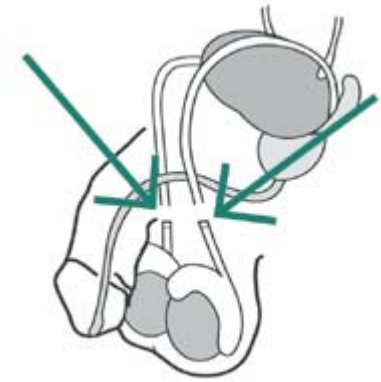
How vasectomy works

Vasectomy works by closing off the vas deferens from each side of the testes, which prevents sperm from entering semen and fertilizing the ovum. Semen is ejaculated, but it does not contain sperm so cannot cause pregnancy.

9.2 Effectiveness

Vasectomy is highly effective in preventing pregnancy, with less than 1 pregnancy per 100 women in the first year (2 in 1,000) for women whose partners have undergone vasectomy, and even lower rates after the first year.

- Vasectomy is not fully effective for 3 months after the procedure because sperm that have already formed may still end up in the semen in the first few months.
- A small risk of pregnancy remains beyond the first year after the vasectomy. (Over 3 years of use: About 4 pregnancies per 100 women.)
- In the rare case of a man who has had a vasectomy impregnating his partner, it may be because:
  - The couple did not always use another method during the first 3 months after the procedure.
  - The provider did not cut/tie both vas deferens.
  - The cut ends of the vas deferens grew back together.



(Illustration by Rafael Avila and Rita Meyer)

Fertility does not return because vasectomy generally cannot be stopped or reversed.

The procedure is intended to be permanent. Reversal surgery is difficult, expensive, and not available in most areas. When performed, reversal surgery often does not lead to pregnancy (see Question 7, Section 9.11).

9.3 Characteristics

Advantages

- Permanent, safe, convenient contraception
- Can increase enjoyment and frequency of sex
- Takes burden off the woman because the man takes responsibility for contraception
- Has no long-lasting side effects.

Disadvantages

- Cannot be reversed
- Does not protect against STIs, including HIV.

Side effects, Health benefits, Health risks: None

There are no side effects, other than short-term discomfort after the procedure. The procedure is simple, safe, and has no known health risks, other than a very small risk of complications, and does not have any known health benefits.

Complications

- Uncommon to rare: Severe scrotal or testicular pain that lasts for months or years
- Uncommon to very rare: Infection at the incision site or inside the incision (uncommon with conventional incision technique; very rare with NSV)
- Rare: Bleeding under the skin that may cause swelling or bruising.

9.4 Correcting Misconceptions

Vasectomy:

- Does not remove the testicles. In vasectomy the tubes carrying sperm from the testicles are blocked. The testicles remain in place.

- Does not decrease sex drive
- Does not affect sexual function. A man's erection is as hard, it lasts as long, and he ejaculates semen the same as before. Only a very small amount of the volume of semen is made up of sperm.
- Does not cause a man to grow fat, become weak, experience back pain, feel less masculine or less productive
- Does not cause any diseases later in life
- Does not prevent transmission of sexually transmitted infections (STIs), including HIV.

9.5 Men Who Can Have a Vasectomy

Vasectomy is safe for all men

With counselling and informed consent, any man can have a vasectomy safely, including men who:

- Have no children or few children
- Are not married
- Do not have their wife's permission
- Are young
- Have sickle cell disease
- Are at high risk of infection of HIV or another STI
- Are infected with HIV, whether or not on antiretroviral therapy.

In some of these situations, especially careful counselling is important to make sure the man will not regret his decision.

Men can have a vasectomy:

- Without any blood tests or routine laboratory tests
- Without a blood pressure check
- Without a haemoglobin test
- Without a cholesterol or liver function check
- Even if the semen cannot be examined by microscope later to see if it still contains sperm.

9.6 Vasectomy for Men Living with HIV

- Men who are infected with HIV, have AIDS or are on antiretroviral (ARV) therapy can safely have a vasectomy. Special arrangements are needed to perform vasectomy on a man with AIDS.
- Urge these men to use condoms in addition to vasectomy. Used consistently and correctly, condoms help prevent transmission of HIV and other STIs.
- No one should be coerced or pressured into getting a vasectomy, and that includes men with HIV.

