Manual for Vasectomy Clinic

Patient Preparation, usually by Administrator

1.	Be sure patient has a good understanding of vasectomy through (1) written sources such as **brochures** or **banners** with diagrams, (2) explanatory web pages such as http://www.vasweb.com/vasectomy.html or http://www.NSVI.org/vasectomy.html and/or (3) video counseling such as http://www.vasweb.com/vasectomy_video_english.html. Banner is hung with **tape** or **thumbtacks**.
2.	Complete the local **patient data sheet**. Get phone numbers so that patients can be called the next day. You retain this as part of the patient's record.
3.	Enter patient's info into the **Patient Log**. This log is sent to steinmail@vasweb.com as a photo (JPG) or scanned PDF file.
4.	Enter patient's name and facilitator's name into the **Payment Log**. Enter his e-mail address and phone number into one of the empty columns for payments to staff. This log is sent to steinmail@vasweb.com as a photo (JPG) or scanned PDF file.
5.	Have patient sign **consent**.
6.	Provide an **antibiotic pill** such as cephalexin 500 mg. Provide some **drinking water** in a **paper cup.**
7.	Provide a **sandwich bag** of post-vasectomy supplies: 1. Written **post-vasectomy instructions** with contact phone numbers 2. 2-4 tablets of acetaminophen/paracetamol 500 mg (**Panadol, Tylenol)** in a labeled **envelop** with instructions to take 2 every 4 hours for pain (optional). 3. Free **condoms** to remind patient that contraceptive should be used for the first 20 ejaculations AND 3 months (optional). 4. **Envelop** with income replacement money if indicated (not for private patients unwilling to provide their phone numbers and/or e-mail addresses to NSVI). 5. **Treat** like a lollipop (optional). 6. **Brochures** to give to friends.

Tray preparation:

1.	Sterilize **4 stainless steel pans** with **alcohol** using a finger to be sure that the alcohol coats all surfaces of each pan.
2.	Pan #1: To clean instruments. Options 1. **Enzymatic cleaner** per manufacturer's instructions, or 2**. Dilute dish detergent**, or 3. **Bleach:** 1:100 dilution or 5cc household bleach (~5%) in 500cc bottled water. A **toothbrush** is helpful to scrub dried blood from instruments.
3.	Pan #2: Rinse with **drinking water**.
4.	Pan #3: To sterilize instruments by soaking for at least 10 minutes. Options 1. **Bactex**: 10 ml in 500 ml of drinking water, or 2. **MadaCide** full strength, or 3. **Surfex**: Add 1 sachet/packet to 500 ml of drinking water (do not add water to the powder). Wait 10 minutes for self-activation. or 3. **Glutaraldehyde** (Cidex). (Disadvantage: Toxic fumes.) Activate ½ of a 1 liter bottle with ½ of the attached packet of activator (retain the other halves for the next clinic), or 4. **Bleach** (1:100 dilution): (Disadvantage: corrosive to metals other than stainless steel and can discolor clothes.) Add 5cc of household bleach (~5%) to 500cc bottled water. Options 3-5 are the most toxic to human tissue.
5.	Pan #4: Rinse with **drinking water**.
6.	Have a **Foerster clamp ("sponge stick") or Kelly clamp or similar** to transfer instruments between pans and to the sterile field. The tip of this is kept in the sterilizing solution between transfers. If using options 3-5, rinse the transfer instrument tip in the drinking water of Pan #4.

6.	Prepare field with a **sterile non-fenestrated drape** on a **cafeteria tray**. Options include: 1. The drape in which instruments were sterilized, or 2. A **disposable sterile non-fenestrated paper drape**, or 3. A **reusable sterile linen drape**.
7.	The sterile field should contain: 1. Four sterile **instruments**: NSV dissecting clamp, NSV ring clamp, mosquito hemostat, scissors. 2. Suture tie. This can be a 2-0 **silk strand** or 3-0 nylon strand. 3. **Pouch for thermal cautery unit**. This can be: 1. a paper pouch made from a roll of sterilization tubing, or 2. a single sterile glove, or 3. a homemade reusable pouch autoclaved with the instruments. 4. **Fenestrated drape**. This can be: 1. A disposable paper sterile fenestrated drape, or 2. A reusable autoclaved drape. 5. **Surgeon's gloves**. 6. **3 or 5 cc syringe**. 7. **30g needle**. 8. 2 **4x4 gauze pads**. 9. **Band-Aid**.

Scrotal preparation

1.	Have a **shaver** available.
2.	Have **2" adhesive tape** available to gather shaved hair.
3.	Have a **rubber band** available if the surgeon prefers to use a penile lasso.
4.	Have a **hemostat** available if the surgeon prefers to use a penile lasso.
5.	If a MadaJet is to be used: 1. Spray the scrotum with an **antiseptic mixture*** using a **spray bottle OR** 2. Wipe the scrotum with alcohol. 3. After MadaJet use, resterilize the scrotum as in #6 below.
6.	If a needle is to be used for anesthesia: 1. Spray the scrotum with an **antiseptic mixture*** using a **spray bottle**, smearing it all over the scrotum and groins with a hand wearing a **non-sterile glove**, OR 2. Apply **betadine** or 1% chlorhexidine all over the scrotum and surrounding groins using a **cotton ball** or **non-sterile gauze** to apply it.
	* - The antiseptic mixture can be made as follows: 1. 25% **alcohol** 2. 25% **Hibiclens**, which is 4% chlorhexidine, 3. 50% **drinking water**.

Assist the surgeon:

1.	Provide a **cap and mask**.
2.	Be sure he has applied his **headlight**.
3.	Fill his 3 cc syringe with 2% lidocaine, using a **10 cc syringe** and an **18g needle**.
4.	If the surgeon uses thermal cautery, hand him a **thermal cautery unit** which has been stored upright in a **50-ml plastic graduate** partially filled with 5 ml of MadaCide or betadine.

Have a **trash bag** available. It is convenient to clamp this to the **Mayo stand** with large **paper clamps**.
Have the surgeon sign the **operative report**. This is retained by you as part of the patient's permanent record, along with the registration form and consent.