

No-Scalpel Vasectomy in a Rural Health Setting

Training Curriculum and Assessment Tools

This publication was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-0480-C-00-5093-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Table of Contents

- I. Training Curriculum
- II. Counseling
- III. Scrotal Model Practice Session
- IV. Supplies, Equipment and Instrument Processing
- V. Basic Instrument and Supplies Set-up
- VI. NSV Forms
- VII. NSV Clinical Skills Checklist
- VIII. Post-Vasectomy Instructions for Clients

Framework for Itinerant Teaching and Service Delivery of No-Scalpel Vasectomy

The NSV T.E.A.M. Approach

INTRODUCTION

For the past 30 years of the Philippine Family Planning Program, vasectomy has been one of the least accepted methods of family planning. This could be traced to various myths and misconceptions including it being the same as "Kapon" or castration and therefore will make the male physically weak and unable to have erection. The conventional vasectomy technique that was used also causes pain and had more complications like hematoma, hemorrhages and high failure rates.

In 1988, a new technique in vasectomy which is less traumatic, safe and highly effective called No-Scalpel Vasectomy (NSV) was introduced in the country through FPOP, IMCH and the Jose Fabella Memorial Hospital. The initial excitement however died down due to lack of government support and the withdrawal of USAID subsidy.

A renewed interest on No-Scalpel Vasectomy came with the re-introduction of NSV in 2001 under the Matching Grant Program (MGP). Management Sciences for Health (MSH) assisted the local government units in setting up the NSV program in LGUs participating in the MGP, while EngenderHealth trained the local team on NSV procedure. However, the usual set-up where training is done in DOH Regional Training Centers, and trainers from EngenderHealth come all the way from Manila posed some problems. These included as lack of enough clients needed for training and the relative inaccessibility of the training centers in relation to where clients reside. Training on-site was resorted to but normally, EngenderHealth Trainers would not come if there are less than 10 clients. Also, the limited number of EngenderHealth trainers could not cope with the increasing number of request for training from participating LGUs. Because of this, MSH in cooperation with the high NSV performing LGUs (like Bago City, Negros Occidental, Valencia, Bukidnon and Davao Oriental) where their surgeon have gained proficiency on the NSV Technique, developed the concept and conducted the "peer to peer" itinerant teaching that proved to be more effective in expanding the network of NSV providers and peer trainers.

Concerns however were raised by EngenderHealth in terms of the differences in the technique being taught from the standard developed by the originator, Dr. Li Shunqiang and the quality of training. They aver that the training focuses mainly on the technique and less emphasis is given to other components of the training curriculum such as: the information given to clients, counseling, pre-vasectomy

evaluation, infection prevention, post vasectomy care and management of complications.

This manual was written based on the consensus among MSH staff, EngenderHealth, LGU physicians and private practitioners through a series of workshops and wet clinics conducted in July 2003. This manual hopes to serve as a guide for LGU staff who are committed to set up NSV service in their areas.

Chapter 1
The NSV T.E.A.M. Framework:
An Approach Using "Peer to Peer" Training

MSH, the Centers for Health Development of DOH and the participating LGUs used the following strategies in establishing NSV services:

- Mobilization of volunteers in client recruitment
- Bringing the services to the clients
- Establishment of LGU-based providers and trainers

This framework simply outlines the activities that needs to be done prior to, during and after the training of the Local Government Unit's NSV team. The framework also assumes that the LGU has decided and agreed to implement No Scalpel Vasectomy services as part of its family planning and reproductive health program.

Now let us look at the components of this approach.

- New Client Generation**
- Set-up/Supplies Security & Sterility**
- Vasectomy T.E.A.M.**
 - Teaching- simulation practice with scrotal model; demonstration**
 - Enriching by coaching during return demonstration**
 - Assessment of Skills using NSV Competency Based Skills Checklist**
 - Monitoring on site for certification**

This framework has to be clearly explained not only to the team to be trained but also to the clinic managers and the LGU executives before embarking on the training. Each one of them has a role to perform in every step of the training and eventually in the delivery of NSV services whether these are done at the main center or in the other outlets owned or managed by the LGUs. Let us now look on the components individually.

A. Mobilization of Community-Based Volunteer Health Workers

One of the more effective strategy used in promoting male involvement in family planning is the training and mobilization of volunteer health workers. The volunteers are trained to identify and recruit clients. Volunteers are trained in family planning counseling, specifically related to vasectomy and other family planning methods; this training helps to increase their confidence as family planning advocates and counselors.

B. Identifying Potential Clients

Using data from the Community-Based Monitoring and Information System (CBMIS), the volunteers identify potential clients for vasectomy and focus their IEC and motivation activities to these clients.

C. Informing Potential Clients

The LGUs have adopted various strategies in promoting and generating clients for no-scalpel vasectomy.

- Motivating Potential clients - House to house visits and Face-to-Face Motivation - *Correct information and good communication create awareness in the general public, but a direct, face-to face motivation by volunteer health worker allows prospective clients to be more knowledgeable about the procedure.*** They are also important in ensuring that clients are well informed and satisfied and are thus, less likely to regret the operation and more likely to share their positive experience with others in the community.



Client satisfaction should be the primary aim of all vasectomy information and communication activities. Client satisfaction is influenced by the quality of information and satisfied clients have proven to be the

best and most effective communicators about vasectomy. A network for referring clients to the clinic should be established.

- ☑ **Group Counseling** – experience have shown that under certain conditions, group counseling is more effective in generating acceptance of vasectomy. Men tend to become more decisive when they know that they are not alone and their questions about vasectomy are answered not only by the counselors, motivators or providers but more so by those who have undergone vasectomy procedure.
- ☑ Mobilizing **satisfied couples (vasectomy acceptors and their wives) as advocates** for vasectomy.
- ☑ **Use of IEC materials – leaflets and flip charts on male reproductive anatomy and physiology and NSV- How is it done? How does it work? Who can use it? Where to get the services? Possible side effects?**

The volunteer health workers and clinic staff should be familiar with these materials and know their proper use.

D. Creating Awareness

To create awareness to NSV, LGUs have used the following strategies:

- ☑ **Clinic Signage**

Potential Clients are made aware of the services available at the center, i.e. NSV services. If the service is available only on certain days or time of the day, this information are prominently displayed in front of the facility (center). Information on service fees, if any, are also included.

- ☑ **Product launching**

The MGP Project provides a variety of activities for launching NSV services in the community, such as:



- **Seminar/Lectures/Open Forum** –on how the no-scalpel vasectomy procedure is done. Questions about vasectomy are

answered or clarified by a resource person, which could either be the physician who performs the NSV procedures or a vasectomy client or both. A *satisfied client with his wife, giving their testimony in forums like these, and sharing their positive experience is the best program advocate who can motivate others.*

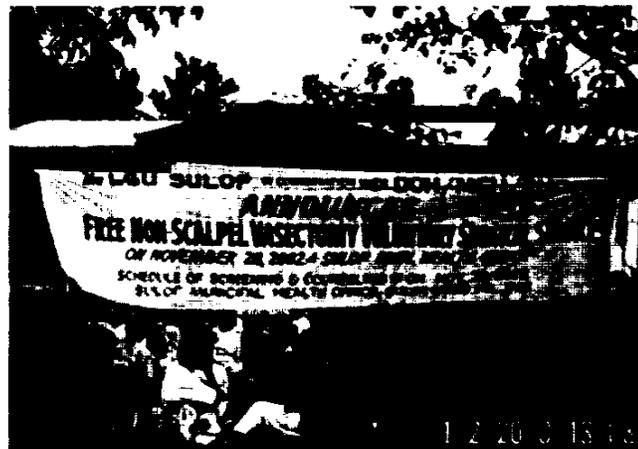
- o **Community Theater/Comedy Skit** – on the values of planning the family and answers to questions frequently asked about the NSV. How does it work? How is it done? Are there any side effects?



- o **Street Parades** –participated by local government officials, barangay health workers, students, and interested parties from the community.

- o **Posters** must be displayed in prominent places in the clinic and other areas in the community.

- o **Streamers** – posted on strategic areas announcing the availability of NSV services.



E. Individual Client Counseling



VHW can do it at the community.

A very important aspect in the delivery of NSV services is being able to provide correct information about the method that could help the couple, especially the man, to make a decision to accept and submit to the NSV procedure. A trained nurse or midwife can do counseling at the clinic level while CBT FP-trained

In the process of information giving and counseling the "myths" about vasectomy have to be debunked. The most frequently asked questions and the correct information on NSV include the following:

Is Vasectomy the same as "Kapon" or Castration?

No, Vasectomy is not the same as "kapon" or castration. Vasectomy involves the isolation, cutting of a portion and tying of the vas deferens. "Kapon" or castration involves the removal of the testes. This is not done during vasectomy

What is the difference between Incisional or Conventional and No-Scalpel Vasectomy?

The two techniques differ in at least four points- the Instruments use for entry to the vas, the anesthesia method, the entry technique and the skin closure. The table below summarizes the differences:

Technique	Incisional Vasectomy	NSV
Instrument used to fix vas	Allis or Towel Clamp	Ringed Clamp
Instruments used for entry	Scalpel	Dissecting forceps
Anesthesia Method	Localized injection	Peri-vasal block
Entry technique	Scalpel incision	Skin puncture
Skin closure	Sutures	No closure needed

- Can a man still have erection after vasectomy? Does it cause loss of libido?***

A man can still have erection after vasectomy. Libido is maintained or may even be enhanced after vasectomy.

- Does a man lose his strength after vasectomy? Can he still lift heavy objects? Can he still work?***

A man does not lose his strength after vasectomy. On the average, he can resume work after three (3) days. He can continue to lift heavy objects as before.

- Why do some men who had undergone vasectomy still have children after the procedure? Is it 100% effective?***

There is no family planning method currently available that is 100 % effective. It should be emphasized during counseling that residual sperms are still stored along the vas and in the seminal vesicle even after the procedure. It takes about 20-30 ejaculations to eliminate the residual sperms.

Informed Consent



After making the decision to accept vasectomy, the client must give his informed consent before the procedure is done. Any member of the NSV team trained on counseling must explain the six elements of the informed consent form to the client before he signs it. (See annex 2 for a sample consent form)

Specific Attention to the Needs of Men

Programs that specifically take account of the psychological characteristics of men are more likely to succeed. In some cases this may mean that vasectomy should be physically or temporarily separated from female FP services. For example, during vasectomy schedules, services for women should be cancelled transferred to another facility.

SETTING-UP THE TRAINING/SERVICE FACILITY

A. Physical Facilities

NSV training and services can be provided in either a permanent or temporary location. Experience in the MGP areas showed that most clinics that provide primary health care were able to provide or integrate NSV services within the existing facilities.

However, regardless of where the training or services is done, certain requirements must be met if high quality, comprehensive service is to be established and maintained. These are:

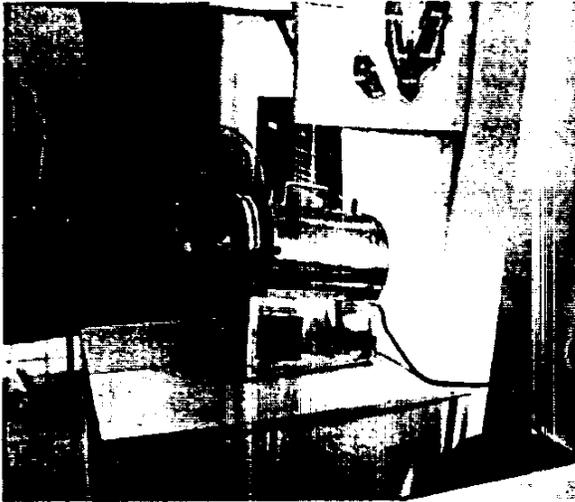
- A comfortable waiting room or holding area for new and/or follow-up clients



- A space for counseling that ensures privacy.
- An examination room with sink, adequate natural or artificial light and privacy for screening and follow-up examinations.

- A clean room for the surgical procedure isolated from the outside and free from clinic traffic.
- Arrangement for storage and retrieval of records.
- Arrangement for laboratory examination (sperm count) in the clinic or referral to a nearby clinic or hospital with appropriate laboratory facility.



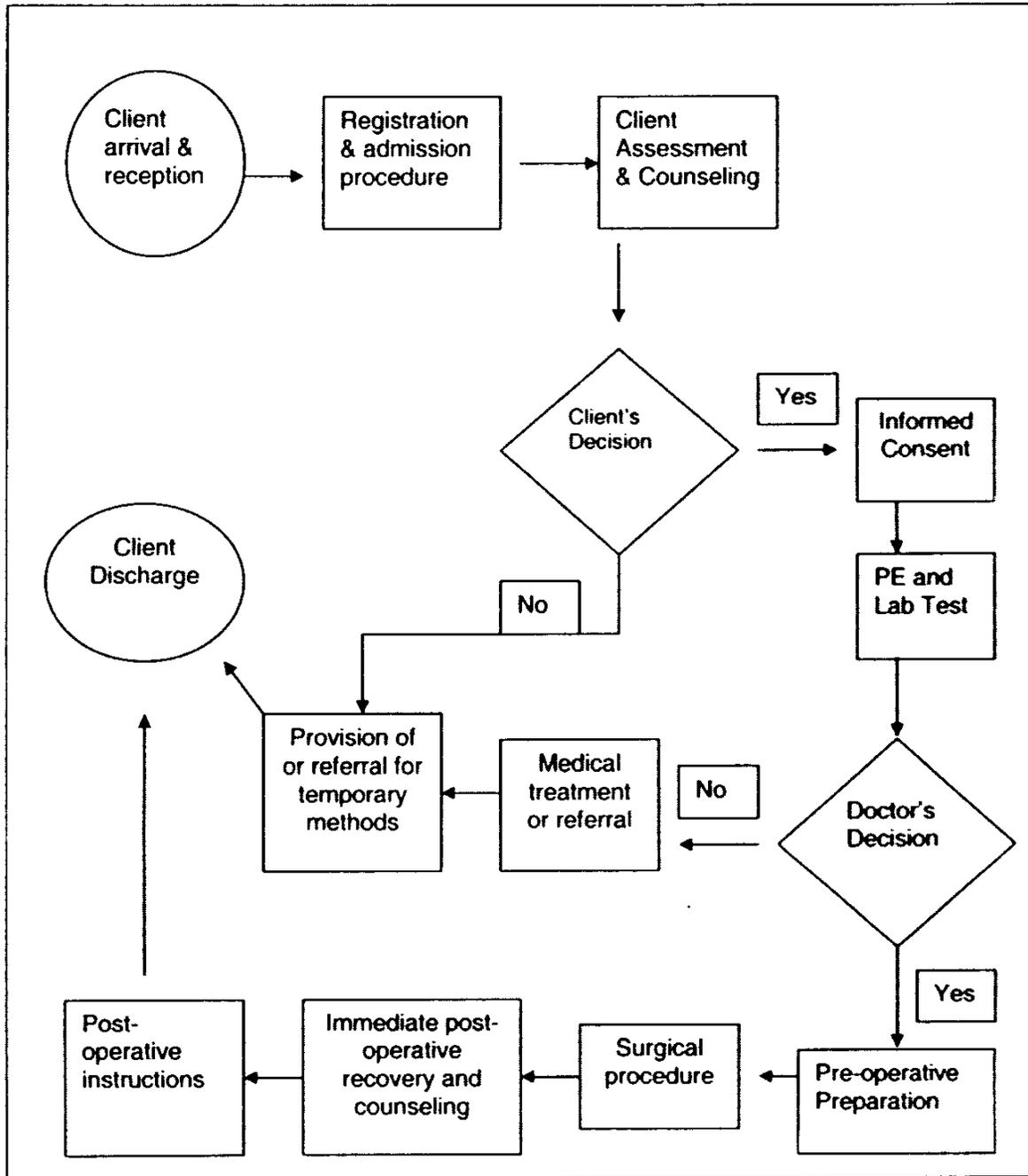


- ☑ An area for sterilizing/autoclaving of instruments, equipment, linens, gloves and dressing, and space for their storage.

- ☑ Toilet and washing facilities for clients.
- ☑ Recovery or rest area for clients after surgery.
- ☑ A storage area for medical supplies, which should be cool, dry, secure and well ventilated.
- ☑ An area for office work, completion and storage of records, and storage for information materials.

