**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

|  |  |
| --- | --- |
| **Subject:** Vasectomy | **No.** |
| **Approved by:**  |  | **Effective Date:**  |
| **Revised Date:** January 2018, January 2019, **January 2021** |
| **References:** U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC), 2016; U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR), 2016; Contraceptive Technology, 20th Ed;Centers for Disease Control and Prevention (CDC) Recommendations for Providing Quality Family Planning Services (QFP), 2014.  |

**POLICY:** This Clinical Practice Standard follows the recommendations of the U.S. MEC, 2016; U.S. SPR, 2016; and Contraceptive Technology, 20th Ed.; and CDC QFP, 2014.

**PURPOSE:** This Clinical Practice Standard providesdirection for reproductive health clinics to assist clients in their use of vasectomy.

Vasectomy is one of the few contraceptive methods available to client who can cause a pregnancy. Vasectomy blocks fertilization by cutting or occluding both vas deferens to prevent the release of sperm.

Vasectomy is highly effective and is one of the most reliable contraceptive methods; fewer than 1 out of 100 people becomes pregnant in the first year after their partner undergoes a vasectomy.

Vasectomy does not protect against sexually transmitted infections (STIs).

**STANDARD:**

(**insert AGENCY name**) MDs, NPs, PAs, DOs, NDs, and RNs may provide information and counseling to any client who requests vasectomy.

No medical conditions would absolutely restrict a person’s eligibility for sterilization (with the exception of known allergy or hypersensitivity to any materials used to complete the sterilization method) per U. S. MEC, 2016.

Clients who are not certain about preventing pregnancy permanently should be advised that vasectomy is considered irreversible and counseled appropriately.

Client must be ≥ 21 years of age if state or Federal funds will be used to pay for any portion of the cost of the procedure.

**PROCEDURE:**

1. Follow the [*Core Reproductive Health Services* *CPS*.](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Core_RH.docx)
2. Each client will receive client instructions regarding warning signs, common side effects, risks, method of use, alternative methods, use of secondary method, and clinic follow-up schedule. Document the client’s education and understanding of the method of choice. (see **Attachment 1**)
3. Offer an alternative method until the procedure is performed and semen analysis demonstrates occlusion of the vas deferens. Offer and provide condoms.

**PLAN:**

1. Provide client with information and counseling:
2. Permanent nature of the procedure;
3. Alternative methods of contraception available;
4. Assess the client’s understanding of the procedure;
5. Reasons for choosing sterilization;
6. Risks and benefits;
7. The need for interim contraception after the procedure per vasectomists instructions; and
8. Screen for risk indicators for regret:
* Unstable relationship;
* Life stressors;
* Have no or very young children;
* During time of financial crisis;
* Reasons related to a pregnancy; and
* Young age.
1. Offer and provide condoms as a back-up method until the procedure is performed and to protect against STIs.
2. Provide a referral to the provider who will perform the vasectomy procedure (including faxing medical records and scheduling the procedure).
3. Review the client’s history and access of recommended health screenings. Send a Release of Records for past health screenings, if performed elsewhere.
4. Offer and schedule a Reproductive Health Well Visit if the client has not been screened appropriately within the past 12 months, or if an earlier assessment is clinically indicated.

**CLIENT EDUCATION:**

1. Advise clients with government funded coverage of the required 30 day waiting period between signing the consent form and performance of the procedure. The vasectomy must be completed within 180 days from the time of signing the consent or a new consent form must be completed.
2. Provide client with the opportunity to ask questions.
3. Advise the client that they will need to provide a semen sample 8-16 weeks after the procedure for confirmation of the vasectomy’s effectiveness or as directed by performing vasectomist.
4. Advise client to refrain from ejaculation for approximately 1 week after the vasectomy to allow healing of surgical site, and after certain methods of vasectomy, occlusion of the vas.
5. Provide the consent form, if client is ready to sign.
6. Provide referral information on the provider performing the vasectomy procedure.
7. Advise the client they may change their mind at any time.
8. Advise the client to use condoms for protection against STIs.

