# Manual for Vasectomy Clinic

## Patient Preparation, usually by Administrator

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1.	Be sure patient has a good <u>understanding of vasectomy</u> through (1) written sources such as <b>brochures</b> or
	banners with diagrams, (2) explanatory web pages such as <a href="http://www.vasweb.com/vasectomy.html">http://www.vasweb.com/vasectomy.html</a> ,
	and/or (3) video counseling such as <a href="http://www.vasweb.com/vasectomy_video_english.html">http://www.vasweb.com/vasectomy_video_english.html</a> . Banner is
	hung with tape or thumbtacks.
2.	Complete the <b>patient data sheet</b> (FHOK registration form). Get the phone number 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 <b>Patient Log</b> . This log is sent to <u>steinmail@vasweb.com</u> as a photo (JPG) or scanned PDF file.
4.	Enter patient's name and facilitator's name into the <b>Payment Log</b> . Enter his <u>e-mail address and phone</u>
	number into one of the empty columns for payments to staff. This log is sent to <a href="mail@vasweb.com">steinmail@vasweb.com</a>
	as a photo (JPG) or scanned PDF file.
5.	Have patient sign <b>consent</b> .
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 <b>Panadol</b> 500 mg in a labeled <b>envelop</b> with instructions to take 2 every 4 hours for pain
	(optional).
	3. Free <b>condoms</b> to remind patient that contraceptive should be used for the first 20 ejaculations AND 3
	months (optional).
	4. <b>Envelop</b> with income replacement money if indicated (not for private patients unwilling to provide
	their phone numbers and/or e-mail addresses to NSVI).
	5. <b>Treat</b> like a lollipop (optional).
	6. <b>Brochures</b> 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 <u>clean</u> 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 <b>toothbrush</b> is helpful to scrub dried blood from instruments.
3.	Pan #2: Rinse with <b>drinking water</b> .
4.	Pan #3: To <u>sterilize</u> 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. <b>Glutaraldehyde</b> (Cidex). 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): Add 5cc of household bleach (~5%) to 500cc bottled water.
5.	Pan #4: Rinse with <b>drinking water</b> .
6.	Have a Foerster clamp 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.
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 <b>shaver</b> available.
2.	Have 2" adhesive tape available to gather shaved hair.
3.	Have a <b>rubber band</b> 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 <b>non-sterile glove</b> , OR
	2. Apply <b>betadine</b> or 1% chlorhexidine all over the scrotum and surrounding groins using a <b>cotton ball</b> or
	non-sterile gauze to apply it.
	* - The antiseptic mixture can be made as follows:
	1. 25% alcohol
	2. 25% <b>Hibiclens</b> , which is 4% chlorhexidine,
	3. 50% drinking water.

### Assist the surgeon:

1.	Provide a cap and mask.
2.	Be sure he has applied his <b>headlight</b> .
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 paper clips.

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.