B. Client Flow

An orderly flow of clients through the health facility is necessary in order to ensure a comprehensive, cost effective service and client satisfaction. Below is an illustration of a well-managed client flow:



C. Clinic Location and Working Hours

For purposes of training, the facility should be assessed in terms of availability of service and accessibility in relation to potential client's availability. One may want to ask the following questions:

- Do enough clients have easy access to the clinic?
- Are clinic hours convenient to working clients?

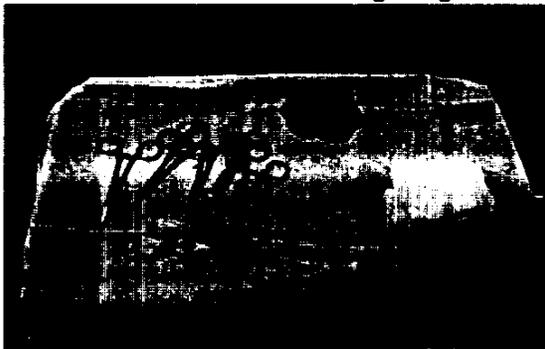
If the service point is too far from where the clients live, they may not return for follow-up visits because of the distance and the possible expenses (fares, loss of income for time off, cost of child care)

Providing services on-site (e.g. RHUs/BHS), after regular working hours or on weekends may increase facility accessibility.

D. Equipment/Instruments/Supplies Needed

Even during training, the NSV procedure does not require an operating room. However, sterilization of instruments and clean conditions are absolutely necessary. The equipment, instruments and supplies needed are the following:

- An examining table
- Instrument tray
- Good artificial or natural lighting



- Vas fixing or extra-cutaneous ringed forceps
- Vas dissecting forceps
- Iris scissor
- Suture material (surgical silk 3-0)
- Local anesthesia (1 or 2 % lidocaine HCl) and 5 ml disposable syringe with gauge 23 or 25 needle (1inch long).

Other items required are:

- Surgical gloves (sterile or high-level disinfected)
- Antiseptic solution for cleaning the scrotal area (preferably an iodophor such as povidone-iodine)
- Antiseptic solution for high-level disinfections of instruments like Cidex
- 0.50% Chlorine solution for decontamination of instruments
- Gauze or cotton balls, Plaster
- Analgesic like Paracetamol 500 mg. or Mefenamic Acid 500mg
- Antibiotics like Amoxicillin 500mg capsule

No-Scalpel Vasectomy in a Rural Health Setting

Vasectomy TEAM Teaching: NSV On-Site Training Steps for LGU Peer to Peer Training (Itinerant Teaching Team)

I. Pre-Training Activities/Self-learning Mode:

1. **At least two (2) weeks before the actual training**, the trainers should visit the proposed site to:

a. Give the LGU personnel to be trained, a short orientation and a copy of the DOH approved NSV Training Curriculum - Participants and the NSV – An Illustrated Guide for Surgeons Manual (by EngenderHealth). As a minimum requirement, this should include the following:

- i. Overview of vasectomy
- ii. Review of anatomy and physiology of the male reproductive system
- iii. Counseling and informed consent for surgery
- iv. Pre-Vasectomy Assessment, precautions and contraindications for vasectomy
- v. Review of Infection Prevention Practices
- vi. Operative Technique
- vii. Post-operative care, counseling and instructions and client follow-up
- viii. Prevention and Management of complications
- ix. Discuss steps in the integration of NSV service in the existing health facility.

- Procedure room
- NSV Forms
- NSV supplies, materials, instruments and equipment

b. Discuss the approach of on-site training: (CBT)

- Trainee responsibilities

c. Discuss the preparation needed in terms of facilities- equipment, supplies and instruments (Provide a checklist to guide the LGU Team on this task)

2. **One day before the on-site practicum**, the trainer visits the trainees at the LGU with a checklist to:

- a. Assess adequacy of supplies, instruments and equipment
- b. Assess NSV room set up, infection prevention procedures

- c. Pre-training assessment of trainee's knowledge on NSV and clarifies information needed by the MD and/or his team.
- d. Simulation practice of the NSV technique using a scrotal model made of local materials (i.e. rubber gloves and pediatric NGT; interior of bicycle and NGT; rubber gloves)
- e. Asses the number of clients generated for training and service delivery

II. Practicum Session

1. **During the practicum, the trainer(s) should oversee the whole process** and act as technical resource to ensure that the trainee/s are **doing the right thing, at the right place, at the right time, throughout the training.**

- a. The trainer assesses the competence of the team in conducting counseling
 - i. Group counseling
 - ii. Individual pre-op counseling
 - iii. Securing and recording client information (demographic, medical and FP data)
 - iv. Securing informed consent
- b. The trainer using a checklist, assesses the competency of the Doctor and or other team members in:
 - i. Conducting pre-operative Physical Examination of the client
 - ii. Verifying informed consent for surgery
 - iii. Infection prevention measures

2. T.E.A.M. Training on the Vasectomy Procedure (see steps in annex)

- a. **Teaching** -The trainer demonstrates the standard NSV procedure with the trainee assisting (at least on the first client);
- b. **Enriching** Trainee does return-demonstration of the procedure with trainer coaching while assisting.
- c. **Assessing** - The trainer allows the MD trainee to perform the procedure on the 3rd case with his nurse assisting while trainer coaches the team using the CBT checklist.
 - i. The trainer observes the team conduct post-operative care, giving of instructions, and counseling.

A CBT Checklist guides the trainer in validating/assessing the trainee's knowledge and skills competency on doing the NSV procedure. The checklist developed by EngenderHealth can be adapted with some modification like adding a remarks column to explain the unsatisfactory rating, which will be one of the items for discussion with the team during the feedback session.

- ii. **Feedback session with the team and the trainer/s** after each case or after the day's practicum session.

Discussion of the strengths and areas for improvement of the trainees based on the CBT Checklist. Clarification of issues that may arise

- d. **Monitoring/Follow-Through** - Post-training follow-up to monitor/assess trainee's proficiency for certification
 - i. Trainer should do follow-up at least 2 months post-training to assess trainee's competency or proficiency in doing NSV procedure and assess integration of the NSV services into the site's health care system. Based on trainer's assessment and recommendation, the trainee can be certified.
 - ii. The trainer may see the need for another follow-up as part of technical assistance.

List of Handouts, Training and Assessment Tools:

1. No-Scalpel Vasectomy Curriculum – A Training Course for Vasectomy Providers and Assistants
2. No-scalpel vasectomy – An Illustrated Guide for Surgeons
3. Male Reproductive System - Pre-vasectomy
4. Male Reproductive System – Post Vasectomy
5. Scrotal Model
6. List of Equipment/Instruments and Supplies for NSV
7. Checklist for NSV Equipment/Instruments and Supplies Care
8. Assessing Client Decision for vasectomy
9. Informed Consent Form
10. Pre-vasectomy Assessment
11. NSV Referral Form
12. NSV Clinical Skills Checklist

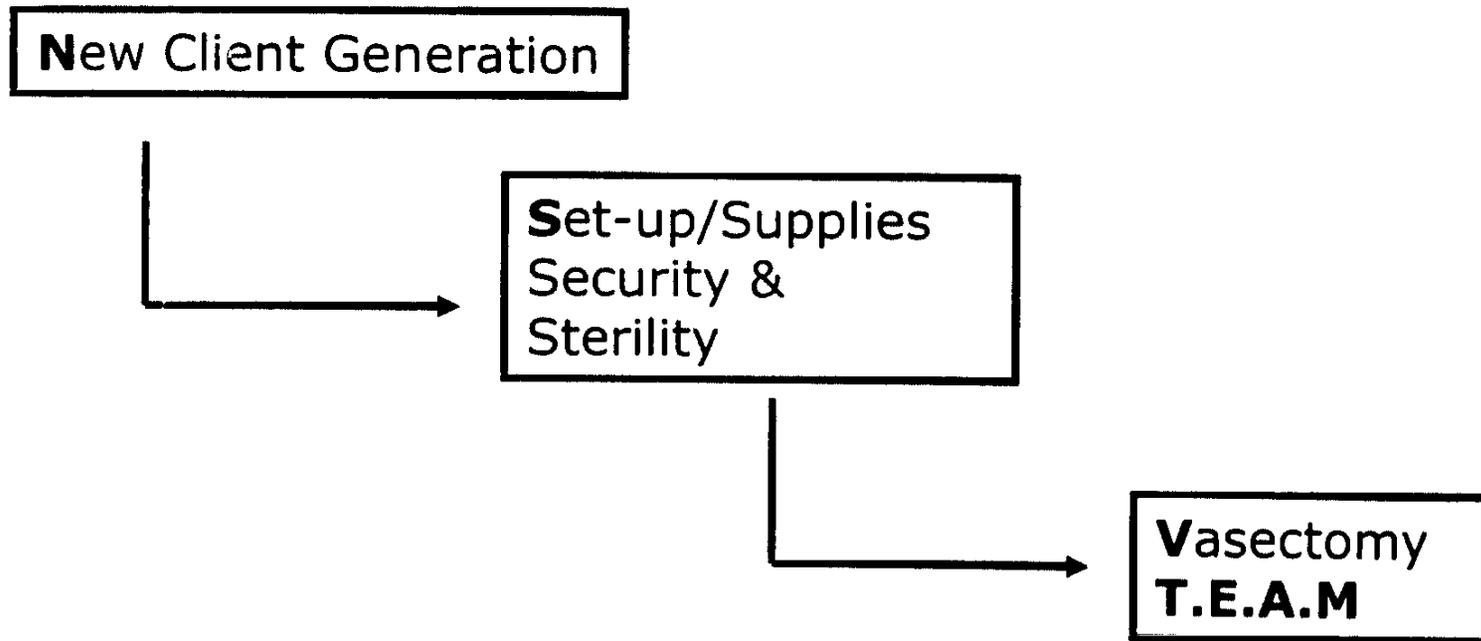
Training Curriculum

The NSV Framework for Itinerant Teaching and Service Delivery of No-Scalpel Vasectomy

LGU T.E.A.M. Approach

The NSV Framework for Itinerant Teaching and Service Delivery of No-Scalpel Vasectomy: LGU T.E.A.M Approach

Assumption: LGU committed to setup NSV program



The NSV Framework for Itinerant Teaching and Service Delivery of No-Scalpel Vasectomy

- New Client Generation**
 - Set-up/Supplies Security & Sterility**
 - Vasectomy T.E.A.M.**
 - Teaching-** simulation practice with scrotal model; demonstration
 - Enriching** by coaching during return demonstration
 - Assessment of Skills** using Competency Based Checklist
 - Monitoring** on site for certification
-

New Client Generation

Objective:

- ✓ Generate a critical mass of NSV client for CBT on NSV (3 plus 5/trainee)

Steps:

- CBMIS to identify potential clients
- General information on NSV, other methods
- Help client decide through GATHER Counseling
- Refer client to NSV center for further screening, schedule and or provision of NSV service

Responsibility:

- CBT FP Trained VHW
 - CBT FP Trained Nurses and Midwives
-

Set-up/Supplies Security & Sterility

Objective:

- ✓ Ensure availability of appropriate / adequate facilities for NSV
- ✓ Ensure infection prevention and control

Steps:

- Identify/prepare area for admission, consultation and counseling; area for preparation, cleaning, decontamination/sterilization of instruments and supplies; Operating room; recovery area
- Prepare/purchase adequate sterile instruments, supplies including local anesthesia
- Sterilize operating room, equipment, instrument and supplies

Responsibility

- Facility Manager
 - Rotating OR Nurse
 - Nursing aide or midwife
-

Vasectomy T.E.A.M

Objective:

- ✓ Transfer of knowledge and skills on GATHER Counseling and NSV Procedure

Steps: (For detailed description, see Proposed NSV On-site Training Steps)

- **Teaching on site - Distance Education Mode (self-learning)** for the Didactic Phase – NSV Trainees Manual and NSV Guide given to Team; Practicum -Step by step demonstration of procedure and infection prevention measure on site
- **Enriching by Coaching** – allowing the trainee to do certain steps of the procedure guided by a coach trainer
- **Assessing skills of the trainee using a CBT Checklist for NSV (Solo Operation by Trainee's Team)**
- **Monitoring trainees skills during regular NSV operation on site for certification**

Responsibility:

- Team trainers

23

**PROPOSED NSV ON-SITE TRAINING STEPS
(Itinerant Teaching Team)**

I. Pre-Training Activities:

1. At least two (2) weeks before the actual training, the trainers should visit the proposed site:
 - a. Give the LGU personnel to be trained, a short orientation and a copy of the DOH approved NSV Training Curriculum (Pax Manual on NSV (adopt EH). As a minimum this should include the following:
 - i. Overview of vasectomy
 - ii. Review of anatomy and physiology of the male reproductive system
 - iii. Counseling and informed consent for surgery
 - iv. Pre-Vasectomy Assessment, precautions and contraindications for vasectomy
 - v. Review of Infection Prevention Practices
 - vi. Operative Technique
 - vii. Post operative care, counseling and instructions and client follow-up
 - viii. Prevention and Management of complications
 - ix. Discuss steps in the integration of NSV service in the existing health facility.
 - NSV Forms
 - NSV supplies, materials, instruments and equipment
 - b. Discuss the approach of on-site training: (CBT)
 - Trainee responsibilities
 - Client requirement (ratio of clients per trainee for training and certification)
 - c. Discuss the preparation needed in terms of facilities- equipment, supplies and instruments (Provide a checklist to guide the LGU Team on this task)
2. One day before the on-site practicum, the trainer visits the trainee's at the LGU with a checklist to:
 - a. Assess adequacy of supplies, instruments and equipment
 - b. Assess NSV room set up, infection prevention procedures
 - c. Pre-training assessment of trainee's knowledge on NSV and clarifies information needed by the MD and/or his team.
 - d. Simulation practice of the NSV technique using local materials (i.e. rubber gloves and pediatric NGT; interior of bicycle and NGT; rubber gloves)
 - e. Asses the number of clients generated for the training

II. Practicum Session

1. During the practicum, the trainer(s) should oversee the whole process and act as technical resource to ensure that the trainee(s) are doing the right thing, at the right place, at the right time throughout the training.
 - a. The trainer assess competence of the team in conducting counseling
 - i. Group counseling

- ii. Individual pre-op counseling
 - iii. Secure and record client information (demographic, medical and FP data)
 - iv. Secure informed consent
- b. The trainer using a checklist, assess the competency of the Doctor and or other team members in:
 - i. Conducting pre-operative Physical examination of the client
 - ii. Verifying informed consent for surgery
 - iii. Infection prevention measures
 - c. The trainer demonstrates the standard NSV procedure with the trainee assisting (at least on the first client); Trainee does return-demonstration of the procedure with trainer assisting.
 - d. The trainer allows the MD trainee handles the 3rd case with his nurse assisting while trainer coaches the team using the CBT checklist.
 - e. The trainer observes the team conduct post op care, giving of instructions, and counseling.

A CBT Checklist guides the trainer in validating/assessing the trainee's knowledge and skills competency on doing the NSV procedure. I suggest we adopt the checklist developed by EH with some modification like adding a remarks column to explain the unsatisfactory rating, that will be one of the items for discussion with the team during the feedback session.

- 2. Feedback session with the team and the trainer (s) after each case or after the day's practicum session.

Discussion of the strengths and areas for improvement of the trainees based on the CBT Checklist. Clarification of issues that may arise

- 3. Post-training follow-up to monitor/assess trainee's proficiency for certification
 - a. Trainer should do follow-up at least 2 months post-training to assess trainee's competency or proficiency in doing NSV procedure and assess integration of the NSV services into the site's health care system. Based on trainer's assessment, the trainee can be certified.
 - b. The trainer may see the need for another follow-up as part of technical assistance.