9.7

Medical Eligibility Criteria Screening Questions

For Vasectomy

The WHO MEC categories for permanent contraception (vasectomy and female sterilisation) are different than those for other contraceptive methods. Instead of using Categories 1- 4, the categories for these methods are: **Accept**, **Caution**, **Delay**, and **Special**.

In the case of vasectomy, no medical conditions prevent a man from using this method, although some conditions require **caution**, **delay**, or making **special** arrangements.

This list of screening questions asks the client about known medical conditions that may limit when, where, or how the vasectomy procedure should be performed. If the client answers "no" to all of the questions below, then the vasectomy procedure can be performed in a routine setting without delay. If he answers "yes" to any question below, follow the instructions provided, which recommend caution, delay, or special arrangements.

- *Caution* means the procedure can be performed in a routine setting but with extra preparation and precautions, depending on the condition.
- *Delay* means postpone the vasectomy. These conditions must be treated and resolved before vasectomy can be performed. Give the client another method to use until the procedure can be performed.
- *Special* means special arrangements should be made to perform the procedure in a setting with an experienced surgeon and staff, equipment to provide general anaesthesia, and other backup medical support. Depending on the condition, it may not be possible to use the no-scalpel method of vasectomy. For these conditions, the capacity to decide on the most appropriate procedure and anaesthesia regimen also is needed. Give the client a backup method such as male or female condoms to use until the procedure can be performed.

1. Do you have any problems with your genitals, such as infections, swelling, injuries, or lumps on your penis or scrotum? If so, what problems?

Action	Condition
If he has any of these, use **Caution**	• Previous scrotal injury • Swollen scrotum due to swollen veins or membranes in the spermatic cord or testes (large varicocele or hydrocele) • Undescended testicle—one side only. (Vasectomy is performed only on the normal side. Then, if any sperm are present in a semen sample after 3 months, the other side must be done, too.)
If he has any of these, **delay vasectomy**	• Active sexually transmitted infection • Swollen, tender (inflamed) tip of the penis, sperm ducts (epididymis), or testicles • Scrotal skin infection or a mass in the scrotum
If he has any of these, make **special**	• Hernia in the groin. (If able, the provider can perform the vasectomy at the same time as repairing the hernia. If this is not

arrangements	possible, the hernia should be repaired first.) • Undescended testicles—both sides

2. Do you have any other conditions or infections? If so, what?

Action	Condition
If he has any of these, use **caution**	• Diabetes • Depression • Young age
If he has any of these, **delay vasectomy**	• Lupus with positive (or unknown) antiphospholipid antibodies or on immunosuppressive treatment • Scrotal skin infection; active STI; swollen, tender tip of penis, sperm ducts, or testicles • Currently ill with AIDS-related illness • Systemic infection or gastroenteritis • Filariasis or elephantiasis
If he has any of these, make **special arrangements**	• AIDS (see Vasectomy for Men Living With HIV) • Blood fails to clot (coagulation disorders) • Lupus with severe thrombocytopenia

9.8 Counselling for Informed Consent

Vasectomy counselling must cover all 6 points of informed consent. In some programs the client and the counsellor both sign an informed consent form. To give informed consent for vasectomy, the client must understand the following points:

- Temporary contraceptives are also available to the client.
- Vasectomy is a surgical procedure.
- There are certain risks of the procedure as well as benefits. (Both risks and benefits must be explained in a way that the client can understand.)
- If successful, the procedure will prevent the client from having any more children.
- The procedure is considered permanent and probably cannot be reversed.
- The client can decide against the procedure at any time before it takes place (without losing rights to other medical, health, or other services or benefits)

9.9 Client Assessment Required for Vasectomy

Once the client makes an informed and voluntary choice for vasectomy, the provider conducts a physical exam. Vasectomy requires an examination of the groin, penis, testes, and scrotum to rule out any temporary conditions such as a local infection or other contraindications that might require a specialist to perform the procedure or require a delay in performing the procedure.

