

## VASECTOMY SERVICE

The Vasectomy Service within Sandyford aims to offer information, counselling/assessment and operation where appropriate, to all men interested in vasectomy as an irreversible method of contraception.

### **Services**

- Vasectomy assessment/ pre-op clinics are offered on a variety of days.
- Vasectomy operative sessions under local anaesthetic are carried out at Sandyford Central
- Those operations requiring general anaesthesia will be carried out by arrangement at designated hospitals. This referral will be arranged by the vasectomy team after appropriate assessment.

### **Staffing**

The vasectomy service is staffed by:

- Nurses with specific training in vasectomy assessment.
- Doctors with specific training in vasectomy operations.
- Nurses and HCSWs trained in out-patient theatre work.
- Designated and named clerical officers.

### **Appointments**

- Referral can be by self or external agency (GP, or other community clinic). 0141 211 8654. Referrals will be accepted for residents of GG&C, Lanarkshire, and Argyll & Bute patients who would otherwise have gone to RAH e.g. Dunoon and Helensburgh. All clients are sent an information sheet detailing the operation and asked to watch the information video available on the Sandyford website. They are also sent a medical information form which they must complete and send back to Sandyford. On receipt of this, the vasectomy admin team will organise a telephone appointment.
- First appointment is by telephone – pre-op assessment - lasting approximately 10 minutes. Clients have the opportunity to discuss alternative contraceptive options and the implications of a vasectomy in a confidential telephone appointment
- Second appointment - operation, lasting approximately 20 minutes.

### **Assessment Telephone Appointment**

Clients should be encouraged to discuss vasectomy with their partner prior to assessment.

- Vasectomy assessment proforma used (see appendix).
- Efficacy and failure rate discussed.
- Procedure explained. Exact technique varies with each surgeon with either one or two incisions with/without dissolvable sutures inserted at each incision site.
- Decision to proceed with operation made with client and nursing/medical staff.
- All clients with a BMI >35 will be asked to make a return appointment after allowing time for weight loss.
- Instructions given for pre-operative preparation (e.g. shaving).
- Permission to notify client's GP is sought.
- Client arranges operation appointment, allowing themselves time to fully consider implications of operation.

## **Post – Operative Instructions**

- Written post-operative instructions are issued at the time of the operation along with a sample bottle for seminal analysis at 16 weeks.
- Advised to take simple analgesia if required for discomfort.
- Client advised to have someone to escort them home post-operatively.
- Specimen result is notified to clients by letter after a negative semen specimen is received.

## **Side Effects and Complications**

- Clients are advised to see their GP or attend Sandyford, whatever is most convenient.

### **Bruising, Swelling or Pain**

- Scrotal haematoma is not uncommon and normally requires no treatment beyond analgesia e.g. Ibuprofen and scrotal support by wearing tight underwear.
- Wound infections or epididymitis need antibiotic therapy e.g. Fluxcloxacillin 500mg QID for 5 days.
- Bleeding from the wound may be controlled by resting or pulling the edges together with steristrips – re-suturing is rarely required.

### **Dislodgement of Suture**

- No further action required if no bleeding.

### **Blood in Semen**

- Common after intercourse soon after the operation.
- If occurs later than one week post-operatively then further investigation is required.

## **Non-Negative Specimens**

- Client asked to submit a further sample.
- Motile sperm in a fresh sample would suggest operation failure / re-canalisation. The client would be offered a repeat vasectomy under local anaesthetic or referred to a designated hospital for a GA procedure.
- Special clearance can be issued if there are less than 100 000 non-motile sperm/ml in a fresh sample

## **Reversal**

- Reversal is not a procedure offered at Sandyford. Clients should contact their own GP who may refer them to their local hospital, although NHS has withdrawn this in all Health Boards in Scotland. The client may pursue the private sector if they wish.

Vasectomy service  
Sandyford  
6 Sandyford Place  
Glasgow G3 7NB  
Tel 0141 211 8654

We acknowledge receipt of your referral requesting vasectomy assessment and procedure. Unfortunately we have a significant waiting list for this service and we do not expect to be able to offer you an appointment for over 12 months.

In the meantime, we would like you to complete and return the attached Medical Information Form to confirm that you do wish to be added to the waiting list and so that we can check you are likely to be suitable.

- Please review the information about vasectomy on our website [Vasectomy \(sandyford.scot\)](http://Vasectomy(sandyford.scot)) and in particular the video <https://youtu.be/rrLzVvtZh84> which explains the process.
- Note that we do not offer vasectomy under general anaesthetic – if this is what you wish to consider you may wish to discuss the need for this with your GP and arrange referral for this separately.
- Ensure you document your Body Mass Index (BMI). Your BMI must be less than 35 for the operation to be performed safely. We will not be able to go ahead with your procedure if your BMI is over 35. You can easily calculate your BMI by inputting your height and weight into this On-line BMI calculator <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

Once you have reached the top of our waiting list we will arrange a telephone appointment for you during which a nurse will check that you have watched the video and answer any questions you may have to be sure you understand what is involved. This telephone consultation usually lasts about 10 minutes. Following this, a date will be issued for your vasectomy procedure.