T H E

STEP:

GREET

ASK / ASSESS

GOAL OF THE STEP

ESTABLISH RAPPORT WITH THE CLIENT

ASSESS THE CLIENT'S HEALTH, WHAT SHE/HE KNOWS ABOUT CONTRACEPTIVE METHODS, AND REPRODUCTIVE NEEDS

TASKS:

- GREET THE CLIENT
- INTRODUCE YOURSELF
- OFFER THE CLIENT A SEAT
- ASK THE CLIENT WHY SHE/HE HAS COME TO THE CLINIC
- ENSURE PRIVACY/ CONFIDENTIALITY

- OBTAIN DEMOGRAPHIC DATA e.g. AGE, SEX, MARITAL STATUS, ETC
- OBTAIN MEDICAL HISTORY
- ASSESS THE CLIENTS' REPRODUCTIVE NEEDS (SHORT, LONG TERM OR PERMANENT)
- ASK THE CLIENT ABOUT PREVIOUS USE AND KNOWLEDGE OF FP METHODS
- ASSESS FOR STI/HIV RISK

IMPORTANT POINT

- BE MINDFUL OF THE CLIENT'S RIGHTS ALL THROUGHOUT THE COUNSELING SESSION

FOR REVISIT CLIENTS:

- ASK IF THEIR SITUATION HAS CHANGED SINCE THEIR LAST VISIT
- ASK IF REPRODUCTIVE NEEDS HAVE CHANGED
- ASK THEM IF THEY HAVE NEW CONCERNS
- ASK THEM IF THEY HAVE ANY PROBLEMS RELATED TO THEIR METHOD
- RE-ASSESS STI/HIV RISK

IMPORTANT POINTS:

- USE FP FORM I IN ASKING/ASSESSING AND RECORDING CLIENTS MEDICAL HISTORY
- ANALYZE THE DATA YOU GATHERED FROM THE CLIENT BEFORE PROCEEDING TO "T" STEP
- BEFORE MOVING TO "TELL" MAKE SURE THAT YOU KNOW THE CLIENTS' REPRODUCTIVE NEEDS (SHORT, LONG TERM OR PERMANENT)

G A T H E R

TELL

RAISE CLIENTS' AWARENESS ABOUT THE METHODS AVAILABLE BASED ON CLIENTS' NEEDS AND KNOWLEDGE.

- "TELL" THE CLIENTS:
 - WHAT THE METHOD IS
 - HOW IT WORKS
 - ADVANTAGES
 - DISADVANTAGES
 - POSSIBLE SIDE-EFFECTS
- CORRECT RUMORS OR MISCONCEPTIONS THE CLIENTS MAY HAVE
- USE IEC MATERIALS

IMPORTANT POINT:

- TELL CLIENTS ONLY ABOUT METHODS RELATED TO THEIR NEEDS

HELP

HELP THE CLIENTS MAKE A DECISION ABOUT CONTRACEPTION

- ASK THE CLIENTS WHAT METHOD THEY HEARD ABOUT DURING THE "TELL" STEP INTEREST THEM
- ASK THE CLIENTS HOW THEY THINK THEY WILL TOLERATE POTENTIAL SIDE-EFFECTS
- ASK THE CLIENTS IF THERE IS ANYTHING NOT UNDERSTOOD; REPEAT INFORMATION AS NEEDED

IMPORTANT POINTS:

- IF THE CLIENTS CANNOT MAKE A DECISION, ASK THEM WHAT ADDITIONAL INFORMATION IS NEEDED
- IF THE CLIENTS DECIDE NOT TO USE A METHOD, TELL THE CLIENT ABOUT:
 - POSSIBILITY OF PREGNANCY
 - PRE-NATAL SERVICES
 - THAT THEY CAN RETURN TO SEE YOU SHOULD THEY WANT A FP METHOD.

A P P R O A C H

EXPLAIN

EXPLAIN HOW TO USE THE METHOD THE CLIENT HAS CHOSEN.

EXPLAIN HOW TO GET THE METHOD
EXPLAIN HOW TO USE THE METHOD
DESCRIBE WARNINGS SIGNS, WHAT THEY ARE,
WHERE TO GO SHOULD THEY OCCUR
CONFIRM CLIENTS' UNDERSTANDING OF WHAT HAS
BEEN SAID BY ASKING THEM TO REPEAT WHAT YOU
HAVE SAID IN CLIENTS' OWN WORDS
PROVIDE THE METHOD IF APPROPRIATE
GIVE CLIENTS INFORMATIONAL MATERIALS ON THE
METHOD CHOSEN

FOR RE-VISIT CLIENTS:

ASK CLIENTS TO TELL YOU HOW SHE/HE USES THE
PRESENT METHOD AND THE WARNING SIGNS FOR
THE METHOD

FOR STERILIZATION CLIENTS:

* EXPLAIN AND ASK THE CLIENTS TO SIGN THE IN-
FORMED CONSENT FORM

IMPORTANT POINTS:

* THE DIFFERENCE BETWEEN THIS STEP AND THE TELL
STEPS IS, IN THIS STEP YOU ARE EXPLAINING HOW TO
USE THE METHOD THE CLIENTS HAD CHOSEN. IN THE
TELL STEP, YOU ARE TELLING THE CLIENTS ABOUT ALL
METHODS BASED ON THEIR NEEDS

RETURN / REFER

ENSURE CONTINUITY OF THE SERVICES

TELL THE CLIENTS WHEN
AND WHERE TO GO FOR
ROUTINE FOLLOW-UP
REFER THE CLIENTS FOR
METHODS AND/OR SERVICES
YOU DO NOT PROVIDE.

TELL THEM:

- WHERE TO GO
- DAY AND TIMES SERVICES ARE OFFERED
- CONTACT PERSON IN THE HOSPITAL OR HEALTH CENTER

PROVIDE REFERRAL NOTE



Department of Health



ENGENDERHEALTH
empowering women's health worldwide

SPACING METHOD:

INTRAUTERINE DEVICE (IUD):

MODE OF ACTION:

- Prevents fertilization
- Paralyze the sperm thus interfering with sperm transport

ADVANTAGES:

- Very effective
- Has no hormones thus no systemic effect
- Convenient to use
- Can be used during lactation

DISADVANTAGES:

- The device may be expelled
- Must be inserted and removed by a trained health worker
- Does not protect against STD/HIV transmission

SIDE-EFFECTS:

- Mild abdominal pain
- Longer and heavier menstrual periods

WARNING SIGNS OF COMPLICATIONS:

- P - Period late (with symptoms of pregnancy), abnormal Spotting or bleeding
- A - Abdominal pain or pain during intercourse
- I - Infection or abnormal discharge
- N - Not feeling well, fever or chills
- S - String missing, longer or shorter

CONDOMS:

MODE OF ACTION:

- Prevents fertilization

ADVANTAGES:

- Effective
- Can be bought in drug stores or other commercial outlets
- The only method that can protect against STDs/HIV infection
- Encourage male participation
- Has no complications

DISADVANTAGES:

- Some men complain of decrease sensation

PERMANENT METHOD:

FEMALE STERILIZATION (TUBAL LIGATION):

MODE OF ACTION:

- Prevents fertilization

ADVANTAGES:

- Very effective, a one time procedure
- Does not interfere with sex
- Does not affect female hormonal balance

DISADVANTAGES:

- Needs a trained surgeon to do the procedure
- A permanent method, return to fertility very nil
- Does not protect against STD/HIV transmission

SIDE-EFFECTS:

- Minor pain or swelling at operative site

WARNING SIGNS:

- Signs of infection
- Signs of pregnancy

MALE STERILIZATION (VASECTOMY):

MODE OF ACTION:

- Prevents the passage of sperm into the vagina
- No meeting of sperm and egg

ADVANTAGES:

- Very effective
- Safe, simple and easy to perform
- Does not affect male hormonal balance
- Does not interfere with sex
- No long-term side effects
- Can be done in Out Patient Clinic

DISADVANTAGES:

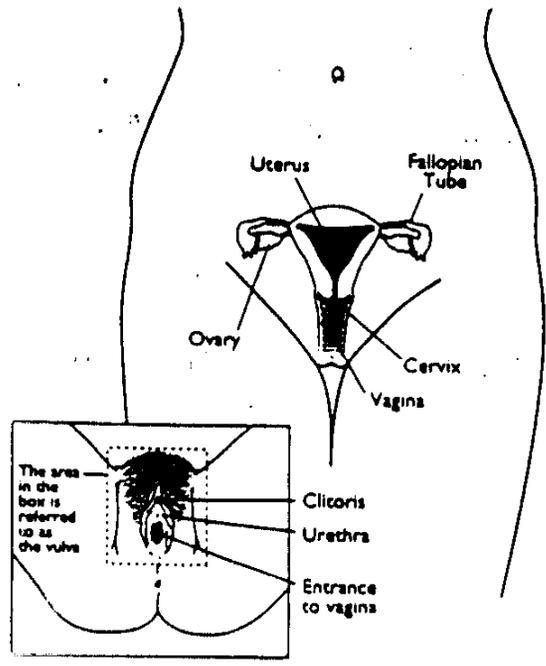
- A permanent method, difficult to reverse
- Not effective right away. Client must use another FP method until all sperm have been expelled (negative sperm count)
- Does not protect against STD/HIV transmission

SIDE-EFFECTS:

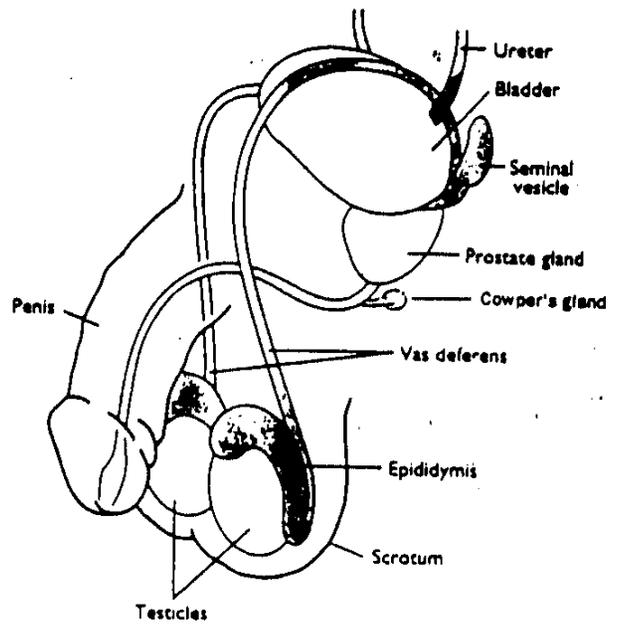
- Minor pain or swelling at operative site

WARNING SIGNS:

- Signs of pregnancy of the partner & signs of infection at the operative site



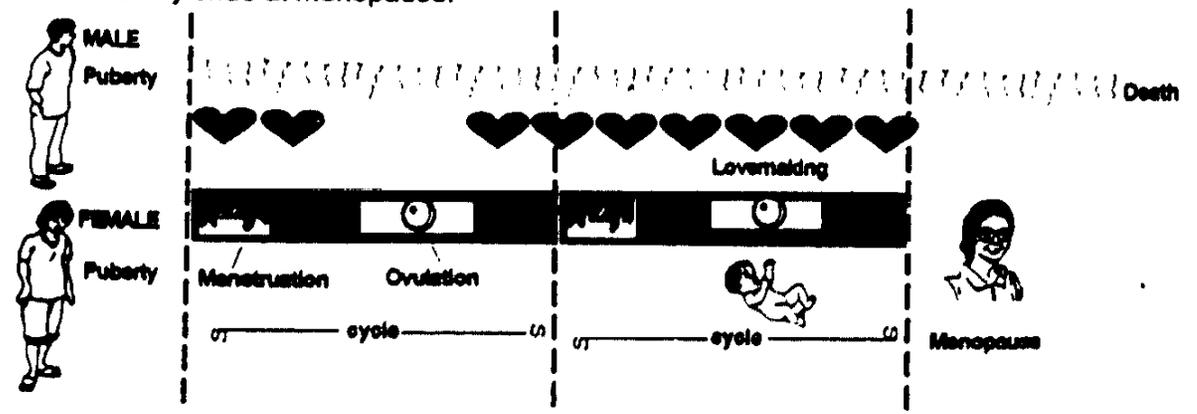
FEMALE REPRODUCTIVE ORGAN



MALE REPRODUCTIVE ORGAN

FERTILITY AWARENESS

Fertility is the ability to have children. It involves certain parts of the body - the male and female reproductive organs. It also involves the brain. A man is fertile every day and can get a woman pregnant any day of the month. A woman has menstrual cycles. These begin on the first day of bleeding and end on the day before bleeding begins again. On some days during each cycle, she is fertile and may get pregnant. On the rest of the days she is infertile and cannot get pregnant. Women's fertility ends at menopause.



COUNSELING CUE CARD

HOW TO USE THIS CARD

The purpose of this card is to provide some guidance to the service provider when providing counseling services. This card has two parts. On the inside is a visual explanation of the GATHER approach. This includes all of the steps, the goal of each step, and some of the tasks the service provider should perform when providing family planning counseling services. These tasks are applicable for most family planning clients.

On the outside of the card is information on the contraceptive methods available in the Philippines. This does not include all of the information about every method. What it does include is all of the information that the client needs to make a decision about family planning.

SPACING METHOD:

METHOD INFORMATION:

LACTATIONAL AMENORRHEA METHOD (LAM)

MODE OF ACTION:

- Inhibits ovulation

ADVANTAGES:

- Effective
- Universally Available
- Does not interfere with sex
- Does not need FP commodities
- Contributes to improved maternal and child health nutrition

DISADVANTAGES:

- Effective only for a maximum of six months postpartum
- Decreased effectiveness if mother and child are separated for extended periods of times
- Full or nearly breast-feeding for six months may be difficult to maintain
- Does not protect against STDs or HIV transmission

NATURAL FAMILY PLANNING (NFP) METHODS

1. MUCUS METHOD

MODE OF ACTION

- Allows a woman to determine her infertile and fertile periods by observing and recording changes in her cervical mucus

2. BASAL BODY TEMPERATURE (BBT)

MODE OF ACTION:

- Allows a woman to determine her infertile and fertile periods by observing changes in her Basal Body Temperature.

3. SYMPTO-THERMAL METHOD

MODE OF ACTION:

- Allows a woman to determine her infertile and fertile periods by observing and recording the characteristics of the cervical mucus, and other changes which occurs during ovulation.

4. STANDARD DAYS METHOD (SDM)

MODE OF ACTION:

- Allows a woman to determine her infertile and fertile periods through a standard formula based on the menstrual cycle. SDM identifies Days 8 to 19 as the woman's fertile days for women with menstrual cycles of 26 to 32 days.

ADVANTAGES OF NFP METHODS

- Effective
- No health-related side effects
- Increases self-awareness and knowledge of reproductive functions
- Promotes involvement of the male partners
- Not dependent on medically qualified personnel
- Can be used in avoiding or achieving pregnancy

For SDM: No need for charting, counting and calculations

DISADVANTAGES OF NFP METHODS

- Woman has to record daily the observed signs and symptoms of fertility
- Some couples experience emotional stress due to the need to abstain from intercourse in certain days

Not recommended for couples who are not willing to follow the required rules

- Women with previous use of oral contraceptive cannot immediately shift to NFP
 - Does not protect against STD/HIV transmission
- For SDM: Not recommended for women who have cycles shorter than 26 days or longer than 32 days

INJECTABLE CONTRACEPTIVES (DEPO-PROVERA)

MODE OF ACTION:

- Inhibits ovulation
- Thickens cervical mucus

ADVANTAGES:

- Very effective
- Long acting
- Does not interrupt sex
- Does not affect breastmilk (supply or quantity)

DISADVANTAGES:

- Must get an injection every three months
- Client cannot discontinue the method (effect) on her own
- Does not protect against STD/HIV transmission

SIDE-EFFECTS:

- Weight gain
- Delayed return to fertility
- Menstrual disturbance, spotting and amenorrhea

WARNING SIGNS OF COMPLICATIONS:

- Signs of pregnancy
- Menstrual periods become twice as long or twice as much as usual

ORAL CONTRACEPTIVES:

MODE OF ACTION:

- Inhibits ovulation
- Thickens cervical mucus

ADVANTAGES:

- Very effective
- Regulates menstrual flow
- Does not interrupt sex
- Safe and effective
- Can be stopped at any time by the client

DISADVANTAGES:

- Clients must take one pill a day for as long as she does not want to get pregnant
- Does not protect against STD/HIV transmission

SIDE-EFFECTS:

- Weight gain, nausea, headache, depression

WARNING SIGNS OF COMPLICATIONS:

- J - jaundice
- A - Abdominal pain
- C - chest pain
- H - headache (severe)
- E - eye problem (vision loss or blurring)
- S - severe leg pain (calf & thigh)

COMPETENCY-BASED GATHER COUNSELING CHECKLIST

Instructions

Rate the Trainee's on skills for each GATHER Steps using the following rating in the space provided, Write the number equivalent to the rating on the box

Done - Not done -- x

G - Greet - Did the trainee?

