



Vasectomy: Tools for Providers



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Center for Communication
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Counseling Clients About Vasectomy

Vasectomy is male sterilization. It is a good method for the man who does not want children, or wants no more children.

Men or couples need to think carefully before choosing vasectomy. Health care providers can help by providing complete and accurate information. They can ask questions that help men think about the decision. They can explain the procedure and encourage men and their partners to ask their own questions and to express any fears or concerns about vasectomy. Providers should make sure that men understand how a vasectomy works and should correct any misunderstandings. Providers must not pressure men to make a decision, and programs should not offer rewards.

In some programs the client and the counselor sign an informed consent form. To give informed consent to vasectomy, the client must fully understand the form. The provider is responsible for making sure that the client understands the form.

Key Points: Give Clients This Information

- **Vasectomy is permanent.** A single operation leads to lifelong contraception.
- **Vasectomy is effective.** Vasectomy is among the most effective contraceptive methods. It is not 100% effective, however. A small proportion of vasectomies fail. The partner of a man who has had a vasectomy can become pregnant if the vasectomy did not work.
- **Vasectomy is safe:** Vasectomy involves minor surgery lasting about 15 minutes, and few men have complications.¹ Vasectomy does not affect a man's sexual performance. Vasectomy has no known long-term health risks: It does not increase the risk of heart disease, testicular cancer, or prostate cancer.
- **Vasectomy does not work immediately.** The couple must use another contraceptive method for 3 months before relying on the vasectomy.
- **The scrotum hurts for a few days after the vasectomy,** and then usually the pain goes away. A few men have pain that lasts for months or years.²
- **Vasectomy does not protect against sexually transmitted infections (STIs), including HIV.**

¹ If a man wants to know the risk of complications: On average 3% to 4% of men have an infection at the opening to the scrotum, and 2% have hematomas (blood collecting and clotting in the scrotum) (1, 16, 17).

² If a man wants to know the risk of chronic pain: 1% to 6% of men say that chronic pain affected their lives or prompted them to see a health care provider (2, 9, 11, 13, 14).



See companion
Population Reports,
"Vasectomy: Reaching
Out to New Users"



How to Use This Report

Family planning providers can use the checklists and tables in this report to:

- Counsel clients about vasectomy and ensure that they make an informed choice (see pp. 1-3);
- Identify men with conditions that require a delay or special consideration before they can have a vasectomy (see p. 4);
- Explain the vasectomy procedure (see p. 5);
- Try to make sure that the client's decision for vasectomy is well-considered and his own (see p. 6);
- Explain to a man what he should do before and after the vasectomy (see pp. 5 and 7).

This report accompanies *Population Reports*, "Vasectomy: Reaching Out to New Users." It also complements the information provided in the chapter on vasectomy in *Family Planning: A Global Handbook for Providers*, available at: <http://www.fphandbook.org>. To request print copies of the *Handbook*, contact: Orders, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA (E-mail: orders@jhuccp.org).

Questions to Help the Client Choose

These are suggested questions to help the client make a free and informed choice of vasectomy.

- Do you think you might want more children in the future?
- If not, do you think you could change your mind later? What might change your mind? For example, suppose one of your children died, or you lost your wife and married again.
- What have you heard about vasectomy that concerns you?
- Does your partner have preferences about family planning or concerns about vasectomy? Does your partner want more children in the future?
- Have you also considered reversible methods or female sterilization? For example, the IUD and implants are reversible methods for women that can be used for many years. Like vasectomy, female sterilization is intended to be a permanent method. (See the companion *Population Reports* issue for a comparison of vasectomy and female sterilization.)

Sources: RCOG 2004 (15); WHO and Johns Hopkins Bloomberg School of Public Health 2007 (18)



Who May Regret Having a Vasectomy?

In general, people most likely to regret sterilization:

- Are young,
- Have few or no children,
- Have just lost a child,
- Are not married,
- Are having marital problems, or
- Have a partner who opposes sterilization.

None of these characteristics rules out sterilization, but health care providers should make especially sure that people with these characteristics make informed, thoughtful choices.