**Vasectomy Medical Information**

**Full Name**

**Date of Birth**

**Current Health Problems**

**Past Health Problems**

**Previous Surgery (especially genital)**

**Current Medication**

**Any Known Allergies**

**Any History of Fainting/Needle Phobia**

**Your Current Height**

**Your Current Weight**

**Your BMI (Body Mass Index)**

**Your occupation**

**Number and ages of children with current or previous partners**

**Partner's Name:**

**Age:**

**Current contraception being used:**

**Mobile contact number if any issues:**

**Appendix 2**



**VASECTOMY CONSENT FORM**

**Name:**

**Address:**

**NASH no:**

**DOB:**

The above named client has been given all appropriate information and any questions/concerns have been addressed. He has confirmed that he has been sent the vasectomy information leaflet and watched the information video on the Sandyford website. All points noted overleaf were covered via a telephone consultation.

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

I confirm my consent to vasectomy, today, along with the administration of local anaesthetic. Any questions or concerns I have have been addressed. I understand:

That the intention of the procedure is to render me sterile

The procedure is not effective until a clear seminal sample has been obtained

There is a small but definite risk of failure

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Witness signature \_\_\_\_\_

Print Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 3**

Vasectomy Pre-op Information check list

NaSH No

Medical history checked and correct on NaSH yes / no

Partners medical history checked and correct yes / no

Understands procedure and need for pre-op shaving yes / no

Understands irreversibility yes / no

Aware of failure rates:            Operative (1%)  
    First few years (1 in 1000)  
    Long term (1 in 5000) yes / no

Aware of need to use post-op contraception until all-clear letter yes / no

Accepts possibility of post-op bruising, swelling or infection yes / no

Aware of risk of post-op haematoma yes / no

Aware of risk of post-op sperm granuloma yes / no

Aware of risk of chronic scrotal pain (0.9 – 5.2%) yes / no

Aware or rare risk of compromise in blood supply to testicle (<1/20000) yes/no

Post-op care discussed, including rest, support, analgesia yes / no

All other contraceptive methods discussed and offered yes / no

Consent form signed yes / no

Any issues raised:

Nurse signature

Printed name

Date

## **Appendix 4**

### **Advice following your vasectomy**

1. Rest, keeping your legs raised, for as long as possible during the first 24 hours
2. Ice packs/frozen peas on the genital area can be helpful in reducing swelling (do not apply directly to the skin e.g. wrap in a tea towel)
3. Use good supporting underwear or cycle shorts etc (not boxers) for 2-3 days
4. Use simple painkillers or an anti-inflammatory such as paracetamol or ibuprofen as long as there is not a medical reason why you cannot take them.
5. Baths (with a cupful of salt) can be started the following day and should continue for at least a week. This keeps the area clean, aids healing and helps dissolve the stitches.
6. Most men will be fit to return to work within two to three days after their vasectomy. Avoid sport and heavy lifting for at least a week after the operation. Sex can be resumed again as soon as it is comfortable to do so.
7. Frequent ejaculations (at least 2/week) are necessary to clear the tubes of old sperm. Remember there will be no change in colour, consistency or amount of seminal fluid. However, it is not uncommon to notice some blood in the urine or seminal fluid for 1-2 weeks following your vasectomy. If this persists, please see your GP.
8. If stitches are used, and are still present 3 weeks after the procedure, they can be easily removed by the practice/treatment room nurse at your GP.