- Greet clients
- Introduce self, ask for client's name and offer them seats
- Ask how he/she can help
- Ask the client why she/he has come to the clinic or BHW'shouse
- Explain what will happen during the visit
- Ensure confidentiality

A - Ask/Assess - Did the trainee?

- Ask the clients about themselves
- Ask for the client's reproductive needs (short, long term or permanent)
- Obtain demographic data e.g. age, sex, marital status, etc.
- Obtain medical, obstetrical and gynecological history e.g. number of pregnancy, number of deliveries, number of living children, abortion or miscarriages, etc.
- Ask the clients what they know about Family Planning Methods
- Ask which methods interest the client
- Assess if menstrual cycle length is between 26-32 days (for those interested in SDM)
- Assess if partner is willing to abstain for 12 days (for those interested in SDM)
- Assess for STI risk
- Listen actively to what the client says. Follow where the client leads the discussion

FOR RE-VISITS

- Ask if the client's situation has changed since the last visit
- Ask if client's reproductive needs has changed; Ask him/her if he/she has new concerns
- Ask if client has problems related to FP method he/she is using, if any
- Re assess for STI risk

T- (Tell Clients About Their Choices) – Did the Trainees?

- Tell the clients about the methods available based on the client's needs and knowledge. If the client are choosing a family planning method:
- Ask what they know about these methods. If the client has important but wrong information, gently correct the mistake
- Briefly describe the client's preferred method.
 - Nature of the method (what it is),
 - Effectiveness as commonly used
 - Advantages and disadvantages
 - Possible side effects and complications
- Use samples and other audiovisual materials if possible
- Mention other methods that might interest the client now or later. Ask if the client wants to learn more
- Explain that condoms are the only family planning method that offers reliable protection against STDs

IMPORTANT POINTS:

- Tell clients only about methods related to their needs
- Do not tell clients information already given. Ask the client what they know about the FP methods related to their needs. You fill in the gaps in knowledge.

H- (Help client make a decision whether he or she will use or practice a family planning method or not.) Did the Trainee?

- Ask the client what method they heard about during the "Tell" step interest them
- Ask client how they think they will tolerate potential side effects
- Ask client if she or her husband can abstain for 12 days if required by the method
- Ask client if they talk with their spouse about the method and its requirements
- Ask the client if there is anything not understood. Repeat information as needed.

IMPORTANT POINTS:

- Check whether the client has made a clear decision. Specifically ask, "What have you decided to do?" Wait for the client to answer
- Ask them what additional information is needed, if the client cannot make a decision
- Tell the client about the risk of pregnancy, pre-natal services; that they could return to see you should they want a FP method, if the client decides not to use a method

E - Explain how to use the method the client has chosen.

- Explain how and where to get the method
- Explain how to use the method or follow other instructions. As much as possible show how. Describe possible side effects and what to do if they occur.
- Explain any medical reasons to return, INCLUDING WARNING SIGNS
- Ask the client to repeat instructions in their own words. Make sure the client remembers and understands
- Give supplies or provide the method if appropriate
- Tell the client to come back whenever they wish, or if side effects bother them, if there are medical reasons
- If the method or service cannot be given at once, tell the client how, when, and where they will be provided
- Give client informational material on the method chosen

FOR RE-VISIT CLIENTS

- Ask if the client has any questions or anything to discuss. Treat all concerns seriously
- Ask if the client is satisfied. Have there been problems since the last visit? Help the client handle any problems. Check if these problems make it better to choose another method or needs treatment. Refer clients who need care for health problems
- Check if the client is using the method or treatment correctly
- If a client is not satisfied with a temporary family planning method, ask if she or he wants to try another method. Help the client choose and explain how to use. Remember – changing method is normal. No one really can decide on a method without trying it. Also a person's situation can change, making another method a better choice
- If a woman wants her IUD removed, arrange for this. If she plans pregnancy, suggest where to get prenatal care

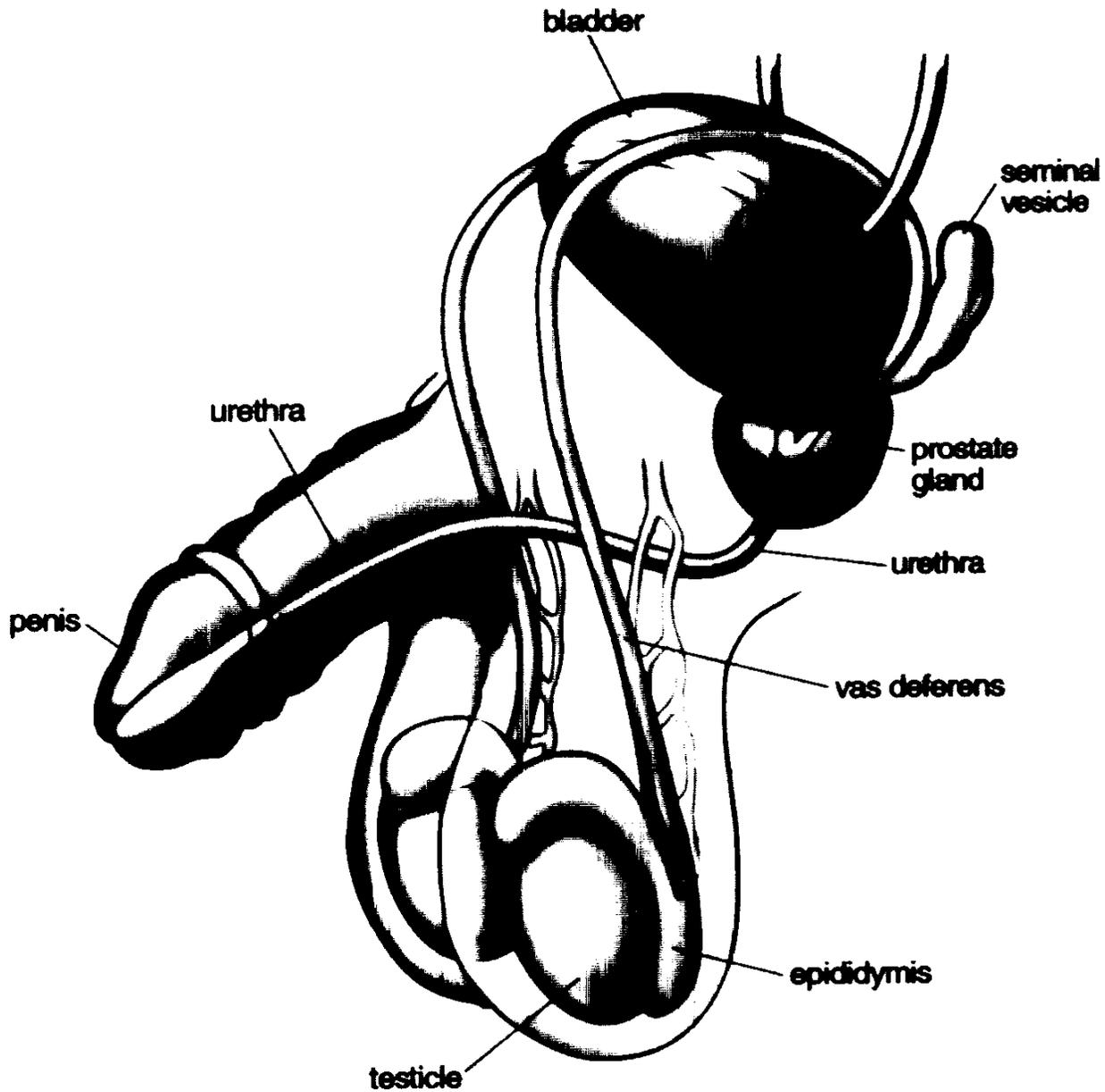
FOR VOLUNTARY STERILIZATION,

- Help the client understand the consent form before signing. The client have to sign a consent form. The form says that the clients wants the method, has been given the information about it, and understand the information.

R Return / Refer

- Tell the client when to return for routine follow-up; or refer the client for methods or services not offered by your site.
- Explain when to come back for routine follow-up or more supplies if needed
- Refer the clients for methods and/or services you do not provide. Tell them where to go, day and time services are offered and provide referral note

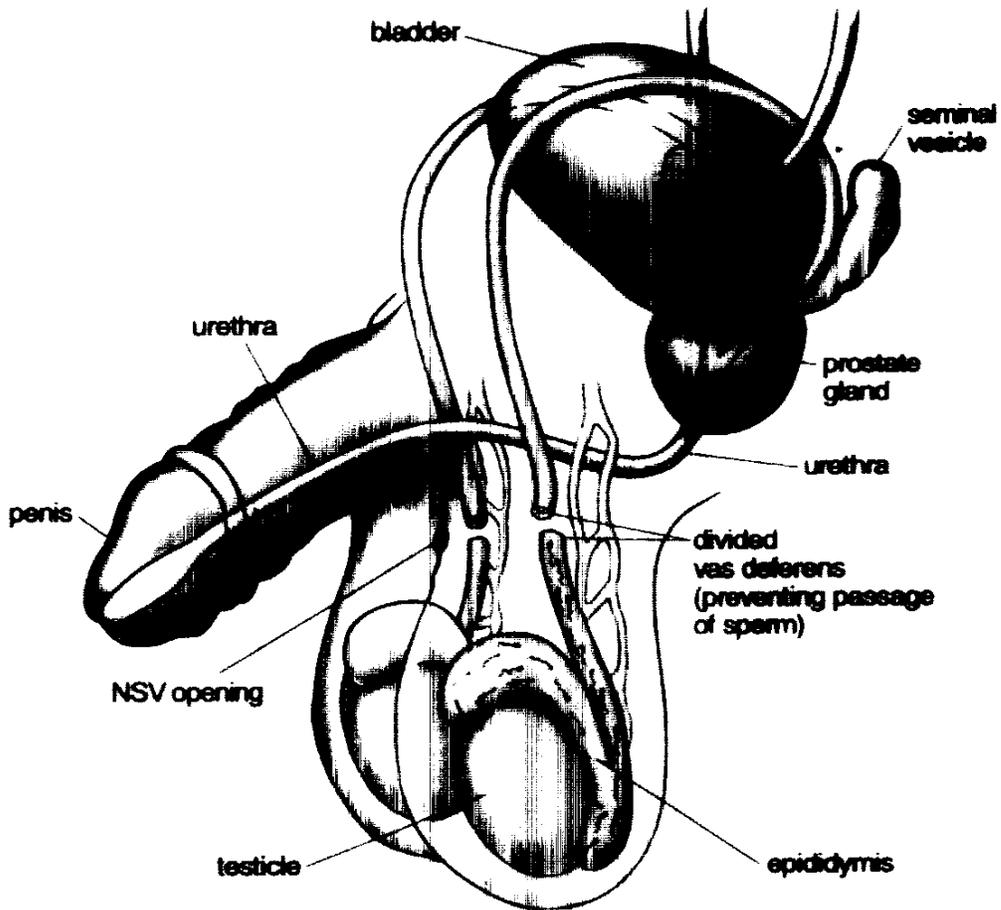
Male Reproductive System



Product# VED-7C

©1994, 1997, 2001 Advanced Meditech International
Your Complete No-Scale Vasectomy Source™
(718) 672-7150 (800) 635-2452 www.ameditech.com

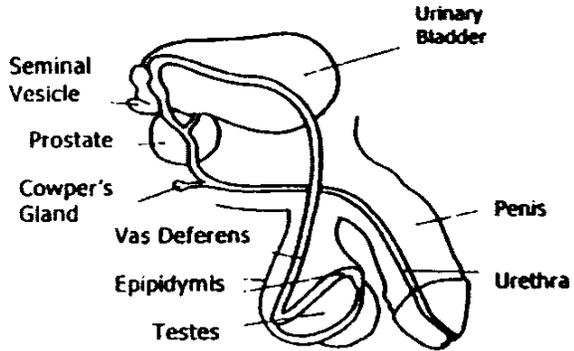
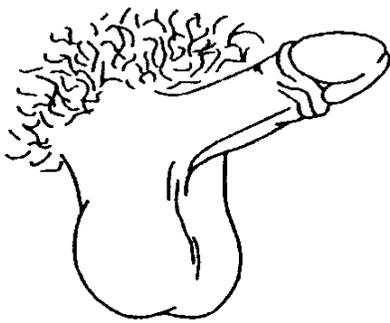
Male Reproductive System and No-Scalpel Vasectomy



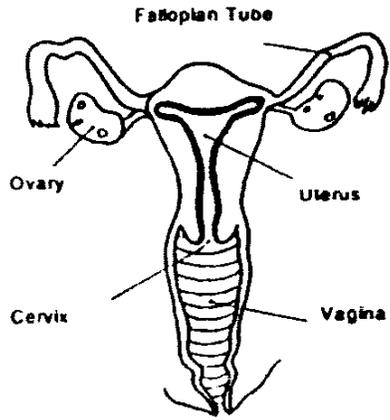
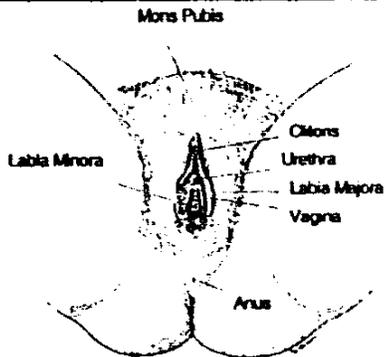
Product# VED-7C

©1994-1997 ©2001 Advanced Medical Technology International, Inc.
Your Complete No-Scalpel Vasectomy Solution™
1743 402 7155 800 335 2482 www.amaetech.com

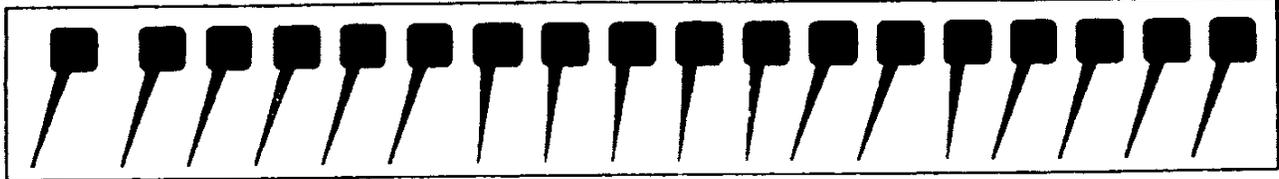
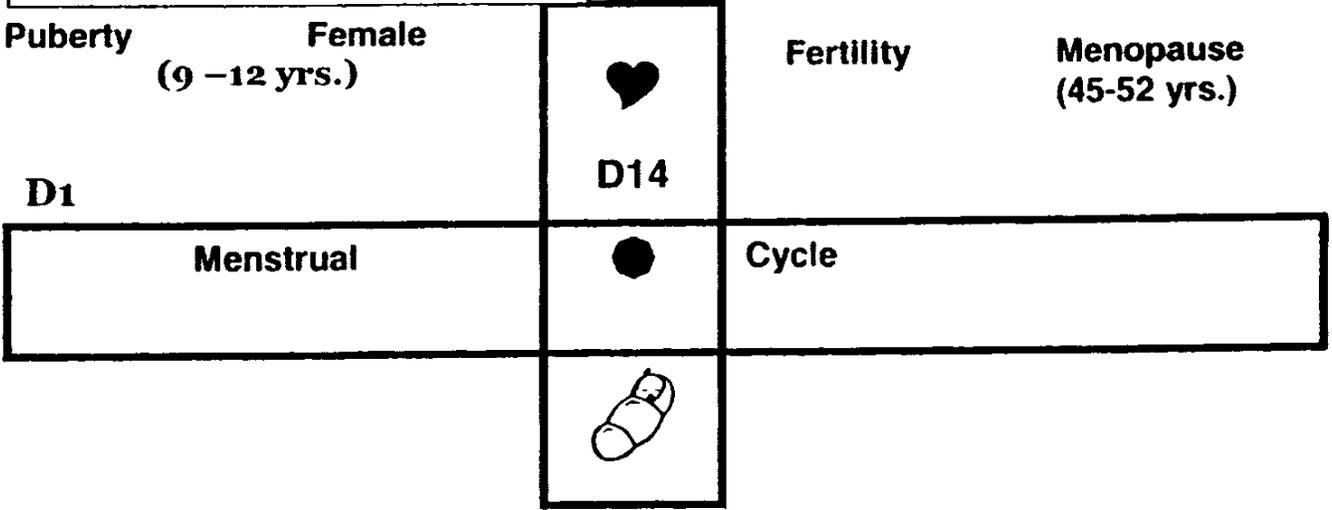
MALE REPRODUCTIVE ORGANS



