

Manual for Vasectomy Clinic

Patient Preparation, usually by Administrator

1.	Be sure patient has a good <u>understanding</u> 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. This is useful demographic info for the provider and for NSVI.
4.	If NSVI is providing income replacement to patients and payment to facilitators and staff, complete the PAYMENT LOG . This log is sent to steinmail@vasweb.com as a photo (JPG) or scanned PDF file. NSVI payment to the provider is made by Western Union transfer.
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: <ol style="list-style-type: none"> 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 – SOAK-STERILIZATION of instruments; **This is for when you have more patients scheduled than you have instruments sets:**

(For use of instruments that are sterilized by AUTOCLAVE, skip ahead to the next table.)

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 <ol style="list-style-type: none"> 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 <u>sterilize</u> instruments by soaking for at least 10 minutes. Options <ol style="list-style-type: none"> 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 4. 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 5. 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.
7.	Prepare the 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 .
8.	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 (unless the surgeon is using a MadaJet). 7. 30g needle (unless the surgeon is using a MadaJet). 8. 2 4x4 gauze pads . 9. Band-Aid .

Tray preparation – instruments in pouches sterilized by AUTOCLAVE. This is for when you have more instruments sets than patients scheduled. These pouches should contain (1) NSV dissecting clamp, (2) NSV ring clamp, (3) hemostat, (4) scissors, (5) 2 4x4 gauze pads, (6) thermal cautery pouch, (7) silk suture strand:

1.	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 .
2.	Onto this sterile field, open: 1. The pouches of autoclaved items 1-7 above in red. 2. Fenestrated drape . This can be: 1. A disposable paper sterile fenestrated drape, or 2. A reusable autoclaved drape. 3. Surgeon’s gloves . 4. 3 or 5 cc syringe . 5. 30g needle . 6. 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 for anesthesia: 1. Spray the scrotum with an antiseptic mixture* using a spray bottle OR 2. Wipe the scrotum with alcohol as you would before drawing a blood sample. 3. After MadaJet use, re-sterilize the scrotum as in #6 below.
6.	If a needle is to be used for anesthesia:

	<ol style="list-style-type: none"> 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.
	<p>* - The antiseptic mixture can be made as follows:</p> <ol style="list-style-type: none"> 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.	If the surgeon is using needle anesthesia, 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 Bactex or alcohol.

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.