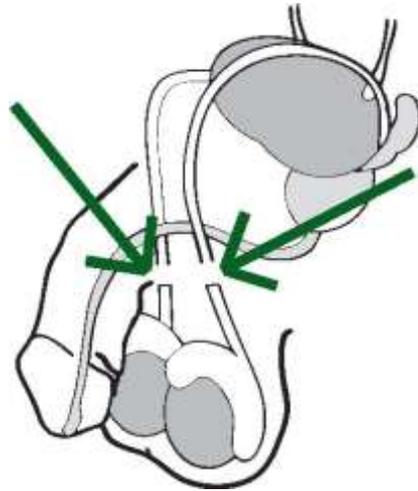


Vasectomy

Vasectomy provides permanent contraception for clients who decide that their desired family size has been achieved. It is a safe, simple, quick surgical procedure and can be performed in a clinic. It is not castration, does not affect the testes, and does not affect sexual ability.

Mode of Action

The surgeon makes a small opening in the scrotum and closes off both tubes that carry sperm from the testicles. The semen becomes devoid of sperm and, therefore, pregnancy cannot occur.



Effectiveness

Vasectomy is very effective and permanent when correctly done. Between 2 and 3 pregnancies occur per 100 women in the first year after their husbands have the procedure.

Correctly done means that condoms were used consistently for at least 3 months after the procedure. Semen analysis 3 months after the procedure should be performed to make sure that the vasectomy was successful.

Advantages

- Very effective.
- Permanent: A single, quick procedure leads to life-long, safe and very effective family planning.
- No interference with sex. Does not affect the ability to have sex.
- Increased sexual enjoyment because no need to worry about pregnancy.
- No supplies to obtain and no repeated clinic visits required.
- No apparent long-term health risks.
- ⑩ Compared with voluntary female sterilization, vasectomy is:
 - A non-invasive procedure
 - Slightly more effective
 - Safer
 - Easier to perform
- Effectiveness can be checked any time.

Voluntary Surgical Contraception

- ⑩ If pregnancy occurs due to failure of vasectomy, it is less likely to be ectopic than a pregnancy in a woman who has been sterilized.

Limitations

- Requires minor surgery by a specially trained provider.
- Not immediately effective. The couple must use another contraceptive method for at least the first 3 months.
- Semen analysis has to be done to make sure that there are no sperm in it and the procedure is successful.
- Reversal surgery is difficult, expensive, and not available in most areas.
- Successful reversal cannot be guaranteed.
- No protection against STIs, including HIV/AIDS.

Client Selection as per World Health Organization Medical Eligibility Criteria for Vasectomy

All clients who wish to can have a vasectomy. No medical conditions prevent a client from having vasectomy. This checklist asks the client about known medical conditions that may limit the vasectomy procedure. Ask the client the questions below. If the answer is “no” to all of the questions, then the vasectomy procedure can be performed in a routine setting without delay. If the answer is “yes” to a question given below, follow the instructions, which recommend caution, delay, or special arrangements. In the checklist below: **Caution** means the procedure can be performed in a routine setting but with extra preparation and precautions, depending on the condition. **Delay** means postpone 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 is needed as well as other backup medical support. For these conditions, the capacity to decide on the most appropriate procedure and anaesthesia regimen also is needed. Give the client a backup method to use until the procedure can be performed. **1.** Does the client have any problems with his genitals, such as infections, swelling, injuries, or lumps on his penis or scrotum? If client has any of the following, use caution:

- Previous scrotal injury
- Swollen scrotum due to swollen veins or membranes in the spermatic cord or testes (large varicocele or hydrocele)

Client Selection as per World Health Organization Medical Eligibility Criteria for Vasectomy

- 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 client has any of the following, *delay* vasectomy: • Active STI • Swollen, tender (inflamed) tip of the penis, sperm ducts (epididymis), or testicles • Scrotal skin infection or a mass in the scrotum If client has any of the following, make *special* arrangements: • Hernia in the groin • Undescended testicles
- 2. Does the client have any other conditions or infections? If so, what? If client has the following, use *caution*: • Diabetes • Depression • Young age *Delay* vasectomy if client has: • Systemic infection or gastroenteritis • Filariasis or elephantiasis Make *special* arrangements if: • Client has AIDS (see vasectomy for men with HIV, below) • Client has blood that fails to clot (coagulation disorders)

Vasectomy for Men with HIV

- Clients who are infected with HIV, have AIDS, or are on antiretroviral therapy (ART) can safely have a vasectomy, but special arrangements are needed.
- Vasectomy does not prevent transmission of HIV.
- Advise the client to use condoms correctly and consistently for 3 months post-operatively.
- Coercion or force for getting a vasectomy should be avoided.

Method of Use

Any time client decides that the desired family size is achieved.