Source: WHO and Johns Hopkins Bloomberg School of Public Health 2007 (18)

Cover Photo

In Colombia a man consults with a doctor from Profamilia about having a vasectomy. Providers need to ensure that men make a free and informed choice of vasectomy.

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Responding to Common Myths, Rumors, and Misperceptions

Myth/Rumor/Misperception

Castration

Misperception: "Vasectomy is like castration."

Sexual performance and masculinity

Rumors: "Vasectomy:

- decreases sexual desire
- causes impotence
- hinders ejaculation
- prevents orgasm
- reduces sexual pleasure
- causes a man's voice to sound like a woman's
- shrinks the testicles."

Health problems

Rumors: "Vasectomy causes weakness, backaches, weight gain, hair loss, poor vision, leg pains, or mental impairments."

Cancer

Myth: "Vasectomy causes prostate cancer or testicular cancer."

Retention of sperm

Myth: "After a vasectomy sperm accumulates in the body and causes complications."

Protection

Misperception: "Vasectomy begins protecting against pregnancy immediately after the procedure."

Pain and discomfort

Myth: "A vasectomy is very painful."

Reversal

Misperception: "It is easy to reverse a vasectomy, so that a man can be fertile again."

Suggested Response

Vasectomy is different from castration. Vasectomy works by cutting and blocking the tubes that carry sperm from the testicles to the penis. Vasectomy does not remove the testicles, whereas castration does. (Show the client the illustration on p. 5 to explain the difference.)

Vasectomy does not affect a man's ability to have and enjoy sex. After a vasectomy the testicles continue to produce the same amount of the male sex hormone (testosterone). This means erections are as hard and last as long as before. Sexual desire also remains the same. The only difference is that the semen does not contain sperm. Because sperm make up only a tiny portion of the fluid released at ejaculation, the semen looks the same. After a vasectomy many couples enjoy sex even more because they do not have to worry about pregnancy or about forgetting to take a pill or use a condom, for example.

After vasectomy a man looks and feels the same as before. A vasectomy does not cause the man to lose strength, so he can work as hard as before. It does not cause weight gain or hair loss or other health problems.

Vasectomy does not increase the risk of prostate cancer or testicular cancer. Large, well-designed studies have shown this.

All men—whether or not they have vasectomies—produce sperm that are not ejaculated. These sperm are broken down and absorbed back into the body. This is a normal process. Absorbing sperm does not cause health problems.

After a vasectomy some sperm are left in the tubes. For 3 months a couple must use another kind of contraception, such as condoms or pills. If the program offers semen analysis after vasectomies, providers should remind the man to come back for the test in 3 months. The test will make sure that the vasectomy is working.

Before starting the vasectomy, the provider injects a local anesthetic. The prick of the anesthesia needle may be painful. Almost all men say they felt no pain or only mild pain during the vasectomy procedures. There may be a slight pulling sensation. Once the anesthesia wears off, men may feel some pain or discomfort. Ordinary pain medicines and cold packs will help and are usually all that is needed. For almost all men the pain and soreness last only a few days.

Vasectomy should be considered permanent. Reversal surgery is difficult and expensive, and it can be hard to find. Reversing vasectomy is hard to do, and success cannot be guaranteed. If there is a chance that you might change your mind about having more children, or you are not absolutely certain now, you should think about using a different method of contraception.

Note: For more information on the myths and the facts regarding vasectomy, visit the Contraceptive Myths and Counseling Messages Database (www.jhuccp.org/myths). The database collects counseling messages from the field that family planning providers can use to refute myths. The database is available from the Center for Communication Programs at the Johns Hopkins Bloomberg School of Public Health.



Medical Eligibility Criteria Checklist for Vasectomy

All men can have vasectomy. No medical conditions prevent a man from using vasectomy. This checklist asks the client about known medical conditions that may limit when, where, or how the vasectomy should be performed. Ask the client the questions below. If he answers “no” to all of the questions, then the vasectomy can be performed in a routine setting without delay. If he answers “yes” to a question below, follow the instructions, which recommend caution, delay, or special arrangements.