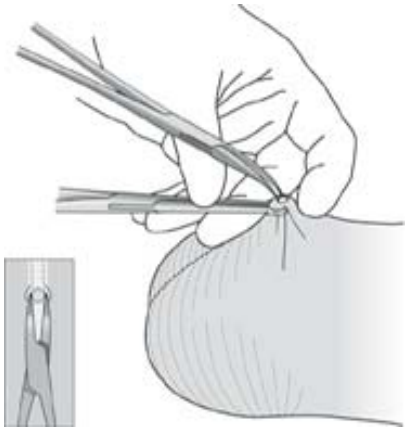
(For more information, see Table 4.1: “Client Assessment Tasks Required for All Contraceptive Methods” in Unit 4.)

9.10 Providing Vasectomy

Note: This description is a summary, not detailed instructions. Detailed procedure steps are included in the learning guide in the Teaching Resources section of this unit.

Before providing vasectomy, describe the procedure for the client:

- Before the procedure, the client washes and shaves the front part of his scrotum.
- The provider uses infection prevention procedures at all times.
- The provider gives the man an injection of local anaesthetic in his scrotum.
- The provider feels the skin of the scrotum to find each vas deferens—the tubes in the scrotum that carry sperm.
- The provider makes a puncture or incision in the skin:
  - Using the NSV technique, the provider grasps the tube with a specially designed clamp and makes a tiny puncture on the skin at the midline of the scrotum with a special surgical instrument.
  - Using the conventional procedure, the provider makes 1 or 2 small incisions in the skin with a scalpel.
- The provider lifts out a small loop of vas from the puncture or incision. The provider then cuts each tube and ties the cut ends closed with thread.
- The provider covers the puncture with an adhesive bandage, or closes the incision with stitches.
- The client rests for 15–30 minutes.



(Illustration adapted by Rafael Avila from EngenderHealth)

9.11 Client Counselling and Instructions After Vasectomy

- Rest at home for 2 days, if possible. Avoid riding a bicycle, lifting heavy objects, or performing strenuous activities for 5 days.
- The client may have some discomfort, swelling, and bruising. These should go away within 2 to 3 days. Suggest ibuprofen (200–400 mg), paracetamol (500–1000 mg), or other pain reliever.
- Wear snug underwear or trousers for 2 to 3 days to help support the scrotum. This will lessen swelling, bleeding, and pain.
- Keep the puncture/incision site clean and dry for 2 to 3 days. Client can use a towel to wipe his body clean but should not soak in water.
- Do not have sex for at least 2 to 3 days.
- Use male or female condoms or another effective family planning method for 3 months after the procedure. (The previously recommended alternative, to wait for 20 ejaculations, has proved less reliable than waiting 3 months and is no longer recommended.)
- Return in 3 months for semen analysis, if available (see Question 4, Section 9.11). However, no man should be denied a vasectomy because follow-up would be difficult or not possible.

Reasons to return

- Assure every client that he is welcome to come back any time—for example, if he has problems or questions, or his partner thinks she might be pregnant. (A small number of vasectomies fail, and the men's partners become pregnant.)
- Also, he should return if he has bleeding, pain, pus, heat, swelling, or redness in the genital area that becomes worse or does not go away.

9.12 Managing Complications

Complications are very rare. However the client may experience the following:

Bleeding or blood clots after the procedure

- Reassure him that minor bleeding and small uninfected blood clots usually go away without treatment within a couple of weeks.
- Large blood clots may need to be surgically drained.
- Infected blood clots require antibiotics and hospitalization.

Infection at the puncture or incision site (redness, heat, pain, pus)

- Clean the infected area with soap and water or antiseptic.
- Give oral antibiotics for 7 to 10 days.
- Ask the client to return after taking all antibiotics if the infection has not cleared.

Abscess (a pocket of pus under the skin caused by infection)

- Clean the area with antiseptic.
- Cut open (incise) and drain the abscess. This should be done by a provider who is familiar with vasectomy complications, preferably the provider who performed the procedure.
- Treat the wound.
- Give oral antibiotics for 7 to 10 days.
- Ask the client to return after taking all antibiotics if the wound produces heat, redness, pain, or drainage.

