# A circular logo with blue and orange lines Description automatically generated with medium confidenceA blue and white geometric pattern Description automatically generatedVasectomy Services – Pre-operative

Clinical Protocol Template

Clinical Training Center for Sexual + Reproductive Health logo

## Instructions

This template protocol is intended to assist sexual, reproductive health, and family planning providers in the development and update of local, service site-specific clinical protocols. If your organization decides to use this template protocol, your organization will tailor the contents to your specific needs and create a local protocol. The individual(s) using the template protocol as a starting point are expected to include the appropriate option that reflects their organization’s current practices. If your organization has policies, procedures, or practices not listed as an option, they should be described in detail and inserted into the draft local protocol. When formatting the draft local protocol, the options that do not apply to the organization should be deleted. In addition to this, it is recommended to adhere to the following:

1. Areas highlighted in (blue) should be edited to include the indicated information within the parentheticals.
2. Segments written in [gold] are intended as notes/instructions to the reader and should not be included as content in the clinical protocol.
3. The cover, instructions/disclaimer page (which you are currently reading), and CTC-SRH logo should not be included in the draft local protocol.

## Disclaimer

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## Vasectomy Services – Pre-Operative Evaluation

The purpose of this protocol template collection is to describe [Insert Agency’s Name] process for delivering pre-operative vasectomy services, including:

1. Pre-operative evaluation
2. Counseling and consent

Male sterilization, or vasectomy, is a safe and effective form of permanent contraception that can be performed in an outpatient or office setting. Fewer than one person out of 100 becomes pregnant in the first year after the insertive partner undergoes sterilization. This clinical protocol aims to provide guidelines for healthcare providers performing vasectomies.

### Pre-Operative Evaluation

Assess medical history, especially any bleeding disorders or allergies to anesthetics.

Obtain vital signs, noting any hypertension, as uncontrolled hypertension can increase the risk of bleeding.

Obtain the client's medical, surgical, and reproductive history and record this in the chart.

Perform a physical examination of the testicles, spermatic cord, and scrotum on all clients to look for physical findings such as scrotal scarring, large varicocele, large hydrocele, intrascrotal mass, cryptorchidism, inguinal hernia, or other scrotal anomaly – that might require that the client be referred for consultation for vasectomy under general anesthesia.

### Counseling and Consent

Because vasectomy is intended to be irreversible, clients should be appropriately counseled about the permanency of sterilization and the availability of highly effective, long-acting, reversible methods of contraception for women. Inform clients that vasectomy does not protect against STIs; consistent and correct use of male latex condoms reduces the risk for STIs, including HIV.

Assure the client is informed and free of coercion.

Briefly discuss procedure details and the follow-up process—counsel on the expectation of spending 1-3 days recovering and avoiding heavy lifting for one week.

Clinicians do not need to routinely discuss prostate cancer, testicular cancer, coronary heart disease, stroke, hypertension, or dementia in pre-vasectomy counseling of clients because vasectomy is not a risk factor for these conditions.

Clients who are using state/federal insurance require a sterilization consent form that needs to be signed at least 30 days before the vasectomy procedure but not to exceed 180 days.

### References

Centers for Disease Control and Prevention (CDC) Recommendations for Providing Quality Family Planning Services (QFP), 2014.

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