In the checklist below:

- **Caution** means the vasectomy 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 couple another method to use until the vasectomy can be performed.
- **Special** means special arrangements should be made to perform the vasectomy in a setting with an experienced surgeon and staff, equipment to provide general anesthesia, and other backup medical support. For these conditions, the capacity to decide on the most appropriate procedure and anesthesia regimen also is needed. Give the couple another method to use until the vasectomy 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?

NO YES:

▶ If he 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)
- 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 the following, *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 the following, make *special* arrangements:

- Hernia in the groin (If able, the provider can perform the vasectomy at the same time as repairing the hernia. If this is not possible, the hernia should be repaired first.)
- Undescended testicles—both sides

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

NO YES:

▶ If he has any of the following, use *caution*:

- Diabetes
- Depression
- Young age,

▶ If he has any of the following, *delay* vasectomy:

- Systemic infection or gastroenteritis
- Filariasis or elephantiasis

▶ If he has any of the following, make *special* arrangements:

- AIDS (see Quick Look)
- Blood fails to clot (coagulation disorders)

Vasectomy for Men with HIV or AIDS



- 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 a vasectomy on a man with AIDS. Vasectomy should be performed in a setting with an experienced surgeon and staff, and other backup medical support should be available.
- Vasectomy does not prevent transmission of HIV or other STIs. Men with vasectomies can be infected, and they can transmit infections.
- 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 or AIDS.

Explain the Vasectomy Procedure

These instructions should be explained to the client when scheduling the vasectomy. If possible, give him a printed copy.

Note: Adapt these instructions for use in your facility.

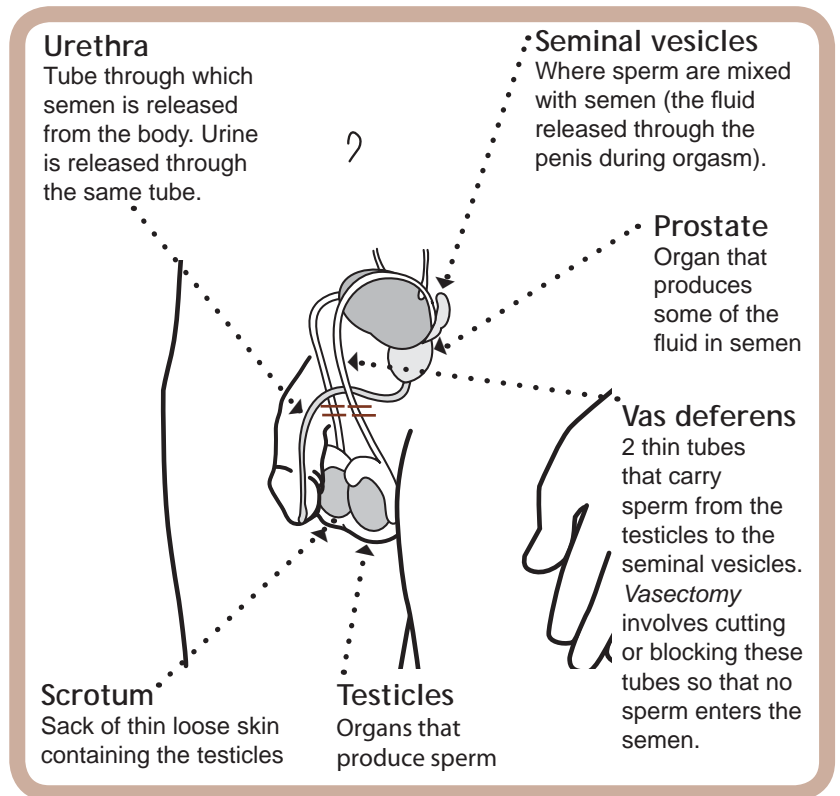
Before you come for the vasectomy, consult with your doctor if you are taking aspirin, other pain medication, or anti-inflammatory drugs. Bathe or shower the day of the vasectomy. Do not drink alcohol 1-2 days before your vasectomy. Wear underwear that firmly supports the scrotum.

At the health care facility the health care provider will help you get comfortable on the procedure table. The provider will clean the scrotum, the lower part of the penis, the lower abdomen, and the thighs near the scrotum. The hair on the scrotum may be clipped short or shaved.