Pain lasting for months

- Suggest elevating the scrotum with snug underwear, trousers, or an athletic supporter.
- Suggest soaking in warm water.
- Suggest aspirin (300–600 mg), ibuprofen (200–400 mg), paracetamol (500–1000 mg) or other pain reliever.
- Provide antibiotics if infection is suspected.
- If pain persists and cannot be tolerated, refer for further care (see Question 2, Section 9.11).

9.13 Questions and Answers about Vasectomy

1. Will vasectomy make a man lose his sexual ability? Will it make him weak or fat?

No. After vasectomy, a man will look and feel the same as before. He can have sex the same as before. His erections will be as hard and last as long as before, and ejaculations of semen will be the same. He can work as hard as before, and he will not gain weight because of the vasectomy.

(Illustration by Rafael Avila and Rita Meyer)

2. Will there be any long-lasting pain from vasectomy?

Some men report having chronic pain or discomfort in the scrotum or testicles that can last from 1 to 5 years or more after a vasectomy. In the largest studies, involving several thousand men, less than 1% reported pain in the scrotum or testicles that had to be treated with surgery. In smaller studies, of about 200 men, as many as 6% reported severe pain in the scrotum or testicles more than 3 years after the vasectomy. In a similar group of men who did not have vasectomies, however, 2% reported similar pain. Few men with severe pain say that they regret having the vasectomy. The cause of the pain is unknown. Treatment includes elevating the scrotum and taking pain relievers. An anaesthetic can be injected into the spermatic cord to numb the nerves to the testicles. Some providers report that surgery to remove the painful site or reversing the vasectomy relieves the pain. Severe, long-lasting pain following vasectomy is uncommon, but all men considering a vasectomy should be told about this risk.

3. Does a man need to use another contraceptive method after a vasectomy?

Yes, for the first 3 months. If his partner has been using a contraceptive method, she can continue to use it during this time. Not using another method for the first 3 months is the main cause of pregnancies in couples relying on vasectomy.

4. Is it possible to check if a vasectomy is working?

Yes. A provider can examine a semen sample under a microscope to see if it still contains sperm. If the provider sees no moving (motile) sperm, the vasectomy was successful. A semen examination is recommended at any time after 3 months following the procedure but is not essential.

If there is less than 1 non-motile sperm per 10 high-power fields (less than 100,000 sperm per millilitre) in the sample, the man can rely on his vasectomy and stop using a backup method for contraception. If his semen contains more moving sperm, the man should continue to use a backup method and return to the clinic monthly for a semen analysis. If his semen continues to have moving sperm, he may need to have a repeat vasectomy.

5. What if a man's partner gets pregnant?

Every man having a vasectomy should know that vasectomies sometimes fail, and his partner could become pregnant as a result. He should not make the assumption that his partner was unfaithful if she becomes pregnant. If a man's partner becomes pregnant during the first 3 months after his vasectomy, remind the man that for the first 3 months

they needed to use another contraceptive method. If possible, offer a semen analysis and, if sperm are found, repeat the vasectomy.

6. Will the vasectomy stop working after a time?

Generally, no. Vasectomy is intended to be permanent. In rare cases, however, the tubes that carry sperm grow back together, and the man will require a repeat vasectomy.

7. Can a man have his vasectomy reversed if he decides that he wants another child?

Generally, no. Vasectomy is intended to be permanent. People who may want more children should choose a different family planning method. Surgery to reverse vasectomy is possible for only some men, and reversal often does not lead to pregnancy. The reversal procedure is difficult and expensive, and providers who are able to perform such surgery are hard to find. Thus, vasectomy should be considered irreversible.

8. Is it better for the man to have a vasectomy or for the woman to have female sterilisation?

Each couple must decide for themselves which method is best for them. Both are very effective, safe, permanent methods for couples who know that they will not want more children. Ideally, a couple should consider both methods. If both are acceptable to the couple, vasectomy would be preferable because it is simpler, safer, easier, and less expensive than female sterilisation.