FEMALE REPRODUCTIVE ORGANS



BASIC FACTS ON FERTILITY



Puberty
(9-12 yrs)

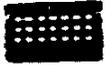
Male Fertility

Death

FP Methods You Can Choose From

Methods	What it is?	How it Works?	How it is used	How effective it is?
Pills 	<input type="checkbox"/> A Combination of synthetic hormones	<input type="checkbox"/> Prevents ovulation	<input type="checkbox"/> Taken by mouth daily <input type="checkbox"/> Client needs to undergo screening before taking the pills	<input type="checkbox"/> 92%-99% effective
Condom 	<input type="checkbox"/> Thin but strong sheet made of rubber	<input type="checkbox"/> Prevents meeting of egg and sperm <input type="checkbox"/> Prevents STDs, HIV/AIDS	<input type="checkbox"/> Placed on the erect penis before sexual intercourse	<input type="checkbox"/> 82% effective if correctly used
Copper T 380A IUD 	<input type="checkbox"/> Made of soft plastic with copper wire and sleeves	<input type="checkbox"/> Prevents fertilization of the egg	<input type="checkbox"/> Inserted inside the uterus by trained nurse, midwife or doctor <input type="checkbox"/> Can be removed anytime	<input type="checkbox"/> 96%-98 % effective
DMPA 	<input type="checkbox"/> Made of synthetic progesterone (Depo Medroxy Progesterone Acetate)	<input type="checkbox"/> Prevents ovulation	<input type="checkbox"/> Injected on the buttocks or arms every 2-3 months <input type="checkbox"/> Need to consult FP trained provider before using it.	<input type="checkbox"/> 97 % effective
LAM 	<input type="checkbox"/> Regular and full breastfeeding prevents ovulation for at least 6 mos.	<input type="checkbox"/> Fully or nearly breastfeeding prevents ovulation	<input type="checkbox"/> Criteria includes: - Baby < 6 mos.; Fully or nearly breastfeeding; mother not menstruating	<input type="checkbox"/> 98% effective
Standard Days "Necklace" Method 	<input type="checkbox"/> A natural FP method that identifies days 8 to 19 of a woman's cycle as the fertile days in women with cycle lengths between 26 to 32 days	<input type="checkbox"/> Prevents meeting of egg and sperm during fertile period	<input type="checkbox"/> Avoidance of sexual intercourse on fertile days	<input type="checkbox"/> 95% Effective if correctly used
BTL 	<input type="checkbox"/> 20-30 minutes operation under local anesthesia to identify, cut and tie the fallopian tubes	<input type="checkbox"/> Prevents meeting of egg and sperm	<input type="checkbox"/> Permanent method, operation under local anesthesia	<input type="checkbox"/> 99.9% effective
Vasectomy 	<input type="checkbox"/> 15-20 minutes operation under local anesthesia where the vas deferens are identified, cut and tied	<input type="checkbox"/> Prevents meeting of egg and sperm	<input type="checkbox"/> Permanent method, operation under local anesthesia	<input type="checkbox"/> 99.9 % effective

FP Methods You Can Choose From

Methods	Advantages	Disadvantages	Side Effects	Warning Signs
Pills 	<input type="checkbox"/> Safe and effective <input type="checkbox"/> Regulates menstrual flow <input type="checkbox"/> Provides protection from ovarian and uterine cancer <input type="checkbox"/> Does not interrupt sex <input type="checkbox"/> Can be stopped at any time	<input type="checkbox"/> Client has to take one tablet everyday for as long as she continue using the pills <input type="checkbox"/> No protection against STDs	<input type="checkbox"/> Weight gain, nausea, headache, depression	<input type="checkbox"/> Jaundice <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Chest pain <input type="checkbox"/> Headache, severe <input type="checkbox"/> Eye problems-blurring or loss of vision
Condom 	<input type="checkbox"/> Effective <input type="checkbox"/> Protection from STDs/HIV <input type="checkbox"/> No complication <input type="checkbox"/> Available commercially	<input type="checkbox"/> Decrease sensation	<input type="checkbox"/> none	<input type="checkbox"/> none
Copper T 380A IUD 	<input type="checkbox"/> very effective <input type="checkbox"/> No systemic effect of hormones <input type="checkbox"/> Can be used during lactation	<input type="checkbox"/> Device may be expelled <input type="checkbox"/> Must be inserted by trained provider <input type="checkbox"/> No protection against STD/HIV	<input type="checkbox"/> Mild abdominal pain <input type="checkbox"/> Longer and heavier menstrual period	<input type="checkbox"/> Period late, pregnant <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Infection or abnormal discharge <input type="checkbox"/> Not feeling well <input type="checkbox"/> String missing, shorter or longer
DMPA 	<input type="checkbox"/> Very effective, long lasting <input type="checkbox"/> Does not interrupts sex <input type="checkbox"/> Does not affect breast milk	<input type="checkbox"/> Must get an injection every three months <input type="checkbox"/> Menstrual changes <input type="checkbox"/> No protection from STDs/HIV	<input type="checkbox"/> Weight gain <input type="checkbox"/> Delayed return to fertility <input type="checkbox"/> Menstrual disturbances, spotting, bleeding, Amenorrhea	<input type="checkbox"/> Signs of pregnancy <input type="checkbox"/> Menstrual period becomes twice as long or twice as much as usual
LAM 	<input type="checkbox"/> Effective, universally available <input type="checkbox"/> Does not interrupts sex <input type="checkbox"/> Does not need FP commodities <input type="checkbox"/> Contribute to improve MCH & nutrition	<input type="checkbox"/> Effective only for six months <input type="checkbox"/> Decrease effectiveness as mother & child separated for long period	<input type="checkbox"/> none	<input type="checkbox"/> none
Standard Days "Necklace" Method 	<input type="checkbox"/> No or low initial cost <input type="checkbox"/> Natural, no side effects <input type="checkbox"/> Shared responsibility for couples <input type="checkbox"/> Acceptable to most religious sector	<input type="checkbox"/> Requires high level of client responsibility <input type="checkbox"/> Needs couples cooperation <input type="checkbox"/> Women with irregular cycles cannot use it	<input type="checkbox"/> none	<input type="checkbox"/> none
BTL 	<input type="checkbox"/> very effective, one time procedure <input type="checkbox"/> does not interfere with sex <input type="checkbox"/> no effect on hormonal balance	<input type="checkbox"/> Need a trained surgeon to do the procedure <input type="checkbox"/> A permanent method difficult to reverse <input type="checkbox"/> Does not protect against STD/HIV	<input type="checkbox"/> Minor pain or swelling of operative site	<input type="checkbox"/> Signs of infection <input type="checkbox"/> Signs of pregnancy
Vasectomy 	<input type="checkbox"/> Effective, safe, simple and easy to do <input type="checkbox"/> Does not affect male hormonal balance <input type="checkbox"/> Does not interfere with sex <input type="checkbox"/> No long term side effects	<input type="checkbox"/> A permanent method, difficult to reverse <input type="checkbox"/> Not effective right away, client needs to use another method until sperm count is zero <input type="checkbox"/> Does not protect against STD/HIV	<input type="checkbox"/> Minor pain or swelling of operative site	<input type="checkbox"/> Signs of infection <input type="checkbox"/> Signs of pregnancy

Counseling

Vasectomy: Questions & Answers

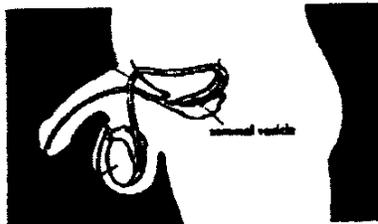
What is vasectomy?

Vasectomy is a minor operation that is usually done at a doctor's office or at a clinic. You are awake during the surgery, which usually takes no more than 30 minutes. First, the scrotum is shaved and cleaned. The doctor injects a local anesthetic into the skin of your scrotum to numb it. Then the doctor makes one or two small cuts in the skin of the scrotum through which the tubes are gently lifted out. The doctor cuts the tubes, and may remove a small piece of each. The cut ends are tied or sealed with electric current. The openings in the scrotum are closed with small stitches. After a short rest (usually half an hour) you can go home.

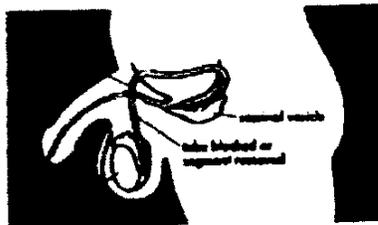
No-scalpel vasectomy

This method of vasectomy, which was developed in China, does not use a scalpel. After the anesthetic is injected, the doctor pierces the skin of the scrotum with a sharp instrument, then gently stretches the opening so that the tubes can be reached and blocked. No stitches are needed to close the tiny wound. There is very little blood, and fewer complications than when the scalpel is used. This procedure accounts for nearly one-third of all vasectomies in the United States.

How does vasectomy work?



Side view showing left vas



Sperm are made in a man's testes. During a man's sexual climax the sperm travel through two tubes (vasa deferentia), mix with semen, and come out of the penis. If the sperm enter a woman and one of the sperm joins an egg, the woman will become pregnant. During a vasectomy, these two tubes are cut and blocked so the sperm cannot mix with the semen. Without sperm in his semen, a man can no longer make his partner pregnant.

After a vasectomy, a man still has erections and climaxes. The amount of fluid in his ejaculations is not different, except there is no sperm. The fluid looks and smells the same. A man's hormones, beard, and voice do not change. His sex drive and ability to have sex do not change. The only change is that he cannot make a woman pregnant.

Does vasectomy cause any medical problems?

Most medical experts, including special panels convened by the National Institutes of Health and by the World Health Organization, have concluded that vasectomy is a safe procedure. A number of studies have examined the health effects of vasectomy. The body of research evidence continues to be reassuring and suggests that vasectomized men are no more likely than other men to develop heart disease, cancer, or other illnesses.

Will vasectomy affect me emotionally?

The decision to end your fertility is not a simple one. You may feel a little uncomfortable about ending the part of your life involved with creating a family. You may feel that you are getting older. These feelings usually pass in time, as you go on to the next stage of your life.

On the other hand, you may feel relieved that the worry about pregnancy is over. You may feel freer and more spontaneous. You may be able to concentrate more on yourself, your children, your job, your partner, and your future.

Will vasectomy affect my masculinity?

No. Your body will continue to produce the hormones that make you a man. There will be no change in your beard, your voice, or any other of your male traits. The operation will not cause you to lose strength.

How will vasectomy affect me sexually?

Probably not at all. Your sexual drive will not change. Your erections and climaxes will be the same. Some men say that without the worry of accidental pregnancy and the bother of other family planning methods, they and their partners find sex more pleasurable and spontaneous. Once in a while a man has sexual problems after the operation. This is almost always emotional rather than because of physical changes.

Will vasectomy protect me against getting or passing on sexually transmitted infections, including AIDS?

No. Vasectomy will make you incapable of fathering a child. If you are at risk of disease because your partner has a sexually transmitted infection, or because you have many sex partners; or if you have a disease you can pass on, the best way to protect yourself and your partner is by using condoms.

Can vasectomy be reversed?

Even with improvements in surgical technique, you cannot count on the successful reversal of your vasectomy. The chance that the average man seeking reversal will be able to father a child is much smaller than many published success rates suggest. The reversal operation is more difficult and far more expensive than vasectomy. If you are seriously thinking about reversal now, vasectomy may not be the right step for you at this time.

Can I store semen in a sperm bank in case I change my mind?

You cannot be sure that semen stored in a sperm bank will be able to cause a pregnancy at an unknown time in the future. Sperm banking is not fertility insurance, and it is quite expensive. If you are thinking about sperm banks, vasectomy may not be right for you now.

About the operation

Will the operation hurt?

Before the operation, you may be given a mild sedative to relax you. When the doctor injects the local anesthetic into the skin of your scrotum, you will feel some discomfort. After the anesthetic takes effect, you should not feel any pain.

Are there any risks to the operation?

All surgery involves some risk, but the chance of serious problems is small with vasectomy. Some medical problems can occur. However, these problems don't happen often and usually disappear with simple treatment. You may have an infection or swelling around the incision(s) or inside your scrotum.

- You may have bleeding under the skin that might cause swelling or bruising.
- If sperm leak from the vas into the tissue around it, you might feel a small lump, but this is not usually troublesome. Occasionally, this may need surgical treatment.

Does vasectomy ever fail?

Yes, rarely. There is a very small chance (less than 1%) that a man's partner will become pregnant after he has had a vasectomy. A vasectomy can fail if the tubes were not completely sealed off during surgery. Sometimes, the cut ends of the vasa join together by themselves, or an opening develops that lets sperm pass through. A pregnancy may also happen if a couple do not use some other kind of family planning until a test of the semen shows that the man is sterile.

How much will the operation cost?

Costs will include doctor's fees, medication, counseling, clinic fees, and a follow-up checkup and sperm count. Costs also vary from doctor to doctor and in different parts of the country. The doctor or clinic should tell you in advance how much the entire procedure will cost.

How can I pay for vasectomy?

Many insurance companies pay for sterilization, but check with your own company to make sure. You might arrange payment through medical insurance, Medicaid, or a military medical plan. You might also look for a family planning clinic in your area. Clinics usually charge less than private doctors, and they sometimes offer fees based on income. For information about help with payment, contact your local board of social services or welfare office.

After the operation

How long will it take me to get back to normal?

You will probably feel sore for a few days after the operation, and you should rest for at least one day. A mild painkiller should help. There may be swelling around the incision(s), and the scrotal skin may look bruised. To help avoid these problems, your doctor may suggest an athletic support, ice packs, and rest from hard work. Nearly all men recover completely in less than a week.

Will I have to take time off from work or household duties?

You should not do heavy physical labor for at least 48 hours after your vasectomy. If your job does not involve such labor, you can go back to work sooner. Many men have their vasectomies on Friday so that they can rest over the weekend and go back to work on the following Monday.

How soon after the operation can I have sex?

You can have sex as soon as you are comfortable. Remember to use some other form of reliable birth control after the vasectomy until the doctor tells you that you are sterile.

Will I still ejaculate?

Yes. The semen is produced by glands that are not affected by the vasectomy. They will continue to make the same amount of semen. The only difference is that it will not contain sperm.

What will happen to the sperm?

Your testes will continue to make sperm. When the sperm cells die, your body will absorb them. This is what happens to sperm cells that are not used—whether or not a man has had a vasectomy.

Will I be sterile right after the vasectomy?

No. Right after the operation there are always some active sperm left in the semen. It takes between 15 and 20 ejaculations to clear them. You and your partner should use some other form of family planning until the doctor tests your semen and tells you that it is free of sperm. If it isn't, the test will be repeated in a few weeks.

How can I decide?

Consider temporary methods of family planning like the condom. Consider with your partner the possibility of her using a method such as the pill, the IUD, or the diaphragm. One of these may meet your needs.

Discuss the subject with your partner. You do not need your partner's consent, but it is a good idea for couples to make the decision together. You may want to consider tubal ligation even though vasectomy is simpler and less costly.

Talk to a friend or relative who has had a vasectomy.

Think about how you would feel if your partner had an unplanned pregnancy.