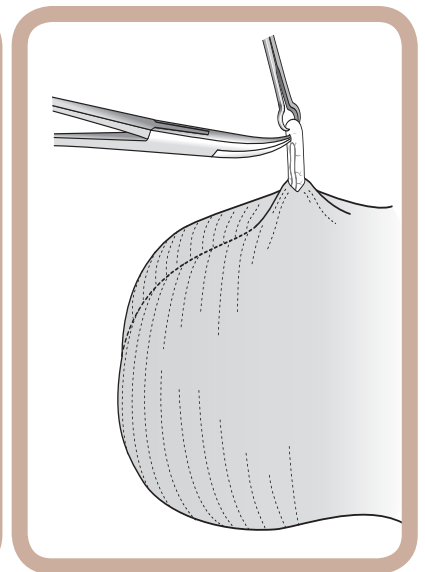
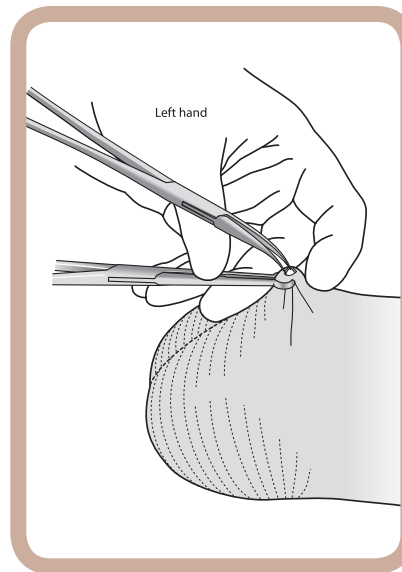
To perform the vasectomy, the provider feels through the skin of the scrotum and finds the two tubes that carry sperm. Anesthetic is injected with a needle and syringe. This will prevent pain during the vasectomy. (The prick of the needle may be a little painful.) You will stay awake throughout the vasectomy. The provider makes a puncture or small incisions in the scrotum and draws a part of the vas through it (see illustrations). The provider blocks each vas, returns it to the scrotum, and closes the opening in the scrotum with a bandage or sutures. The small scar on the scrotum will disappear in time. Usually, the whole procedure takes less than 30 minutes.

After the vasectomy you will rest 15 to 30 minutes before leaving the clinic. The provider will explain what to do after the vasectomy. You will be reminded that the vasectomy is not effective immediately. You and your partner need to use a temporary contraceptive method for 3 months. (If the facility will provide temporary methods, tell the client.)

Sources: EngenderHealth 2003 (3); Fallis 2006 (5); Hatcher et al. 2004 (6); Labrecque 2008 (8); Lu 2008 (10); Marie Stopes International 2007 (12); WHO and Johns Hopkins Bloomberg School of Public Health 2007 (18)



Use the illustration above to explain how a vasectomy works. The brown parallel lines indicate where the tubes are blocked. After vasectomy sperm cannot reach the seminal vesicles, where it would mix with semen. Source: WHO and Johns Hopkins Bloomberg School of Public Health 2007 (18)



Use these illustrations to explain no-scalpel vasectomy: The provider finds the vas through the scrotum and grasps it with a ringed clamp. The provider punctures the scrotum with dissecting forceps rather than making an incision with a scalpel, and then widens the puncture by opening the forceps (left). After pulling the vas through the puncture with the forceps, the provider grasps the vas with the ringed clamp and prepares to block the vas (right). © 2003 EngenderHealth. Used with permission.



A Provider's Guide for Assessing a Client's Decision to Have a Vasectomy

How to Use This Guide

Part of the responsibility of the provider performing a vasectomy is to verify that the client has made an informed and voluntary decision for the vasectomy. This simple aid can help the provider check the client's readiness for permanent contraception before the operation. The assessment should be made before starting the vasectomy.

Use of this guide does *not* substitute for client counseling, which should come much earlier. If it is required, make sure that the client has signed an informed consent form before conducting this assessment.