9. How can health care providers help a man decide about vasectomy?

Provide clear, balanced information about vasectomy and other family planning methods, and help the man (and his partner, if appropriate) to think through his decision fully. Thoroughly discuss with him his feelings about having children and ending his fertility. For example, help him think how he would feel about possible life changes such as a change of partner or a child's death. Review “The 6 Points of Informed Consent” (Section 9.7) to be sure the man understands the vasectomy procedure.

10. Should vasectomy be offered only to men who have reached a certain age or have a certain number of children?

No. There is no justification for denying vasectomy to a man just because of his age, the number of his living children, or his marital status. Each man must be allowed to decide for himself whether or not he will want more children and whether or not to have vasectomy.

11. Does vasectomy increase a man's risk of cancer or heart disease later in life?

No. Evidence from large, well-designed studies shows that vasectomy does not increase the risk of testicular cancer, prostate cancer, or heart disease.

12. Can a man who has a vasectomy transmit or become infected with STIs, including HIV?

Yes. Vasectomies do not protect against STIs, including HIV. All men at risk of STIs, including HIV, whether or not they have had vasectomies, need to use male or female condoms to protect themselves and their partners from infection.

13. Where can vasectomies be performed?

If no pre-existing medical conditions require special arrangements, vasectomy can be performed in almost any health facility, including health care centres, family planning clinics, and the treatment rooms of private doctors.

Vasectomy Case Studies

(From EngenderHealth 2007, adapted by permission of EngenderHealth)

Case Study 1

The client is a 29-year-old man who has 4 children and does not want any more. He does not want to tell his wife that he wants a vasectomy because she wants to have more children.

1. Is the client making a well-considered decision?
2. As a provider, what questions would you want to ask?
3. What signs indicate that the client's decision is sound? What are the possible warning signs?
4. What issues would you want to discuss with the client?

Case Study 2

The client is a 20-year-old man who has 3 children, and his partner supports his decision to have a vasectomy.

1. Is the client making a well-considered decision?
2. As a provider, what questions would you want to ask?
3. What signs indicate that the client's decision is sound? What are the possible warning signs?
4. What issues would you want to discuss with the client?

Case Study 3

The client is a 30-year-old man whose wife just survived a difficult labour delivering their third child. He has just lost his job.

1. Is the client making a well-considered decision?
2. As a provider, what questions would you want to ask?
3. What signs indicate that the client's decision is sound? What are the possible warning signs?
4. What issues would you want to discuss with the client?

Vasectomy Case Studies Answer Key

Case Study 1

1. **Is the client making a well-considered decision?**

   Yes, in general if he already has 4 children and is certain that he doesn't want any more, he is making a responsible decision. Ideally, he and his wife would be in agreement about this, but he does not need her permission to undergo the procedure.

2. **As a provider, what questions would you want to ask?**

   It is always better to discuss and agree with such important decisions with your partner, and the provider might want to ask why he hasn't told his wife and if he would consider doing so.

3. **What signs indicate that the client's decision is sound? What are the possible warning signs?**

   The fact that he hasn't told his wife may mean that he is ambivalent about his decision.

4. **What issues would you want to discuss with the client?**

   The provider might want to discuss if his wife found out he had a vasectomy, how would she react? What problems might it cause for their relationship and family?

Case Study 2

1. **Is the client making a well-considered decision?**

   Yes, in general it is a good decision if he already has 3 children and has discussed this with his partner.

2. **As a provider, what questions would you want to ask?**

   This client is young to make this lifelong decision. The provider might want to ask if he would regret this decision if his wife died and he had another partner/wife who wanted more children, or if one or more of his children were sick and died. However, there is no reason to deny the procedure.

3. **What signs indicate that the client's decision is sound? What are the possible warning signs?**

   Only that he is young, and this is a permanent decision.

4. **What issues would you want to discuss with the client?**

   Same as above under question number 2.

Case Study 3

1. **Is the client making a well-considered decision?**

   Probably not. Though his desire to have a vasectomy may seem like a good decision to support his wife and because of financial concerns, both of these circumstances could change. However, there is no reason to deny the procedure.

2. **As a provider, what questions would you want to ask?**

The provider might want to ask if he has discussed this with his wife, how he might feel if his wife or one of his children gets ill or dies, and if he would want more children if he had another job.

