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Clinical Protocol: **Vasectomy**

Effective Date: 6/18/2024

Reviewed and signed by:

Pre-Procedure Consultation

- Will be conducted in clinic/in person by a trained clinician.
- Vasectomy procedure, relative risks/complications, consents, and preliminary exam to be completed.
- Suitable candidates:
    1. desire permanent contraception.
    2. have freely chosen vasectomy and are capable of voluntary informed consent.
    3. have no contraindication to the procedure (active GU infection, including skin; severe anatomical anomaly interfering with ability to access vas deferens; large hydrocele, varicocele, or hernia; or scarring from prior scrotal surgery).
    4. are prepared to undergo vasectomy under local anesthesia in an outpatient setting.
- An exam will be done to ensure relatively easily-isolated vas deferens.
    - If the provider determines that the patient is not a good candidate for an in-office procedure, then the provider should offer to refer the patient to a provider who can perform the procedure under general anesthesia in a surgical setting.
- Informed consent will be obtained (see attached "Vasectomy Consent").
- Review the "Pre-vasectomy Patient Instructions" sheet and send it home with the patient (see attached).
- Federal and/or state insurance laws may require a minimum age for vasectomy care coverage.
- If indicated, the provider may request records from/consult with collaborating health professionals if the patient has a chronic health condition that may interfere with healing or procedure (e.g., uncontrolled DM, extremely elevated BP).

Pre-Procedure Counseling:

- Vasectomy is intended to be a permanent form of contraception.
- Following vasectomy, another form of contraception is required until vas deferens occlusion is confirmed by post-vasectomy semen analysis, usually at 12 wks post procedure.

- Even after vas deferens occlusion is confirmed, vasectomy is not 100% reliable in preventing pregnancy. The risk of pregnancy after vasectomy is approximately 1 in 2,000 for patients who have post-vasectomy azoospermia or post-vasectomy semen analysis (PVSA) showing rare non-motile sperm (RNMS).
- Repeat vasectomy is necessary in ≤1% of vasectomies, provided that a technique for vas occlusion known to have a low occlusive failure rate has been used.
- Options for fertility after vasectomy include vasectomy reversal and sperm retrieval with in vitro fertilization. These options are not always successful, and they may be expensive.
- Possible vasectomy complications to be discussed:
    - Symptomatic hematoma and infection are 1-2%.
    - Chronic scrotal pain associated with negative impact on quality of life occurs after vasectomy in about 1-2% of patients. Few of these patients require additional surgery.
- Patients should refrain from ejaculation for approximately 1 week after vasectomy.
- Other permanent and non-permanent alternatives to vasectomy are available.
- Given the permanent nature of vasectomy, especially careful counseling is important for young patients and those with no children, who are statistically more likely to experience regret.
- Federal and/or state mandatory wait time requirements adhere to federal and/or state insurance laws. Consent laws exist to safeguard against coercion and are not designed to be a barrier.

Vasectomy procedure:

- Procedure should be performed by a trained provider.
- Provider will perform the procedure with local anesthesia with or without oral sedation.
- Isolation of the vas deferens is done using a minimally-invasive vasectomy technique.
- The ends of the vas deferens will be occluded by ligature clips, excision of a short segment of the vas deferens, and cautery of the lumen.
- Incision closed with a single suture.

Post-Procedure Counseling:

- Vasectomy patients or their partners should use other contraceptive methods until vasectomy success is confirmed by post-vasectomy semen analysis (PVSA).
- To evaluate sperm motility, a fresh, uncentrifuged semen sample should be examined within 60 minutes after ejaculation and the specimen should be kept at body temperature.
- 25 ejaculations over a 3-month period is recommended after vasectomy and prior to the PVSA.
- Vasectomy should be considered a failure if any motile sperm are seen on PVSA at 6 months after vasectomy, in which case repeat vasectomy in the OR should be considered.

Post-Procedure Evaluation:

- After-hours triage nursing staff will remain available for urgent triage needs. Triage staff and covering providers will be consistently trained on triage protocols.
- Patients are instructed and scheduled to return to the clinic for post-vasectomy semen analysis as described in the "Vasectomy Consent" (see attached) and "Semen Analysis Standing Order."

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Two attachments: Consent, Post-Vasectomy Patient Education Form