

Section: Division of Nursing

PROCEDURE

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MINOR PROCEDURES
(Scope)

TITLE: VASECTOMY

PURPOSE: To outline the steps to assist with a vasectomy.

SUPPORTIVE DATA:

1. A vasectomy is the excision of a section of the vas deferens for the purpose of sterilization.
2. Electively performed as a permanent method of sterilization.
3. May also be done prior to prostatectomy to prevent possible post-operative epididymitis.

EQUIPMENT LIST:

1. Sterile plastic tray
2. Sterile "no scalpel" vasectomy instruments per M.D.'s preference.
3. Sterile silver clips and appliers
4. Disposable cautery
5. Skin preparation solution and sterile gauze sponges
6. Sterile gloves
7. Sterile towels
8. 10cc syringe, 18g needle, 25-1/2 and 1-1/2 needle
9. 15 blade
10. Local anesthetic
11. Suture
12. 2 Formalin bottles, labels and laboratory slips

CONTENT:

A. PRE-PROCEDURE ASSESSMENT/CARE

1. Verify signed informed consent of patient and wife (if applicable).
2. Obtain baseline vital signs and document
3. Obtain brief medical/surgical history from patient including allergies and document.
4. Explain sensations the patient is likely to experience, need for scrotal support. Document teaching.
5. Position patient per M.D.'s preference (usually supine).
6. Drape patient per M.D.'s preference.

KEY POINTS:

- Vasectomy is considered a permanent form of sterilization.
- a. See key points #1.
 - b. Patient may have feeling of pressure during procedure.
 - c. Medication will be used to anesthetize area.

B. RESPONSIBILITIES DURING PROCEDURE:

1. Assure patient privacy
 - a. Close door to procedure room.
 - b. Place "Do Not Enter" sign outside of door.

KEY POINTS:

KEY POINTS:

2. Assist M.D. in establishing and maintaining a sterile field, disinfecting skin and drawing up local anesthetic.
3. Assist M.D. as needed with the procedure.
4. Specimen containers labeled as right vas and left vas.
5. Reassure patient during procedure.
6. Assist M.D./patient in applying scrotal support when procedure completed.
7. Document any adverse reactions to procedure.

**C. POST-PROCEDURE
ASSESSMENT/CARE**

KEY POINTS:

1. Assist patient to resume comfortable position.
2. Monitor and evaluate vital signs as ordered and document.
3. Label and send specimen to Lab.
4. Reinforce M.D. post-operative instructions.
 - a. Contraception must continue for amount of time specified in MD instructions.
 - b. Patient may have bruising and discomfort for several days post-procedure.
 - c. Sperm saves at specified intervals must be examined by laboratory as per M.D.'s instructions.
5. Obtain patient signature of post-procedure instructions and attach to chart.

Reference: Mosbys Clinical Nursing 3rd Edition; Perioperative Nursing Principles & Practice 2nd Edition 1996;
www.urolmd.com