3. **What signs indicate that the client's decision is sound? What are the possible warning signs?**

   It is never a good idea to make a permanent decision such as vasectomy when you are under stress or have had big changes in your life.

4. **What issues would you want to discuss with the client?**

   Encourage him to talk about it with his wife when she is feeling better and to take some time to think about it.

Vasectomy Role Play

Participant roles

Clinician: The clinician is a nurse who is knowledgeable about family planning and counselling.

Client 1: The client is 34 years old and has 5 living children. She has also had 4 babies who died in infancy. Her last pregnancy 3 years ago was extremely difficult, and both she and the baby almost died during delivery. The doctors have told her that it would be very dangerous for her to get pregnant again.

Client 2: The other client is the 45-year-old husband of Client 1. He agrees that they do not want additional children but is resistant to vasectomy.

Situation

The client and her husband agree that sterilisation is a good option for them but are unsure who should be sterilised. They have come to the clinic today to get more information so that they can make a decision as soon as possible. The client is worried that if she is sterilised she will become fat and lazy and unable to care for all her children. Her husband has heard that vasectomy will make him weak and unable to work in the fields or support his family.

Vasectomy Quiz Questions

(From EngenderHealth 2007, adapted by permission of EngenderHealth)

Questions 1–5: Tick the best answer for each question.

1. After vasectomy, when can the client resume sexual intercourse without backup methods?
    a. After a month
    b. After 3 months
    c. After 20 ejaculations
    d. After 6 months

2. Possible complications of vasectomy include all of the following except:
    a. Wound infection
    b. Haematoma
    c. Hydrocoele
    d. Pain lasting for months

3. Compared to bilateral tubal ligation, which of the following is an important issue to note with regard to vasectomy?
    a. More effective
    b. Less expensive
    c. Safer
    d. All of the above

4. Vasectomy has an effectiveness rate of:
    a. 99.8%
    b. 95%
    c. 100%
    d. 97.8%

5. Conditions or situations requiring precaution for vasectomy include:
    a. Single/or no living children
    b. Symptomatic heart disease
    c. Diabetes mellitus
    d. All of the above

Questions 6–17. Indicate whether the following statements are **true** or **false by writing a "T" for true or an "F" for false in the space provided before each statement.**

___6. A trained counsellor or provider is the best person to choose an appropriate contraceptive method for a couple.

___7. The vasectomy provider should verify a client's informed consent by talking with him before the procedure.

___8. During vasectomy counselling the client should be assured that he can change his mind at any time before the procedure without losing the right to other medical services.

___9. A man with diabetes cannot have a vasectomy.

___10. A pre-vasectomy evaluation includes a medical history, a complete physical exam, and a hemoglobin count or hematocrit.

___11. A client with syphilis should be treated for the infection before having a vasectomy.

___12. A client whose vasectomy needs to be postponed should be counselled about alternative methods of contraception to use in the meantime.

___13. After vasectomy, a man should use an alternative contraceptive for 3 weeks.

___14 A man who has bruising and/or passes a blood clot during ejaculation should immediately return to his NSV provider.

___15. Following a vasectomy, a man should avoid strenuous activity and wear a snug undergarment for 48 hours.

___16. Vasectomy provides protection against pregnancy and sexually transmitted infections.

___17. Providing clients with clear post-vasectomy instructions is an important way to prevent complications.

Vasectomy Quiz Questions Answer Key

1. After vasectomy, when can the client resume sexual intercourse without backup methods?
   b. After 3 months
2. Possible complications of vasectomy include all of the following except:
   c. hydrocoele
3. Compared to female sterilisation, which of the following is true of vasectomy?
   d. All of the above
4. Vasectomy has an effectiveness rate of:
   a. 99.8%
5. Conditions or situations requiring caution for vasectomy include:
   c. Diabetes mellitus

Questions 6–17. Indicate whether the following statements are **true** or **false by writing a "T" for true or an "F" for false in the space provided before each statement.**

F__6. A trained counsellor or provider is the best person to choose an appropriate contraceptive method for a couple.