### **Common problems after a vasectomy**

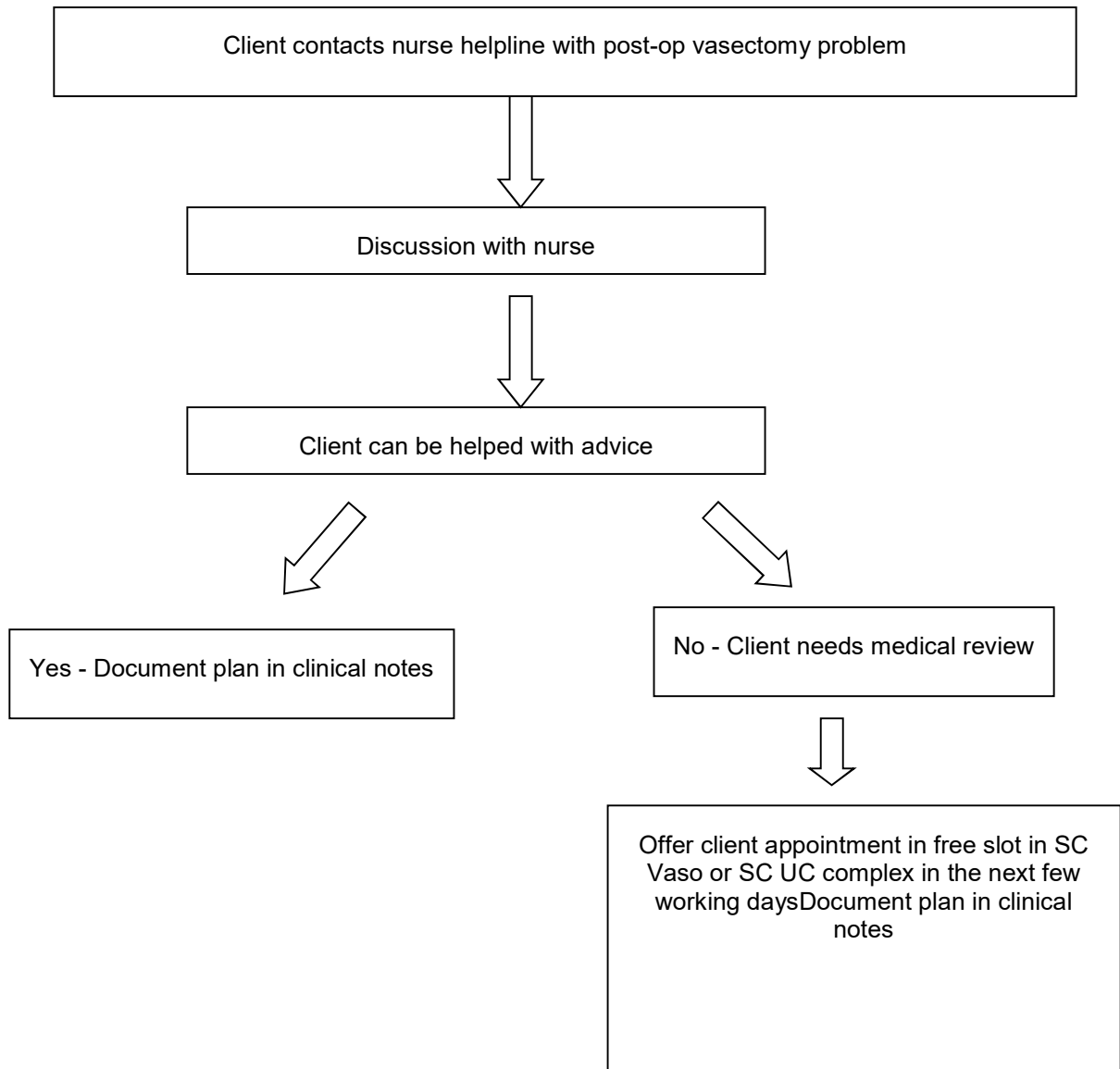
1. Bruising – this is very common. It can be dark in colour and can appear away from the wound site.
2. Swelling – occurs in almost everyone. Resting, ice packs and snug fitting underwear can help.
3. If there is bleeding from the wound, press gently for 5-10 minutes. If this does not settle the bleeding then contact your GP or Sandyford.
4. Haematoma (there is a 1% risk of this occurring) – this is when bleeding collects and forms a lump. If the swelling is very large then immediate medical attention should be sought. Around 0.04% of vasectomies can result in a major complication. Removal of the blood is necessary only if very large. All cases should be checked out within a few days as antibiotics and/or anti-inflammatory drugs are sometimes needed. Seeing your GP or contact Sandyford if appropriate.
5. Infection – If the wound continues to ooze after a few days or there is an increase in redness and or pain around the wound, an infection may have occurred. This can be easily treated with antibiotics. Your GP or Sandyford can be contacted for treatment.
6. Some men (0.9 – 5.2%) have pain that may last for months after the operation. Continued use of supporting underwear and anti-inflammatory drugs can help until it settles.
7. It is always recommended that you self examine your testicles on a regular basis looking for lumps as testicular cancer can develop in younger men. There is no link between having a vasectomy and your risk of cancer.

