

Procedure Note for No-Scalpel Vasectomy

Date of Operation:

Surgeon:

Assistant:

Preoperative Diagnosis: male desiring permanent contraception.

Postoperative Diagnosis: male desiring permanent contraception.

Operation: No-Scalpel Vasectomy

Anesthesia: local anesthesia with lidocaine 1%

Clinical Indications: Mr. _____ is a _____ year old male with _____ children who desires permanent contraception.

Consent: The patient has reviewed the risks, benefits, and alternatives relating to vasectomy. He has carefully reviewed and signed the written consents. He confirms that he desires permanent contraception and understands the risks, benefits, and alternatives to the procedure.

Findings: normal vas deferens bilaterally

Procedure: The patient lay supine upon the operative table. The scrotum and surrounding skin were prepped with _____ solution. The operative field was draped with a sterile fenestrated drape. The vasa were identified bilaterally. Local anesthetic was used on the scrotal skin and vasal blocks were performed bilaterally.

The first vas deferens was grasped with a "three finger grip" and ring forceps were used to secure skin and vas. Using the dissecting forceps, the skin was punctured and the vas was delivered. The vas was cleaned of fascia. The lumen of the prostatic end of the vas was cauterized. The vas was transected. Fascial interposition was performed using sterile suture. After meticulous attention to hemostasis, the vas was replaced into the scrotum in the normal anatomic position. The second vas deferens was grasped with a "three finger grip" and ring forceps were used to secure skin and vas. Using the dissecting forceps, the second vas was delivered. The vas was cleaned of fascia. The lumen of the prostatic end of the vas was cauterized. The vas was transected. Fascial interposition was performed using sterile suture. After meticulous attention to hemostasis, the vas was replaced into the scrotum in the normal anatomic position.

The skin puncture wound was inspected with careful attention to hemostasis. The puncture wound was covered with sterile gauze. The gauze was covered with the patient's supportive snug briefs (or jockstrap).

The patient tolerated the procedure well.

The patient was given written and oral discharge instructions with emphasis on rest, to follow through with the semen analysis after three months, and to continue with other forms of contraception until clearance by semen sample.