T__7. The vasectomy provider should verify a client's informed consent by talking with him before the procedure.

T__8. During vasectomy counselling the client should be assured that he can change his mind at any time before the procedure without losing the right to other medical services.

F__9. A man with diabetes cannot have a vasectomy.

F__10. A pre-vasectomy evaluation includes a medical history, a complete physical exam, and a hemoglobin count or hematocrit.

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T__15. Following a vasectomy, a man should avoid strenuous activity and wear a snug undergarment for 48 hours.

F__16. Vasectomy provides protection against pregnancy and sexually transmitted infections.

F__17. Providing clients with clear post-vasectomy instructions is an important way to prevent complications.

Learning Guide for No-Scalpel Vasectomy Clinical Skills

(to be used by participants)

Rate the performance of each step or task observed using the following rating scale:

1 **Needs Improvement**: Step or task not performed correctly or out of sequence (if necessary) or is omitted

2 **Competently Performed**: Step or task performed correctly in proper sequence (if necessary) but participant not progressing from step to step efficiently

3 **Proficiently Performed**: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Participant_____ Course Dates_____

Learning Guide for No-Scalpel Vasectomy Clinical Skills					
Task/Activity	**Cases**				
GETTING READY					
1. Put on surgical mask, if appropriate.					
2. Greet client respectfully, establish rapport.					
3. Ensure that the patient did not take aspirin or other anti-inflammatory medication, and did not consume alcohol, since these substances may increase the risk of bleeding.					
4. Verify client's identity and check that informed consent was obtained.					
5. Ensure that client has emptied bladder.					
6. Check that client has thoroughly washed and shaved the front portion of the scrotum.					
7. Provide surgical or clean gown for the patient.					
PRE-OPERATIVE TASKS					
1. Ensure warm room temperature to relax the scrotum.					
2. Determine that sterile, high-level disinfected instruments (ringed clamp, dissecting forceps and straight scissors) and supplies, including suture, are available.					
3. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
4. Put new examination or high-level disinfectant surgical gloves on both hands.					
5. Examine the scrotal area by palpating the scrotum to assess the thickness of the scrotal skin.					
6. Gently wash the scrotum with a warm antiseptic solution.					
7. Wash and scrub your hands and forearms either with soap and water or antiseptic agents.					
8. Wear sterile theatre attire and sterile gloves.					
9. Ask the man to lie in supine position on the table and give him a small pillow to place under his head.					
10. Put the penis in a 12 o'clock position on the man's abdomen so that the median raphe is clearly visible.					
11. Place sterile drapes over the client to guard against infection.					
VASECTOMY PROCEDURE					

Learning Guide for No-Scalpel Vasectomy Clinical Skills					
Task/Activity	**Cases**				
1. Administer local anaesthesia away from the vasectomy site in the direction of the inguinal ring to make skin entry easier.					
2. Hold the vas in proper position using the three finger technique. Place left thumb at the juncture of the middle and upper thirds of the median raphe. With the middle finger of your left hand under the scrotum, palpate the vas and sweep it toward the raphe beneath your thumb.					
3. Raising the skin wheal, ensure the needle site is at the midline, over the vas deferens midway between the thumb and index finger. Insert the tip of the needle to raise a superficial skin wheal, 1 to 1.5 cm in diameter.					
4. Inject lignocaine without epinephrine into the dermis and subcutaneous tissues: 0.5cc is usually adequate.					
5. Make a small opening/puncture in the scrotum.					
6. Lift either the right or left vas deferens through the puncture hole.					
7. Competently cut the vas deferens. A section may or may not be removed.					
8. Heat seal or tie the two cut ends of the vas deferens before returning them to the scrotum. Repeat this procedure with the other vas deferens.					
9. If an incision was made in the scrotal skin, suture the opening and apply a sterile adhesive dressing to the wound.					
10. Give postoperative instructions.					
11. Ensure that client is safely transferred to the post-operative (recovery) area. Observe for 15-30 minutes prior to discharge.					
POSTOPERATIVE TASKS					
1. Dispose of sharps appropriately and disinfect surgical instruments before removing gloves.					
2. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					

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