Don't expect vasectomy to solve emotional, marital, or sexual problems. Vasectomy can free you from the fear of unwanted pregnancy. If you expect more than this, you may be sorry later on. Be absolutely sure you do not want to father a child under any circumstances. For example, what if:

- Your current relationship ended and you had a new partner who wanted a child with you?
- One or more of your children died?
- Your family income improved a great deal?
- You and your partner are lonely when your children grow up and leave home?

Talk with a doctor, nurse, or family planning counselor.

THINK THE DECISION OVER VERY CAREFULLY AND BE SURE.

Is vasectomy the Right Method for Me?

There are a number of factors you should consider before deciding whether vasectomy is the right method for you. These questions can help you determine whether vasectomy might be an effective method for you.

There are a number of factors you should consider to determine whether vasectomy is the right contraceptive method for you. As with any contraception, you should first talk to your doctor or a counselor at your local clinic or hospital before using a diaphragm as a contraceptive method.

Vasectomy may be an effective method for you

If any of the following is true:

- You and your partner have all the children you ever want to have.
- You and your partner do not want to have children and you cannot or do not want to use temporary methods of family planning.
- You want a permanent, one-time method.
- You (or your partner) have a medical condition that limits the use of other family planning methods.
- You want to enjoy sex without fear of pregnancy.

Vasectomy may not be the best method for you

If any of the following is true:

- You are at risk of exposure to, or transmission of, sexually transmitted infections, including HIV infection. Used alone, vasectomy does not provide protection against these infections.
- You have conditions that are precautions for elective surgery, such as heart disease, uncontrolled diabetes, bleeding disorders, large hydrocele, or a local pathological condition. These conditions should be treated or managed before vasectomy is performed.
- You are young.
- You have few or no children.
- You feel that you are being pressured by your partner, a relative, or a family planning counselor.
- Your marriage or your relationship with your partner is not stable.
- You think that vasectomy may help solve an emotional, marital, or sexual problem.
- You think there's a chance you would want to have children if your circumstances were to change (for example, if your current relationship ended and your new partner wanted a child, if one or more of your children died, or if your income suddenly improved a great deal).
- You think vasectomy reversal is a possibility for you--in case you change your mind after the operation--or you are counting on being able to store your sperm in case you change your mind.
- You are temporarily involved in a stressful situation.
- Your partner does not think you should have a vasectomy.

Vasectomy is not an effective method for you

If either of the following is true:

- You want to have more children.
- You don't feel that you understand how vasectomy will affect you.

How Can I Be Sure I Want a Vasectomy -- Any Vasectomy?

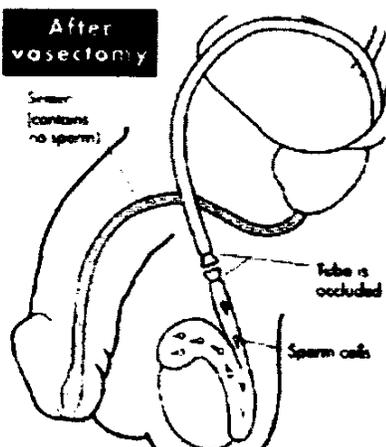
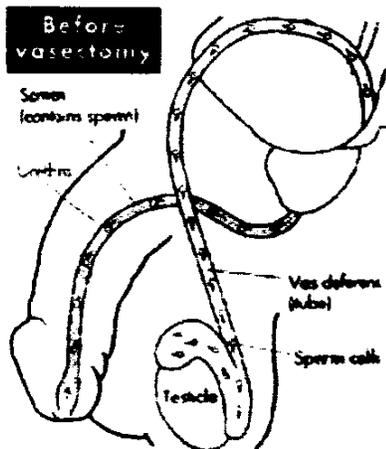
Be absolutely sure you don't want to father a child under any circumstances. Talk to your partner: it's a good idea to make the decision together. Consider other kinds of birth control. Talk to a friend or relative who has had a vasectomy. Think about how you would feel if your partner had an unplanned pregnancy. Talk with a doctor, nurse, or family planning counselor.

A vasectomy might not be right for you if you are very young, your current relationship is not stable, you are having the vasectomy just to please your partner, you are under a lot of stress, or you are counting on being able to reverse the procedure later.

General information about vasectomy

Advantages of No-Scalpel Vasectomy

- No incision
- No stitches
- Faster procedure
- Faster recovery
- Less chance of bleeding and other complications
- Less discomfort
- Just as effective



What is Different about a No-Scalpel Vasectomy?

No-scalpel vasectomy is different from a conventional vasectomy in the way the doctor gets to the tubes. In addition, an improved method of anesthesia helps make the procedure less painful.

In a conventional vasectomy, after the scrotum has been numbed with a local anesthetic, the doctor makes one or two small cuts in the skin and lifts out each tube in turn, cutting and blocking them so the sperm cannot reach the semen. Then the doctor stitches the cuts closed.

In a no-scalpel vasectomy, the doctor feels for the tubes under the skin and holds them in place with a small clamp. Instead of making two incisions, the doctor makes one tiny puncture with a special instrument. The same instrument is used to gently stretch the opening so the tubes can be reached. The tubes are then blocked using the same methods as conventional vasectomy. There is very little bleeding with the no-scalpel technique. No stitches are needed to close the tiny opening, which heals quickly, with no scar. The no-scalpel vasectomy was invented by a Chinese surgeon, and is used throughout China. It was introduced in the United States in 1988, and many doctors in this country have now mastered the technique.

Is No-Scalpel Vasectomy Safe?

Vasectomy in general is safe and simple. Vasectomy is an operation, and all surgery has some risks, such as bleeding, bruising, and infection. But serious problems usually do not happen.

Does No-Scalpel Vasectomy Work?

It is as effective as any other vasectomy method. There is a less than 1% chance that a man's partner will become pregnant.

How Long Will a No-Scalpel Vasectomy Take?

It depends upon the doctor, but on average, about 10 minutes. Most vasectomies are done right in the doctor's office, or in a clinic.

Will It Hurt?

Before the vasectomy, the doctor may give you a mild sedative to relax you. When the local anesthetic is injected into the skin of the scrotum, you will feel some discomfort. But as soon as it takes effect, you should feel no pain. Afterwards, you will be sore for a couple of days, and you might want to take a mild painkiller. But the discomfort is usually less with the no-scalpel technique, because there is less injury to the tissues. Also, there are no stitches. Your doctor or nurse will provide you with complete instructions about what to do after surgery.

How Soon Can I Go Back to Work?

You should not do heavy physical labor for at least 48 hours after your vasectomy. If your job doesn't involve this kind of work, you can go back sooner. Many men have their vasectomies on Friday so they can take it easy over the weekend and go back to work on Monday.

Will Vasectomy Change Me Sexually?

The only thing that will change is that you will not be able to make your partner pregnant. Your body will continue to produce the hormones that make you a man. You will have the same amount of semen. Vasectomy won't change your beard, your muscles, your sex drive, your erections, or your dimaxes. Some men say that without the worry of accidental pregnancy and the bother of other birth control methods, sex is more relaxed and enjoyable than before.

Will I Be Sterile Right Away?

No. After a vasectomy, there are always some active sperm left in your system. It takes about 20 ejaculations to clear them. You and your partner should use some other form of birth control until your doctor tests your semen and tells you it is free of sperm.

When Can I Start Having Sex Again?

As soon as you are comfortable, but remember to use some other kind of birth control until the doctor says you are sterile.

Does Vasectomy Cause Any Medical Problems?

Most medical experts, including special panels convened by the National Institutes of Health and by the World Health Organization, have concluded that vasectomy is a safe procedure. A number of studies have examined the health effects of vasectomy. The body of research evidence continues to be reassuring and suggests that vasectomized men are no more likely than other men to develop heart disease, cancer, or other illnesses.

Will It Protect Me from Getting or Passing on STIs or AIDS?

No. It will only prevent you from making your partner pregnant. If you or your partner have a sexual infection, or have more than one sexual partner, the best way to protect yourself and your partner is to use a latex condom.

Can a No-Scalpel Vasectomy be Reversed?

No more than any other vasectomy procedure. All vasectomies should be considered permanent. Reversal operations are expensive and not always successful. If you are thinking about reversal, perhaps vasectomy is not right for you.

How Much Will It Cost?

Costs will include the doctor's fee, medication, counseling, clinic fees, and a follow-up visit to check your semen. Amounts will vary; family planning clinics usually cost less than private doctors. The doctor or clinic should tell you in advance how much it will be. Some insurance company may pay for sterilization, or you may be able to get coverage through PhilHealth. For more information about help with payment, contact your local social service or welfare office. Some LGUs provide the services for free.

Where Can I Find a Doctor Who Does No-Scalpel Vasectomy?

DOH, MSH and EngenderHealth provides an up-to-date list of ~~Filipino~~ doctors who have reported that they have received training in no-scalpel vasectomy. You can also request a more complete list of doctors in your state who do this procedure from EngenderHealth. Send e-mail stating your request to: info@engenderhealth.org. The list cannot be sent via e-mail, so be sure to include your mailing address. You can also check with your doctor, family planning clinic, or local medical society to get information about doctors in your area who use this technique.

Assessing A Client's Decision for Vasectomy A Surgeon's Guide for Final Assesment

Note: Make sure that the client has signed an informed consent form before conducting this assessment

Ask the client these questions:	STOP	Caution	Go
	Should not have surgery now	Needs more counseling	Signs of a sound decision
WHO made the decision for sterilization?	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	Sometime ago
WHY did the client choose permanent contraception?	Pressure from someone else	Has heard permanent method can be reversed	Does not want to have children anymore
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 • Will mean he can't have more children 	Has some misunderstandings about contraceptive methods	Understands that it: <ul style="list-style-type: none"> • Is permanent • Is a surgical method • Will mean he can't have more children
WHAT does the client know 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

How to Use this Guide

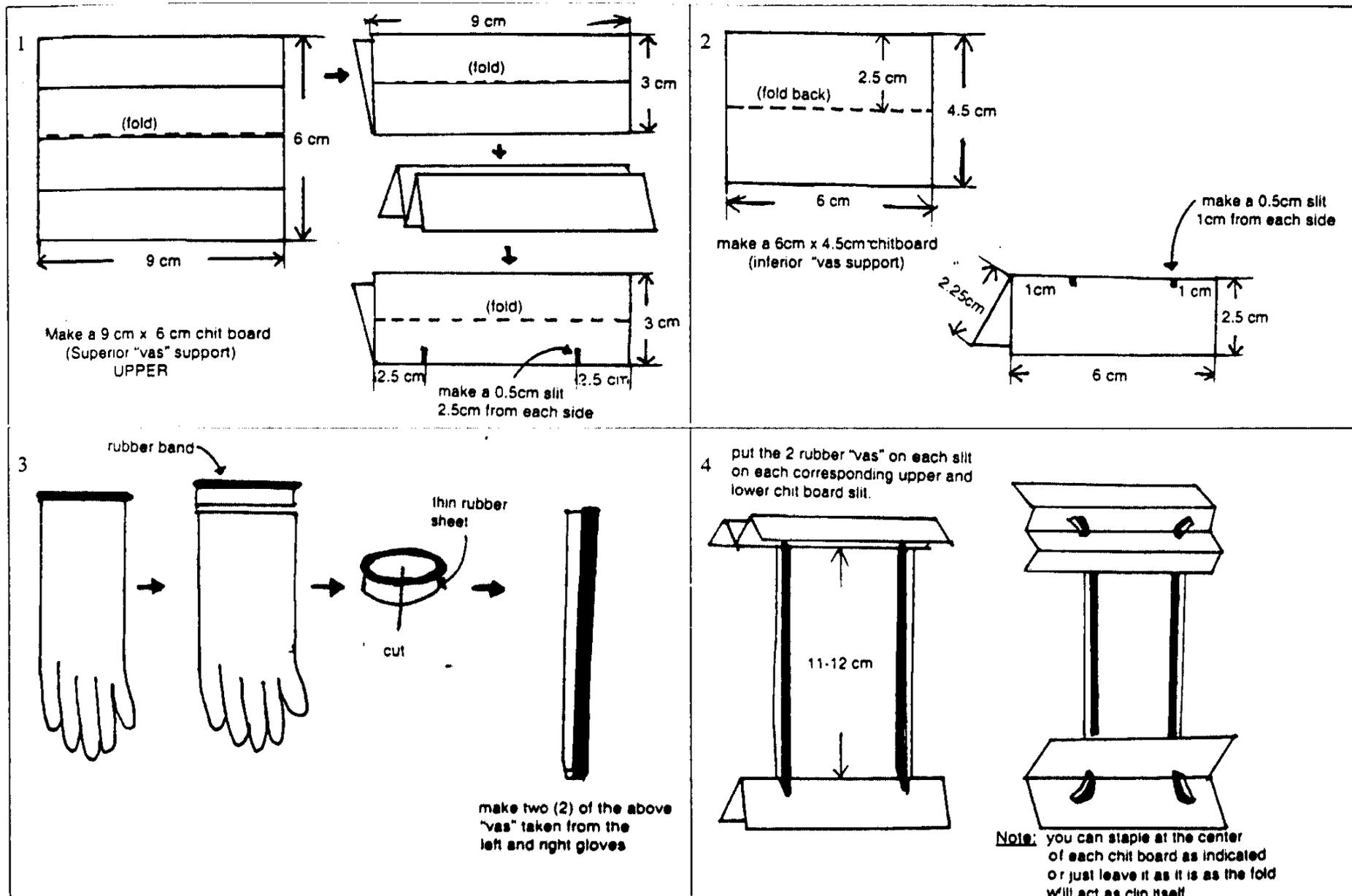
Part of the surgeon's responsibility for clients about to undergo surgery for permanent contraception is to verify that the client has made an informed and voluntary decision for the procedure. This simple aid can help the surgeon check the client's readiness for permanent contraception before the operation. The assessment should be made before starting any part of the procedure.

Use of this guide does not substitute for client counseling, which should come much earlier.

Furthermore, 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 surgeon or another staff member should take time to determine what is causing his anxiety before performing the procedure.