Technique of Vasectomy

- Use proper infection prevention procedures at all times.
- Inject local anaesthetic in the scrotum.
- Feel the two vas deferens under the skin in the scrotum.
- Make a puncture or incision in the skin:
- Inform them that VSC is a surgical procedure that it is permanent, and involves cutting and tying of the tubes in the female and of the vas in the male.
- Make sure that the client understands the information correctly and has no misconceptions.
- Explain to the client about the steps of the minilaparotomy or vasectomy procedures.
- Encourage questions.
- Answer questions clearly in terms that the client(s) understands; dispel misconceptions.
- Explain the effectiveness of the procedure, and its failure rate.
- Give written information as well.
- ⑩ Ensure that the client is not making a decision because of pressure from any person, policy, or incentive to avoid later regrets. If the client is undecided about accepting VSC:

- Give him/her time to think things over.
- Help him/her chose another method of contraception.
- ⑩ Ask him/her to come back when he/she has reached a decision. If VSC is not acceptable:
 - ⑩ Advise a long-term contraceptive such as an IUCD or implant. When a client is ready to accept VSC:
 - Give him/her additional information about the nature of the anaesthesia and surgery, operating theatre routine, post-operative care, side effects, etc., and refer him/her to a VSC facility after you fill out a referral form.
 - ⑩ If TL is the method of choice, give information about the time in relation to menstrual cycle, delivery, and abortion. If you are counselling a pregnant client, inform her that TL can be performed:
 - Within 1 week of delivery, or within 48 hours after abortion (early surgery has the advantage of avoiding re-admission to hospital).
 - As an interval procedure at any time after 6 weeks postpartum.

- Using the no-scalpel vasectomy technique, grasp the vas deferens with specially designed, sharp surgical forceps and make a tiny puncture in the skin at the midline of the scrotum,
OR
- Using the conventional procedure, make one or two small incisions in the skin with a scalpel.
- Lift out a small loop of each vas from the puncture or incision.
- Cut each vas and tie one or both cut ends with thread.
- Cover the puncture with an adhesive bandage.

Side Effects and Management

If a client experiences pain, swelling, or redness at or around the incision, check for clots, pus, infection, or abscess and refer accordingly.

Table 12-1. Vasectomy: Side Effects and Fears, and Their Management

Side Effect	Management
Pain	<ul style="list-style-type: none"> • Check for blood clots in the scrotum: <ul style="list-style-type: none"> - Small, uninfected blood clots require rest and pain relief medication such as paracetamol. - Large blood clots may need to be surgically removed. - Infected blood clots require antibiotics and hospitalization.
Infection (pus, heat, pain, or redness)	<ul style="list-style-type: none"> • Clean site with soap and water or antiseptic. • Give 7- to 10-day course of oral antibiotics.
Abscess (a pocket of pus under the skin)	<ul style="list-style-type: none"> • Clean site with antiseptic. • Incise and drain the abscess. • Perform wound care. • If significant skin infection involved, give 7- to 10-day course of oral antibiotics.
Fear of impotence	Vasectomy does not physically change sexual desire, functioning, or pleasure.

Method-Specific Counselling

Pre-Procedure Counselling

For all clients requesting VSC, follow the steps given below:

- Give them information about temporary methods of contraception.
- Ask the couple what they know about VSC.

At the VSC centre, the client will be given a consent form to sign in which he/she will again be asked about informed choice, and it will be made clear that he/she is still free to change his/her mind, even though the consent form has been signed.

A separate consent form for males should be available for vasectomy.

Voluntary Surgical Contraception

Post-Procedure Counselling After the VSC procedure is over, take the following steps:

- Reassure the client that the procedure will not affect him/her adversely.
- Give instructions, both verbally and in writing, on post-operative care and follow-up.
- Explain how he/she should take the required medication.
- Advise the clients to rest until that evening.
- Tell the client that in case of any problems, he/she should return to the VSC facility. If the procedure is performed in an Extension Service Camp, tell the client to contact the nearest referral centre or hospital, the name of which is entered on the client card.
- Inform the client about warning signs.
- In the case of TL, remind the client to revisit the centre for removal of stitches 1 week after the procedure. (Write down the date on the client card.)
- In the case of TL, if the client is unable to come to the centre, arrange for a trained paramedic to visit the client at home and remove the stitches.
- Advise the client that sexual intercourse can be resumed after 1 week. This applies to female acceptors undergoing interval ligation, as well as to male acceptors, but warn male acceptors to use condoms for 3 months, and have a semen analysis after 3 months of the procedure to ensure the semen is sperm-free. If the surgeon advises, use scrotal support and avoid cycling for 1 week in case of NSV.

Informed Consent

The client must understand the following points:

- Temporary contraceptives are also available to the client.
- Voluntary sterilization is a surgical procedure.
- There are certain risks involved in the procedure.
- If successful, the operation will prevent the client from having any more children.
- The procedure is considered permanent for all practical reasons.
- The client can decide against the procedure at any time before it takes place.

Follow-Up

After tubal ligation

There should be a follow-up visit within 7 days after the procedure. During the visit, take the following steps:

- Ask the client if there are any complaints. If so, carry out any required examination or, if necessary, refer for an examination and/or treatment.
- Check the operative site for infection.
- Remove the stitches.
- Again, reassure the client, and clear up any doubts or misconceptions.
- If all is well, inform the client that she can resume sexual activity.
- If necessary, plan another follow-up visit.

Complete all entries after the follow-up examination.

After NSV

Vasectomy acceptors should also have at least one follow-up examination, preferably after 1 week. During this visit, take the following steps:

- Check the operative site and perform any other relevant examination if indicated.
- Remind the client to use condoms or abstain from sex for 3 months for successful contraception and, after this, have a semen analysis performed to ensure that the semen is sperm-free.

Reversal of Tubal Ligation and Vasectomy

Reversal surgery is difficult, expensive, and not available in most areas of the world. Success cannot be guaranteed. In certain conditions such as death of spouse, death of children due to natural or accidental causes, divorce, or second marriage after divorce, when reversal becomes necessary, refer the client to a properly equipped and well-trained surgical team of a teaching hospital, preferably to a gynaecologist/urologist trained in microsurgery.