FURTHER ADVICE

[www.nhs.uk/conditions/vsectomy](http://www.nhs.uk/conditions/vsectomy)

Nurse Helpline 0141 211 8130 (9am – 4pm)

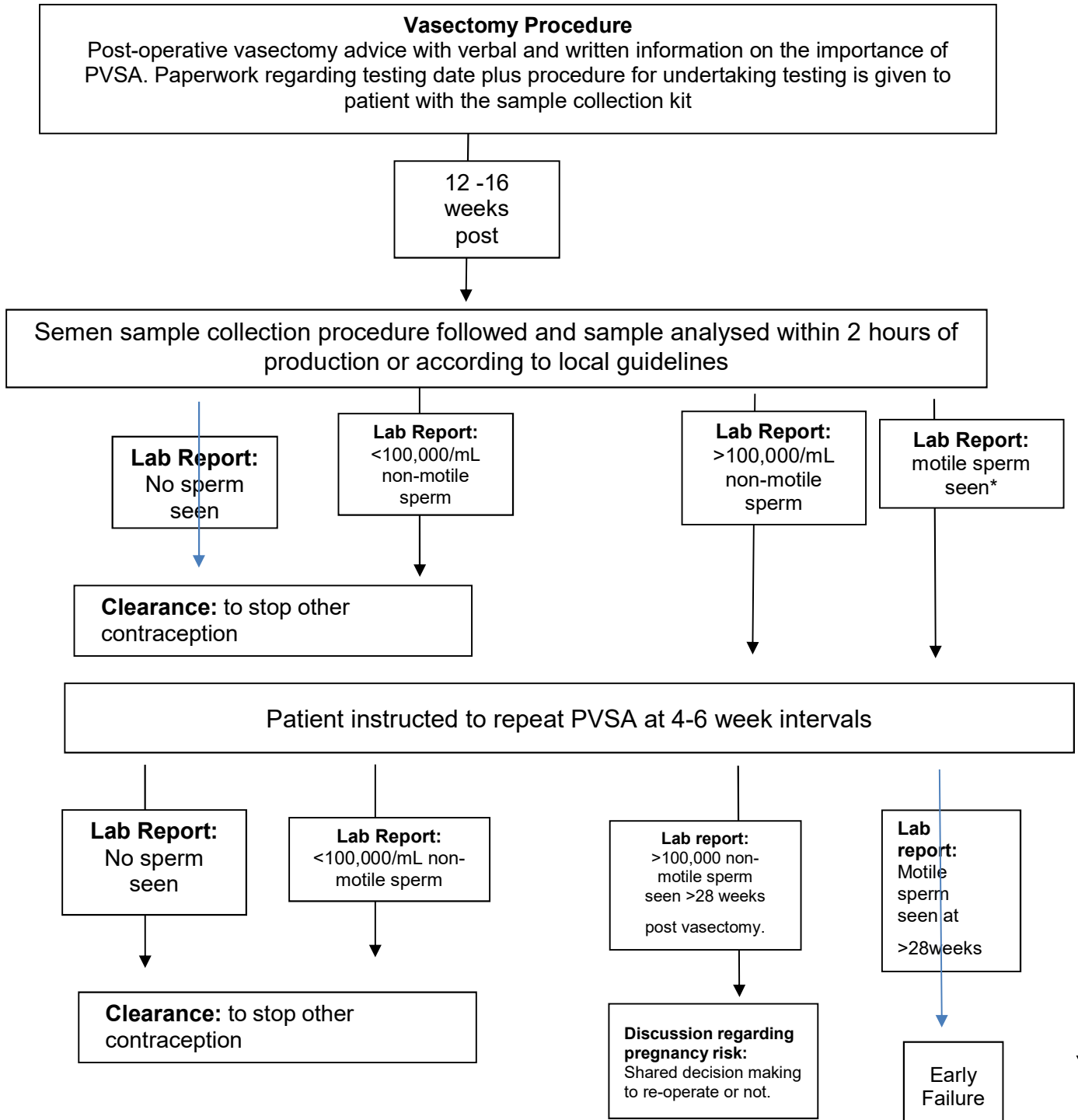
Vasectomy Appointment Enquiries 0141 211 8654 (Monday-Friday 830am – 4pm)



**\*\* IN SITUATIONS WHERE THE CLIENT IS UNABLE TO WAIT FOR A REVIEW APPOINTMENT OR THERE WILL BE A DELAY e.g. BANK HOLIDAY, PLEASE ASK THEM TO ATTEND LOCAL A&E DEPARTMENT**



## Clinical pathway for fresh post-vasectomy semen analysis (PVSA) submission and interpretation



\*If motile sperm numbers are low early recanalization is possible and may resolve spontaneously. However higher motile sperm counts are less likely to resolve.<sup>1, 2</sup>

<sup>1</sup> Labrecque M, St-Hilaire K, Turcot L. Delayed vasectomy success in men with a first post-vasectomy semen analysis showing motile sperm. *Fertility & Sterility* 2005; 5: 1435-41 Service Standards for Vasectomy 17 2004.

<sup>2</sup>Sokal D, Irsula B, Hays M *et al.* Vasectomy by ligation and excision, with or without fascial interposition: a randomized controlled trial. *BMC Med* 2004; 2:6