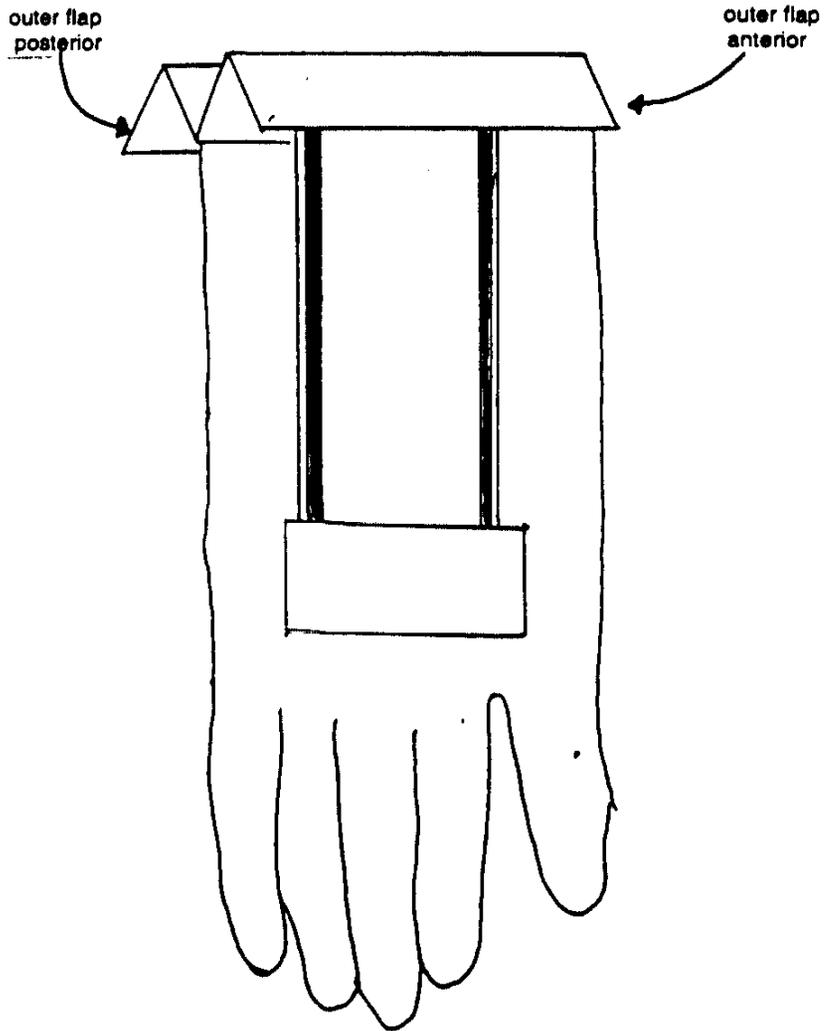
Scrotal Model Practice Session

Make Your Own Scrotal Model
(By: Dr. Benedicto Garcia)



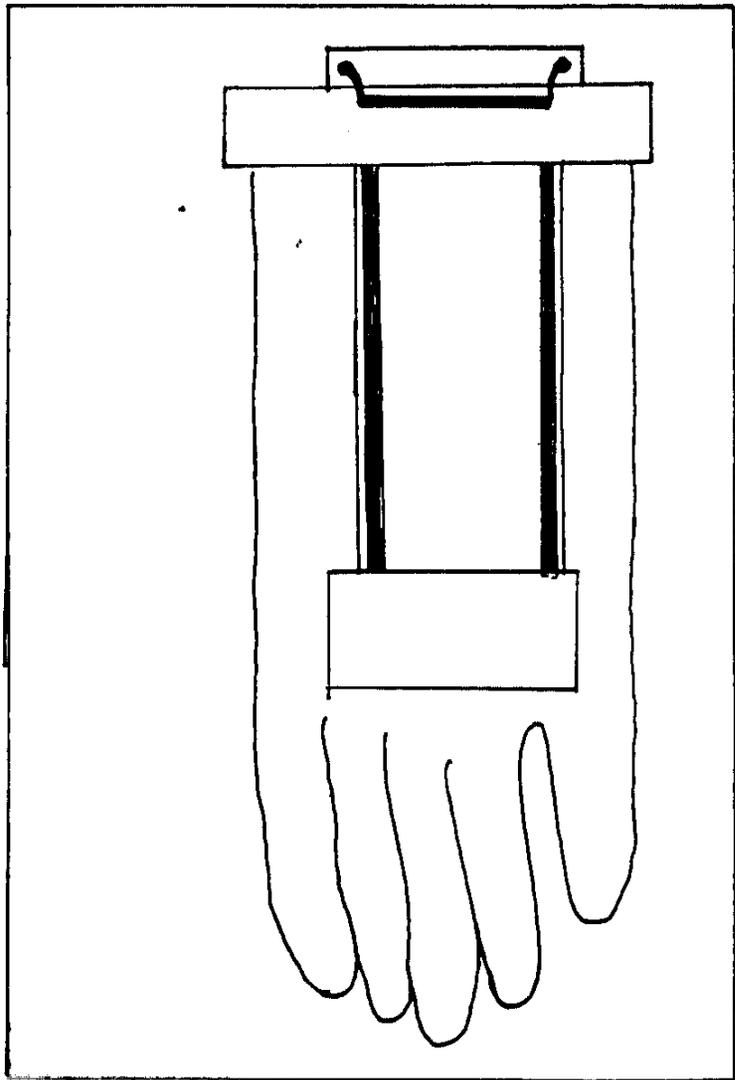
5

put the rubber "vas" inside
one of the cut glove with
2 of the folds of the upper
chitboard acting as a
glove clip.



6

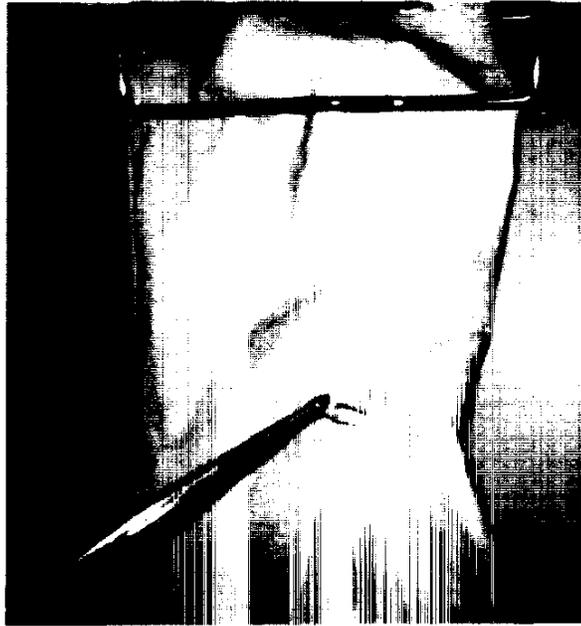
fasten the "scrotal model"
to a short clipboard or any
hard cardboard or book
cover with a clip.



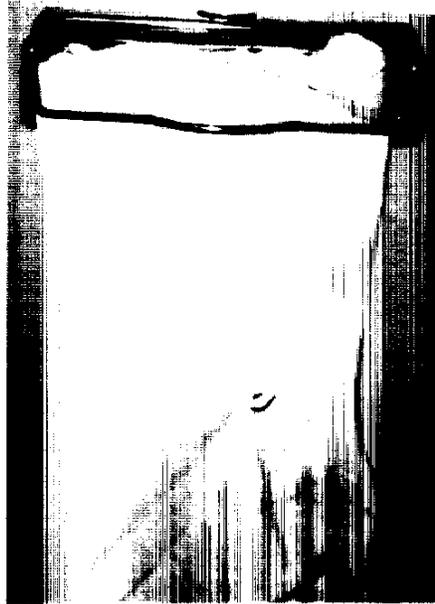
45

**SCROTAL MODEL
Made from rubber gloves**

Scrotal Model showing
Simulation of the vas



Simulation of fixing the Vas with
extracutaneous ringed forceps

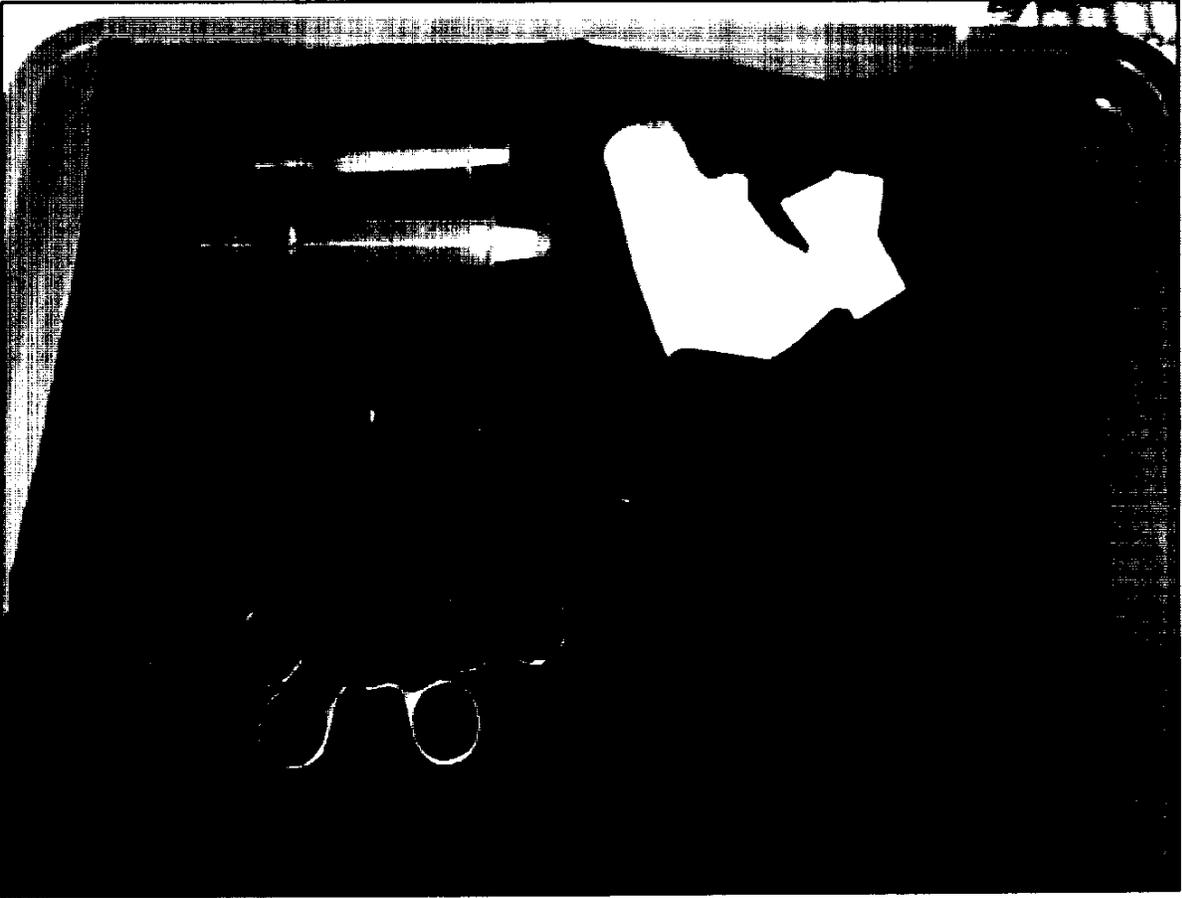


Scrotal Model with
the vas out

Basic Instrument and Supplies Set-up

**INSTRUMENTS AND SUPPLIES NEEDED FOR
NO-SCALPEL VASECTOMY**

Supplies and Instruments		Unit	Remarks
Soaking Containers	Decontamination: 0.5% Chlorine Solution	For instruments For gloves and other materials	
	Sterilization: Cidex solution or 0.5% Chlorine Solution		
	Rinsing: Sterile water		
Drapes	Half drape 1 m x 1.5 m (60 inches)		
	Surgical eye sheet 0.5 m x 0.75 m		
	Operating table cover 2.5 m x 1.5 m		
Antiseptic and Disinfectant	Povidone Iodine 10% solution		
	Chlorine 5.25%		
	Sterile water		
	Ethyl alcohol 70%		
Instruments	Extracutaneous Ringed clamp		
	Dissecting Forceps		
	Iris Scissor		
	Mosquito Forceps		
Others	Ordinary sponge 4 x 4		
	Cherries		
	Plaster or band aid		
	Disposable syringe 10 cc		
	Disposable needle G25 x 1.5 or G. 24 or G. 23		
	Lidocaine 2% solution		
	Dressing tray		
	Pick-up forceps		
	Dresssing forceps		
	Instrument tray		
	Drop light		
	Examining table		
	Surgical brush		
	Instrument brush (soft bristle)		
	Soap or detergent		
	Suture silk 2-0		
Surgical gloves S 6.5, 7.0, 7.5			
Razor			



**Basic instruments and supplies for NSV
for individual clients**

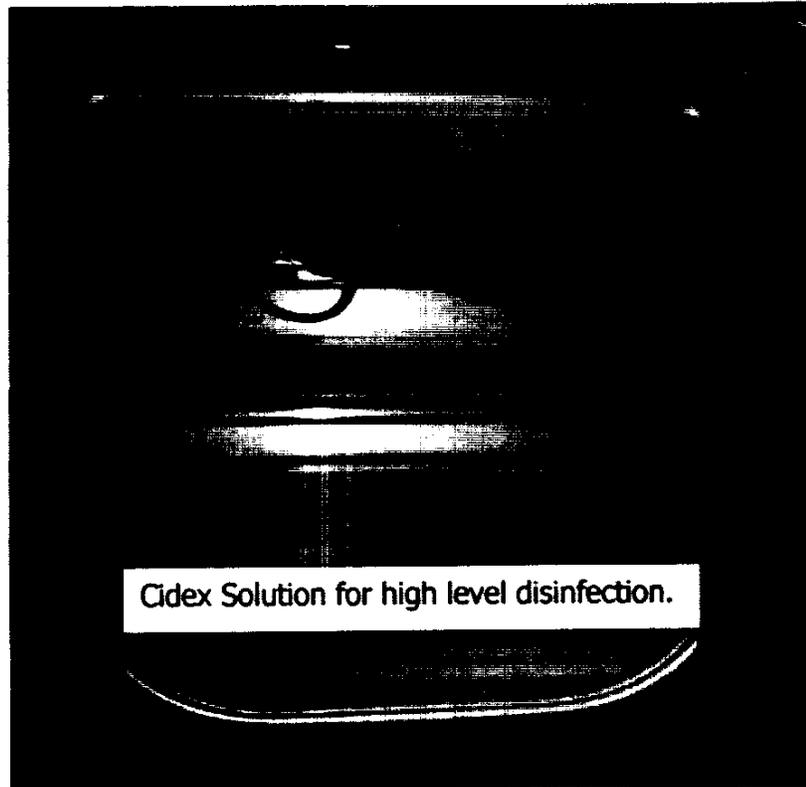
Set-up of NSV Supplies and instruments: The three plastic containers below show the sequence of instrument decontamination and high level disinfection



0.5% Chlorine Solution for decontamination of instruments after procedure



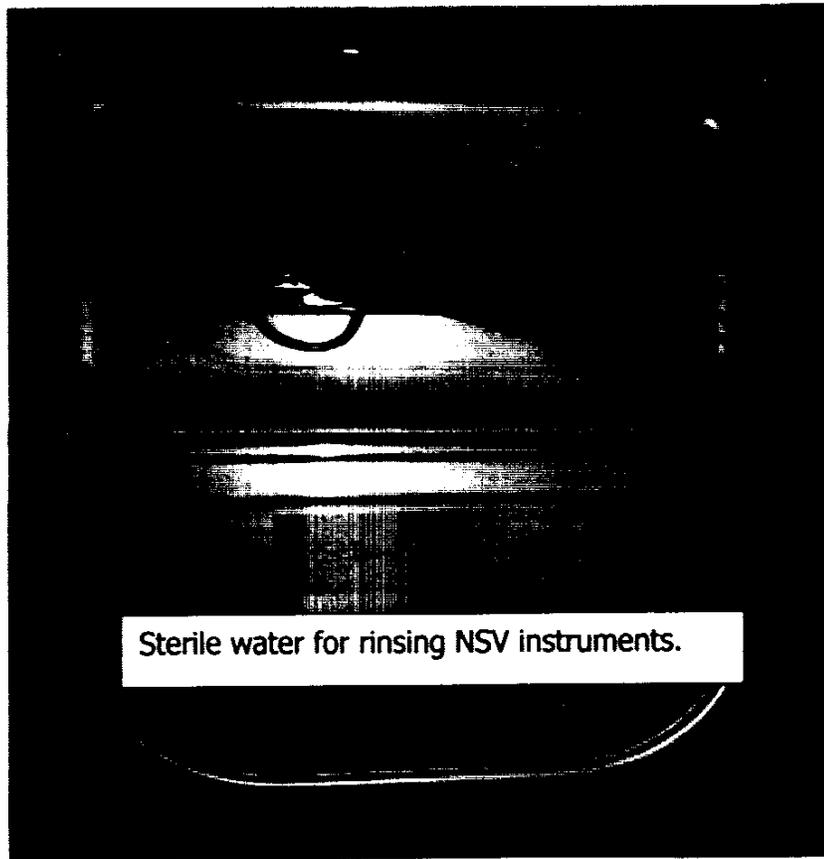
High Level disinfection of NSV instruments. The entire instrument should be soaked in solution.



Cidex Solution for high level disinfection.

No-Scalpel Vasectomy in a Rural Health Setting

Sterile water for rinsing NSV instruments. The entire instrument should be soaked in water.



