# A blue and white geometric pattern  Description automatically generatedVasectomy Services – Surgical Procedure

Clinical Protocol Template



## 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 – Surgical Procedure

The purpose of this protocol template collection is to describe [Insert Agency’s Name] process for delivering the vasectomy surgical procedure.

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.

### **Surgical Procedure**

Examine the operative site to ensure spermatic cords are mobile and the operative site is clean and free of excessive hair. Clip hair if necessary.

Clean the surgical site and area around the scrotum and inguinal region with sterilizing skin prep solution.

Place a fenestrated surgical drape to isolate the operative site.

Prepare 5-10 cc of 1% or 2% lidocaine without epinephrine in a sterile syringe with a 27-gauge or 30-gauge needle attached; alternatively, clean and load a Madajet spray applicator (if available) with lidocaine without epinephrine. Bupivacaine or Procaine can be alternatives in the event of a lidocaine shortage.

Identify, isolate, and fix vas deferens under the median raphe between the base of the penis and the top of the testicles.

Anesthetize the overlying skin and vas with lidocaine.

Fix the first vas under the anesthetized area and grasp in the ringed clamp.

Give additional local anesthetic if needed.

Pierce the skin to the vas lumen using one blade of the dissecting forceps. Then, with the instrument closed, insert both tips into the puncture site and gently open the blades to spread the tissue until a skin opening is stretched wider than the diameter of the vas.

Grasp the elevated vas with the ringed forceps and carefully separate any remaining fascia and blood vessels.

Hemi-transect the vas and insert the cautery tip 1cm into the vas lumen toward the prostate. Apply current until the vas blanches.

Completely transect the vas.

Bring the spermatic fascia together over the tip of the prostatic end of the transected vas using forceps and secure with a surgical clip or tie to create fascial interposition.

Thoroughly examine the surgical field for signs of bleeding. Return the vas to the scrotum.

Repeat steps on the second vas.

Examine the scrotal opening for hemostasis.

Apply sterile dressing and scrotal support.

 • If the client is wearing snug briefs, you can tuck a gauze pad into the briefs, making an adhesive bandage unnecessary. No sutures are required for the small, 4mm wound, which usually disappears in the folds of the scrotum.

### **Local Anesthesia and Sedation**

* Vasectomy should be performed with local anesthesia with or without oral sedation.
* If the client declines local anesthesia or if the surgeon believes that local anesthesia with or without oral sedation will not be adequate for a particular client, then vasectomy may be performed with intravenous sedation or general anesthesia.
* The smallest available needle should be used for the injection of local anesthesia because small gauge needles typically produce less pain than larger gauge needles. The optimal range of needle sizes is 25 to 32 gauge.
* Sedation is allowed for vasectomy. Some locations may have sedation medications on site; some will need to send sedation medication to a pharmacy. Clients who need sedation medication sent to a pharmacy to bring to their appointment will need to establish care before a controlled substance prescription can be sent.

### **Recovery**

* Clients recover until stable and can get off the examining table without discomfort or dizziness.
* Review take-home information (including how to contact the clinic) and when to return to the clinic.
* There should be no or minimal discomfort when the client leaves the office.
* If the client received conscious or general sedation, they should not drive and would require transportation home from the clinic.

### **Homecare Instructions**

* Warn clients that some soreness and bruising may be expected 30-45 minutes after the procedure when the local anesthetic wears off. Intermittent ice packs to the groin for 20 minutes each hour and oral ibuprofen and acetaminophen can be used as needed.
* Recommend that the client abstains from heavy lifting and vigorous activities for 3-7 days post-procedure.
* The client may be most comfortable wearing supportive underwear for the next week.
* Alternative contraception should be continued pending verification of sterility.
* Clients should refrain from ejaculation for approximately one week after vasectomy.
* Prophylactic antimicrobials are not indicated for routine vasectomy unless the client presents a high risk of infection.

### **References**

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

Sharlip ID, Belker AM, Honig S et al: Vasectomy: AUA guideline. J Urol 2012; 188: 2482.

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