Good judgment is needed when using this guide (or any other) and when interpreting the results. For example, if a client's answers all fall in the "go" category, but he is unduly nervous, and his agitation does not appear to be related to a fear of surgery, the provider or another staff member should take time to determine what is causing his anxiety before performing the vasectomy.

<i>Ask the client these questions:</i>	STOP Should not have the vasectomy now	CAUTION Needs more counseling	GO Signs of a sound decision
WHO made the decision for the vasectomy?	Someone else	Client decided (but partner objects)	Client and partner (or client, if single)
WHEN did the client decide not to have more children?	Now	Recently	Some time ago
WHY did the client choose permanent contraception?	Pressure from someone else	Belief that permanent method can be reversed	Desire to have no more children
HOW did the client decide?	While upset or under stress	Without enough consideration or information	After consideration and full information
WHAT does the client know about vasectomy?	Does not know that it: <ul style="list-style-type: none"> • Is permanent • Is a surgical method • Means he cannot have more children 	Has some misunderstandings about vasectomy	Knows that it: <ul style="list-style-type: none"> • Is permanent • Is a surgical method • Means he cannot have more children
WHAT does the client know or think about other contraceptive methods?	Would prefer another method if available	Has little knowledge of other methods or their availability	Knows of other methods, but prefers permanent contraception

Source: EngenderHealth 2007 (4) (Figure 4-3, p. 32)

Sample Post-Vasectomy Instructions for Clients

These instructions should be explained to the client. If possible, give him a printed copy.

Note: Adapt these instructions for use in your facility.

- A little pain, bruising, or swelling in the scrotum is normal. It usually goes away in a few days.
- Put cold compresses on the scrotum for the first four hours, if possible. To decrease any pain, you can take a pain reliever such as paracetamol every four to six hours. Do not take aspirin, however. Aspirin might lengthen bleeding.
- Wear a snug undergarment or scrotal support for at least two days after surgery. This will make you more comfortable.
- Rest at home. You can return to your normal activities after one or two days. Avoid physical work and strenuous exercise for at least 48 hours. This will let the wound heal quickly.
- Keep the puncture/incision clean and dry for two to three days. Instead of bathing, clean yourself with a towel.
- Keep the bandage on for three days after the vasectomy. After you take off the bandage, you may wash the scrotum with soap and water.
- You may have sex with your partner as soon as it is comfortable for you. This is usually two or three days after the operation. If you have pain during ejaculation and it persists after the first few times, please come back to the clinic.
- **Remember:** Vasectomy does not protect you or your partner from sexually transmitted infections (STIs), including HIV, which causes AIDS. You can reduce your risk of getting an STI by using condoms or by limiting sex to one person who does not have an STI.
- **Remember:** Vasectomy does not work immediately. For the next three months your partner could still get pregnant. You must use condoms or your partner must use another family planning method for three months after the vasectomy. You can stop using another method and rely on your vasectomy on the following date: _____
- If you can obtain a semen analysis at three months, you can rely on your vasectomy if the test shows no sperm in your semen. (Tell the client whether your facility offers semen testing.)

Return to the clinic or call:

- If you have a fever within one week after the vasectomy.
- If there is any bleeding or pus in the wound.
- If there is pain or swelling around the wound that gets worse or does not go away.
- If your partner ever misses a period or thinks she is pregnant. (This is very important: It may mean the operation has failed and your partner is pregnant.)
- In three months for a semen analysis (if available). Come back on or about: _____ [date]

You can collect a semen sample by masturbating into a clean container or from a condom used during intercourse. Collect the sample on the day of the visit, and bring it with you to your appointment.

- Any time that you have any questions or concerns.

Clinic name and address: _____

Phone: _____

Sources: EngenderHealth 2007 (4); Jhpiego 2003 (7); WHO and Johns Hopkins Bloomberg School of Public Health 2007 (18)

Semen Analysis Appointment Card

✂ Your appointment for a semen analysis is:

Day and date: _____

Time: _____

Place: _____

Providers can copy and cut out this appointment card for clients.



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Also see the companion *Population Reports*, "Vasectomy: Reaching Out to New Users," at <http://www.populationreports.org/d6/>

Sources

The links included in the sources were up-to-date at the time of publication.

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