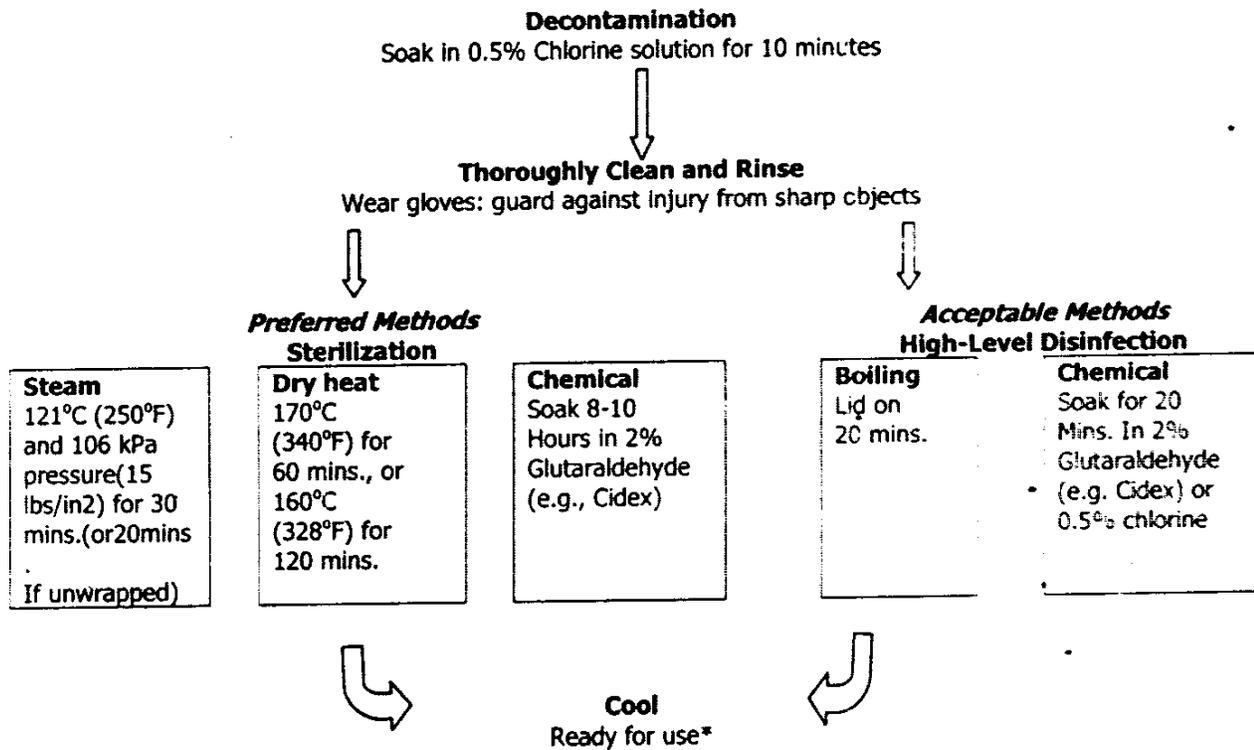
Supplies, Equipment and Instrument processing

Checklist for Equipment/Supplies Care

Equipment	Process	Done?		Remarks
		Yes	No	
Examination table top (or other large surface area)	Decontamination: Wipe with a 0.5% chlorine solution			
	Cleaning: Wash with detergent and water			
Linens (caps, gowns, masks and surgical drapes)	Decontamination: Wear utility gloves to handle, transport, process used linens soiled with blood or bodily excretions or secretions			
	Avoid skin and mucous membrane exposure and contamination of clothing			
	Cleaning: Wash with detergent and hot water. Rinse with clean water. Air- or machine-dry.			
	Sterilization: For surgical drapes, steam sterilize at 121°C (250°F) and 106 kPa (15 lbs/in ²) for 30 minutes			
Gloves (rubber or plastic)	Decontamination: Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately			
	Cleaning: Wash well with detergent and water. Rinse with clean water, inflate with air, and check for holes. If to be sterilized, dry inside and out (air- or towel-dry)			
	Sterilization: Preferable. Steam sterilize at 121°C (250°F) and 105 kPa (15 lbs/in ²) for 20 minutes. Do not use for 24-48 hours			
Vasectomy instruments	Decontamination: Soak in a 0.5% Chlorine solution for 10 minutes before cleaning. Rinse or wash immediately			
	Cleaning: Using a brush, wash well with detergent and water. Rinse with clean water. Air- or towel-dry			
	Sterilization: Preferable. Dry-heat for 1 hour after reaching 170°C (340°F) and 106 kPa (15 lbs/in ²) for 20 minutes (30 minutes if wrapped)			
	High Level Disinfection: Soak in Cidex for 20 minutes then rinse with sterile water			

Reusable needles and syringes	Decontamination: Fill assembled needle and syringe with a 0.5% solution and soak for 10 minutes before cleaning. Rinse by flushing 3 times with clean water			
	Cleaning: Disassemble, then wash with detergent and water removing all particles. Rinse with clean water. Air- or towel-dry syringes (only air-dry needles)			
	Sterilization: Preferable. Either (1) dry heat for two hours after reaching 160°C (320°F) (for glass syringe only) or (2) steam sterilize at 121°C (251°F) and 106 kPa (15 lbs/in ²) for 20 minutes (30 minutes if wrapped)			
	High Level Disinfection: Boiling is acceptable (20 minutes)			
Storage containers for Instruments	Decontamination: Soak in 0.5% chlorine solution for 10 minutes before cleaning. Rinse or wash immediately			
	Cleaning: Wash with detergent and water removing all particles. Rinse with clean water. Air- or towel-dry			
	Sterilization: Dry heat for one hour after reaching 170°C (340°F) and 106 kPa (15 lbs/in ²) for 20 minutes (30 minutes if wrapped)			
	High Level Disinfection: Boil container and lid. If container is too large, fill the container with chlorine solution and soak for 20 minutes, then rinse with water that has been boiled for 20 minutes. Air-dry before use. Disinfect weekly, when empty, or when contaminated.			

STEPS OF INSTRUMENT PROCESSING



- Wrapped sterile packs can be stored for up to one week. Unwrapped items should be stored in a sterile or high level disinfected container with a tightly fitting lid or should be used immediately. Wrapped sterile packs sealed in plastic can be stored for up to a month.

Preparing a 0.5% Chlorine Solution

Using Liquid Bleach

Chlorine in bleach comes in different concentrations. You can use concentration to make a 0.5% chlorine solution by using the following formula:

$$\frac{\% \text{ chlorine in liquid bleach}}{0.5\%} - 1 = \text{Total parts of water for each part bleach}^*$$

Example: To make a 0.5% chlorine solution from a 3.5% chlorine concentrate, you must use one part chlorine and six parts water:

$$\frac{3.5\%}{0.5\%} - 1 = 7 - 1 = 6 \text{ parts water for each part chlorine}$$

Using Bleach Powder

If using bleach powder instead of liquid bleach, calculate the ratio of bleach to water using the following formula:

$$\frac{\% \text{ chlorine desired}}{\% \text{ chlorine in bleach powder}} \times 1000 = \text{Number of grams of powder for each liter of water}$$

Example: To make a 0.5% chlorine solution from calcium hypochlorite powder containing 35% available chlorine:

$$\frac{0.5\%}{35\%} \times 1000 = 0.0143 \times 1000 = 14.3$$

Therefore, you must dissolve 14.3 grams calcium hypochlorite powder in one liter of water in order to get a 0.5% chlorine solution.

NSV Clinical Skills Checklist

NSV Clinical Skills Checklist

TASKS	EVALUATION	REMARKS
<p>Trainers: When rating tasks for evaluation, use the following codes. S = Satisfactory: Performs the task according to the standard guidelines U = Unsatisfactory: Does not perform the task according to the standard guidelines</p>	Circle One: (M=model; C=client) M M M C C C	
Pre-vasectomy Evaluation		
1. Greets client		
2. Ensures that client has been appropriately counseled about the procedure		
3. Takes medical history and performs heart, lung, abdominal examination		
4. Performs general examination		
Pre-procedure Tasks		
5. Ensures that room is warm enough to relax client's scrotum		
6. Greets clients		
7. Reviews chart for relevant medical history		
8. Verifies informed consent		
9. Washes hands		
10. Examines operative site to ensure mobile cords		
11. Clips hair at operative site, if necessary		
12. Ensures operative site is clean		
13. Retracts the penis upwards on the abdomen in the 12 o'clock position and anchors it comfortably		
14. Performs surgical scrub. Puts on sterile gloves		
15. Prepares a syringe to administer 10 cc 1% or 5 cc 2% lidocaine (without epinephrine). Attaches 1.5 inch (metric equivalent) small gauge needle (22-27 gauge)		
16. Adequately prepares operative site with body temperature antiseptic		
17. Isolates operative site (scrotum) with sterile sheet(s) or towel (s)		
18. Identifies, isolates and fixes right vas deferens under the median raphe midway between the base of the penis and the top of the testicles. Traps the right vas firmly using the three-finger technique		
19. Observes and communicates with client		

20. Raises skin wheal using 0.5 cc of 1% or 2% lidocaine (without Epinephrine). Advances the needle in the external spermatic fascial sheath towards the inguinal ring about 1.5 inches above the wheal, aspirates, and without with drawing the syringe slowly injects 2 to 5 cc of lidocaine into the sheath.						
Procedure Tasks						
21. Uses the three-finger techniques to firmly trap the left vas. Reintroduces the needle through the puncture. Advances the needle in the external spermatic fascial sheath towards the inguinal ring about 1.5 inches above the wheal, aspirates, and injects 2 to 5 cc of lidocaine in the sheath.						
22. Pinches the skin between the thumb and forefinger to reduce local edema						
23. Fixes the right vas again with left hand under the skin wheal using the three-finger technique						
24. Grasps the right vas using the ringed clamp on the site of the skin wheal						
For steps 25 - 45 fill in the columns for right and left with S or U as appropriate.	R	L	R	L	R	L
25. Checks with client to ensure that anesthesia is sufficient. If not, repeats local infiltration being sure not to exceed the maximum dose.						
26. Elevates the entrapped vas by lowering the handles of the ringed clamp.						
27. Uses a quick, sharp, single movement to pierce the skin down to the vas lumen using medial blade of the dissecting forceps, introduced at a 45° angle.						
28. Withdraws the medial blade of the dissecting forceps, closes both blades and inserts both tips of the dissecting forceps into the puncture site to the same depth down to the vas.						
29. Gently opens the blades of the dissecting forceps and spreads the tissue to make a skin opening twice the diameter of the vas.						
30. Withdraws the dissecting forceps and uses the tip of the lateral blade of the dissecting forceps to pierce the bare vas wall and rotates the dissecting forceps clockwise 180°.						
31. Delivers the vas through the puncture hole while releasing the ringed clamp, but still keeping it in place.						

NSV Forms

NAME OF FACILITY

Patient:	No. of Children:
-----------------	-------------------------

Age:	Civil Status:	Occupation:	Religion:
-------------	----------------------	--------------------	------------------

PRE-VASECTOMY ASSESSMENT

MEDICAL HISTORY

BP:	PR:	RR:
------------	------------	------------

TEMP:	WEIGHT (In Kgs.):	
--------------	--------------------------	--

Hx of allergies or any hypersensitivity reactions?

Hx of bleeding (bleeding tendencies)?

Hx of asthma/difficulty of breathing?

Hx of diabetes?

Hx of cancer?

Hx of anemia/loss of consciousness?

Hx of hypertension?

Hx of other illness(Epilepsy, renal diseases, BPH, etc)?

PHYSICAL EXAMINATION

HEENT:

Chest/Lungs:

Abdomen:

Extremities:

Skin:

External Genitalia:

Sign(s) of Infection:	Contracted scrotum:
Mass:	Varicosities:
Hernia:	Orchiditis:
Hydrocele:	Adhesions:
Undescended testes:	Other/s:

Physician's Signature:

INFORMED CONSENT FOR VASECTOMY

I, _____, the undersigned, request that a vasectomy be performed on my person. I make this request on my own free will, without having been forced or given any special inducement. I understand the following:

1. There are temporary contraceptive methods available to me and my partner.
2. The procedure to be performed on me is a surgical procedure, the details of which have been explained to me.
3. This surgical procedure involves risks, in addition to benefits, both of which have been explained to me.
4. If the procedure is successful, I will be unable to have children; however, the procedure does not protect me or my partner from infection with sexually transmitted diseases, including HIV/AIDS.
5. The effect of the procedure should be considered permanent.
6. I can decide against the procedure at any time before the operation is performed (without losing the right to medical, health, or other services or benefits).

(Signature or mark of client)

(Date)

(Signature of attending Physician or
delegated assistant)

(Date)

If the client cannot read, a witness of client's choosing who is of the same sex and who speaks the same language as the client must sign the following declaration:

I, the undersigned, attest the client has affixed his thumbprint or mark in my presence.

Signature or mark of witness

Date

Name of Facility

VOLUNTARY STERILIZATION REFERRAL FORM

NAME OF REFERRING UNIT:	
HOSPITAL/CLINIC REFERRED TO:	
NAME OF CLIENT:	
AGE:	ADDRESS:
FP COUNSELING DONE: () YES () NO	
DATE REFERRED:	
REFERRED BY:	
(Note: Retain this form at the hospital/clinic referred to)	
FAMILY PLANNING SAVES LIVES	

Name of Facility

VOLUNTARY STERILIZATION REFERRAL FORM

NAME OF HOSPITAL/CLINIC:	
NAME OF REFERRING UNIT:	
NAME OF CLIENT:	
AGE:	ADDRESS:
VOLUNTARY STERILIZATION PERFORMED: () YES () NO	
DATE PERFORMED:	IF NO, STATE REASON WHY:
PERSON ACCOMPLISHING THE FORM:	
(Note: Return this form to the referring unit)	
FAMILY PLANNING SAVES LIVES	

<hr/> Name of Facility

VOLUNTARY STERILIZATION REFERRAL FORM

NAME OF REFERRING UNIT:	
HOSPITAL/CLINIC REFERRED TO:	
NAME OF CLIENT:	
AGE:	ADDRESS:
FP COUNSELING DONE: () YES () NO	
DATE REFERRED:	
REFERRED BY:	
(Note: Retain this form at the hospital/clinic referred to) FAMILY PLANNING SAVES LIVES	

<hr/> Name of Facility

VOLUNTARY STERILIZATION REFERRAL FORM

NAME OF HOSPITAL/CLINIC:	
NAME OF REFERRING UNIT:	
NAME OF CLIENT:	
AGE:	ADDRESS:
VOLUNTARY STERILIZATION PERFORMED: () YES () NO	
DATE PERFORMED:	IF NO, STATE REASON WHY:
PERSON ACCOMPLISHING THE FORM:	
(Note: Return this form to the referring unit) FAMILY PLANNING SAVES LIVES	

Post-Vasectomy Instructions For Clients

POST VASECTOMY INSTRUCTIONS FOR CLIENTS

- Rest at home until the day after surgery. You may resume your normal activities after one or two days. Avoid work and strenuous exercise for at least 48 hours after vasectomy. This will help the wound heal
- You may bathe on the day after surgery, but do not let the wound get wet.
- Do not pull or scratch the wound while it is healing.
- Wear a snug undergarment or scrotal support for at least two days after surgery. This will help make you comfortable.
- Keep the bandage on for three days after the operation. After you removed the bandage, you may wash the wound 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. Remember, vasectomy does not work immediately, and you can still get your partner pregnant. Use condom or ask your partner to use another family planning method until you have had 20 ejaculations or until twelve weeks after the vasectomy, whichever comes first.
- Vasectomy does not protect you and your partner from sexually transmitted diseases (STDs) including the human immunodeficiency virus (HIV), which causes AIDS. You can reduce your risk of STDs by using condoms or practicing abstinence, safe sex or monogamy.
- The first few times you have sex, you may notice some blood or blood clots in your ejaculate. You may also have some pain. This is to be expected and does not indicate a problem unless it happens more than a few times. If pain during ejaculation persists after the first few times, you should consult your doctor.
- You may have a little pain, or swelling around the wound. A small amount of pain, bruising, or swelling that does not get worse is normal. Take the medication provided (or recommended) by the doctor. Be sure to follow the instructions given to you. An ice pack may help relieve the pain, bruising, or swelling gets worse, contact your provider or facility.
- Return to the clinic or call your doctor:
 - If you have a fever within one week of surgery
 - 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 misses a period or thinks she is pregnant (this is very important: it may mean the operation has failed and your partner is pregnant)
 - If you have any questions or concerns

Clinic Address: _____ Phone: _____

- If semen analysis is available: After 12 weeks , you should return to the clinic for semen analysis to make sure that the vasectomy was successful. You may collect a semen sample by masturbating into a clean container or from a condom used during intercourse. Collect the sample the day of the follow-up visit and bring it with you to your appointment.

Your follow-up appointment is:*

Day and Date: _____

Time: _____

Place: _____

- If semen analysis is not available, no follow-up visit is required.