

APPENDIX AND REFERENCES

Appendix

World Health Organization (WHO) Eligibility Criteria for Vasectomy Procedures*

Introduction

Considering the irreversibility or permanence of sterilization procedures, special care must be taken to assure a voluntary informed choice of the method by the client. Particular attention must also be given in the case of young people, men who have not yet been fathers, and clients with mental health problems, including depressive conditions. The national laws and existing norms for the delivery of sterilization procedures must be considered in the decision process.

There is no medical condition that would absolutely restrict a person's eligibility for sterilization. Some conditions and circumstances indicate that certain precautions should be taken.

The classification of the conditions into the different categories is based on an in-depth review of the epidemiological and clinical evidence relevant to medical eligibility. The programmatic implications of these updated medical criteria are still to be addressed, taking into account the various levels of service delivery. However, for the particular case of sterilization procedures, the following category definitions were developed.

Definitions

- A (Accept): There is no medical reason to deny sterilization to a person with this condition.
- C (Caution): The procedure is normally conducted in a routine setting, but with extra preparation and precautions.
- D (Delay): The procedure is delayed until the condition is evaluated and/or corrected. Alternative temporary methods of contraception should be provided.
- S (Special): The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anesthesia, and other back-up medical support. For these conditions, the capacity to decide on the most appropriate procedure and anesthesia regimen is also needed. Alternative temporary methods of contraception should be provided if referral is required or there is otherwise any delay.

*Adapted from: WHO, 2000.

Sterilization does not protect against sexually transmitted infections (STIs) or HIV. If there is risk of STIs/HIV, the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STIs/HIV.

Male Sterilization

| Condition | Category | Rationale/Comments |
|--|----------|--|
| Local infections | | There is an increased risk of postoperative infection (Gohn & Bornside, 1989). |
| Scrotal skin infection | D | |
| Active STI | D | |
| Balanitis | D | |
| Epididymitis or orchitis | D | |
| Previous scrotal injury | C | |
| Systemic infection or gastroenteritis | D | There is an increased risk of postoperative infection (Gohn & Bornside, 1989). |
| Large varicocele | C | The vas may be difficult or impossible to locate; a single procedure to repair varicocele and perform a vasectomy decreases the risk of complications. |
| Large hydrocele | C | The vas may be difficult or impossible to locate; a single procedure decreases the risk of complications. |
| Filariasis; elephantiasis | D | The scrotum may be involved in severe elephantiasis, making it impossible to palpate the cord structure and testis. |
| Intrascrotal mass | D | This may indicate an underlying disease. |

Male Sterilization (continued)

| Condition | Category | Rationale/Comments |
|------------------------------|----------|--|
| Cryptorchidism | C | If cryptorchidism is bilateral, and fertility has been demonstrated, this will require extensive surgery to locate the vas, and this becomes category S. If cryptorchidism is unilateral, and fertility has been demonstrated, vasectomy may be performed on the normal side and the spermogram checked, as per routine. If the man continues to have a persistent presence of sperm, more extensive surgery may be required to locate the other vas, and this becomes category S. |
| Inguinal hernia | S | Vasectomy can be performed concurrent with hernia repair. |
| Sickle cell disease | A | |
| Coagulation disorders | S | Bleeding disorders lead to an increased risk of postoperative hematoma formation, which in turn leads to an increased risk of infection. |
| Diabetes | C | Diabetics are more likely to get postoperative wound infections. If signs of infection appear, treatment with antibiotics needs to be given. |
| HIV/AIDS* | | |
| High risk of HIV | A | No routine screening is needed. Appropriate infection prevention procedures, including universal precautions, must be carefully observed with all surgical procedures. |
| HIV-positive | A | |
| AIDS | S | If the man is currently suffering an AIDS-related illness, the procedure should be delayed. |

* Barrier methods, especially condoms, are always recommended for prevention of STIs, including HIV.

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