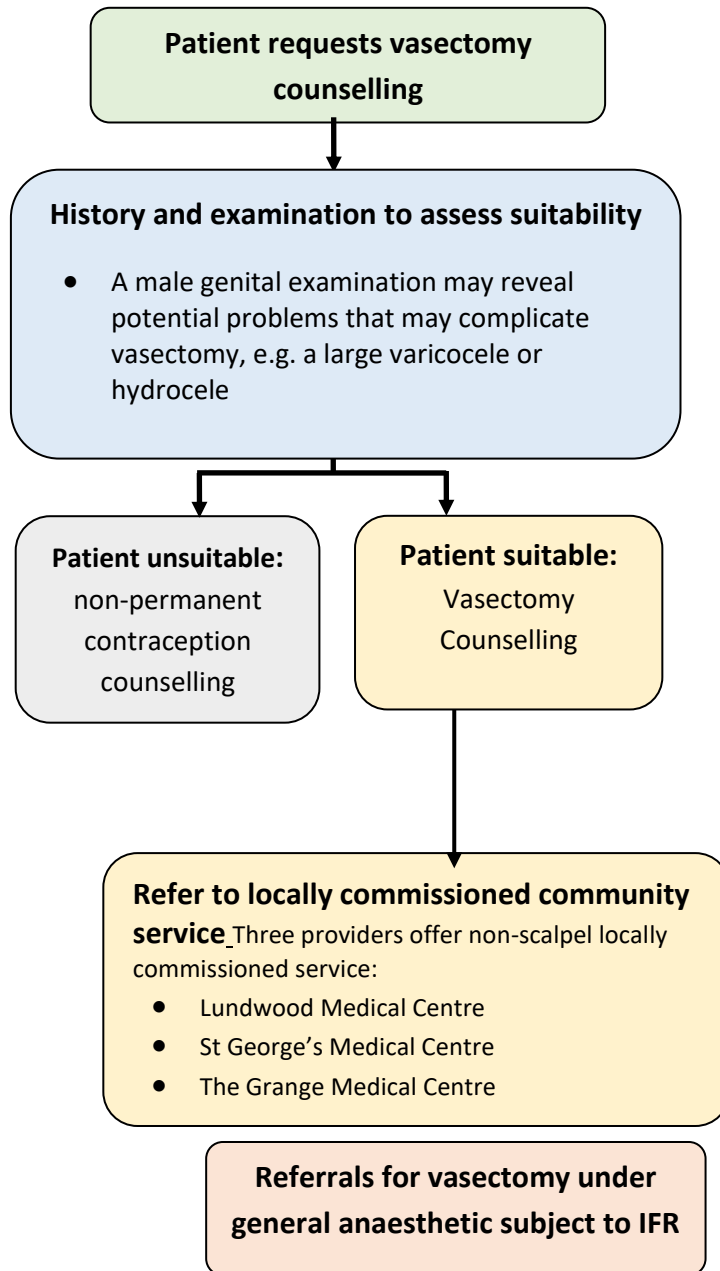


# Vasectomy

## Assess and discuss suitability

- **mental capacity** to make decisions regarding his treatment or care: seek legal advice if there is any doubt of the patient's mental capacity
- **Anatomical factors** that may complicate a vasectomy -see IFR sheet for further guidance
  - Varicocele
  - Hydrocele
  - Previous scrotal surgery
  - Obesity
  - Scrotal hernia
- **Risk for later regret** – especially for men who are:
  - younger than age 30 years
  - nulliparous
  - low parity – usually two or fewer children
  - in an unhappy relationship
  - not in a relationship
  - remarried or have had a change in relationship status
  - making decisions after the death of a child
  - wishing to have more children
  - possibly at risk of coercion, eg by their partner or health professional
- psychological issues eg depression



## Vasectomy counselling

Provide advice on sterilisation prior to the procedure

- Provide verbal and written information
- Full counselling is provided by the service carrying out the procedure
- Inform the patient that the vasectomy failure rate is approx. 1 in 2000 - and that pregnancy can still occur
- Where acceptable and appropriate provide counselling to both partners together
- Chance of failure lower than female sterilisation and less risks
- Discuss other contraceptive options
- Assess the patient for known predictors of regret
- Inform the patient about: sterilisation procedures, the irreversibility of permanence sterilisation and associated risks and complications
- Sterilisation does not protect against STI's

## Referral for vasectomy under general anaesthetic subject to IFR

- **referrals for vasectomy under general anaesthetic is not routinely commissioned.**
- Needle phobia is no longer an exception
- Fear of procedure or patient choice is not an adequate reason for requesting vasectomy under general anaesthetic
- **See additional information sheet** for factors that may complicate vasectomy and that should be referred for an IFR