**REFERENCES:**

Centers for Disease Control and Prevention. 2016. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

Centers for Disease Control and Prevention. 2016. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>

Centers for Disease Control and Prevention, 2014. Providing Quality Family Planning Services. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm>

Hatcher, R., Trussell, J., Nelson, A., Cates, W., Kowal, D., Policar, M. 2011. Female and Male Sterilization. In Deborah Kowal (Ed) *Contraceptive Technology*, 20th Ed. Pg 460-474. Ardent Media: Atlanta, GA

Viero, A. 2019. Overview of vasectomy. <https://www.uptodate.com/contents/vasectomy>

**ATTACHMENT 1: Information for Patients**

**Patient information: Vasectomy (The Basics)**

[Written by the doctors and editors at UpToDate](http://www.uptodate.com/contents/authors-and-editors/patient-information)

**What is a vasectomy?** — A vasectomy is a procedure that a man can choose as a type of long-term birth control. After a vasectomy, a man cannot get a woman pregnant.

**How does a vasectomy prevent pregnancy?** — A vasectomy prevents pregnancy by blocking the path the sperm takes to leave the body ([figure 1](http://www.uptodate.com/contents/image?imageKey=PI%2F69387&topicKey=PI%2F15746&source=see_link)).

Sperm are made in the testicles. The testicles are found inside a skin sac called the “scrotum.” Sperm are stored in the epididymis, which is a small organ that sits on top of the testicles. During ejaculation, sperm travel from the epididymis through tubes and out the end of the penis.

During a vasectomy, a doctor cuts and blocks a tube called the “vas deferens.” This prevents sperm from leaving the body. After a vasectomy, a man can still ejaculate fluid, called semen. But the semen does not have any sperm in it.

**Why might I choose to have a vasectomy?** — You might choose to have a vasectomy if you do not want any more children, and do not want to use birth control each time you have sex.

Let your doctor know if you have any questions or worries about having a vasectomy. He or she can talk with you and tell you about the procedure.

Some men choose to have a sample of their sperm saved before they have a vasectomy. If you want to have a sample of your sperm saved, talk with your doctor.

**What happens during a vasectomy?** — A vasectomy is done in a doctor’s office and takes about 30 minutes. During the procedure, a doctor numbs the skin on the scrotum. Then he or she makes a small cut in the skin to reach the vas deferens, cut it, and seal it off. The procedure does not hurt, but some men can feel cramping or pulling.

**What happens after a vasectomy?** — You can go home right after the procedure, but you will need to rest for 2 to 3 days. After a vasectomy, most men have some pain in the scrotum. Your doctor will tell you which pain-relieving medicines to take. He or she might also prescribe a medicine to treat your pain.

Your doctor will give you instructions about what you should and should not do after your vasectomy. He or she will probably tell you to:

* Wear a jock strap to hold the bandage in place;
* Not bathe or swim for 1 to 2 days;
* Not lift heavy objects or exercise too hard for 7 days; and
* Wait 7 days to have sex. After that, you must use another form of birth control for a few months to prevent pregnancy.

**What are the side effects of a vasectomy?** — Side effects are uncommon, but can occur. They can include:

* Pain in the scrotum;
* Bleeding in the scrotum; and/or
* Infection of the skin around the cut.

If you have any side effects, let your doctor know. Some side effects go away over time, but others might need treatment.

**How long does it take for a vasectomy to work?** — It takes a few months for a vasectomy to work. That’s because the tubes can still have sperm in them.

A man needs to ejaculate 20 or more times after a vasectomy to clear out all the sperm from the tubes. Because of this, a couple should use another type of birth control for a few months to prevent pregnancy.

**Will I have a follow-up test?** — Yes. You will have a follow-up test called a “sperm count” to make sure that your semen does not have any sperm in it. Most men have this done 3 months after their vasectomy.

A sperm count checks how many sperm are in a sample of semen. For this test, a man needs to provide a sample of his semen.

If your sample has no sperm, you can stop using other birth control because you will not be able to get a woman pregnant. But if your sample has sperm in it, you can get a woman pregnant. You should still use birth control until you have another sperm count done.

**What if I have had a vasectomy and want to father a child?** — If you have had a vasectomy and want to father a child, talk with your doctor. A surgery to reconnect the vas deferens and open the sperm’s path can be done. But this surgery does not always work.

**Does a vasectomy prevent getting a disease from sex?** — No. A vasectomy does not prevent you from getting or spreading a disease from sex. To prevent getting or spreading a disease from sex, you should use a condom.