

Basic Skills Qualification Vasectomy

Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Demonstrate the appropriate counseling and informed consent utilizing the consent form set		
Determine the incision site(s)		
Manually isolate the vas deferens		
Anesthetize the skin and perform the vas block on each side		
Use the appropriate tool to fix the vas against the skin of the scrotum		
Make incision and remove a segment		
Interpose fascial layer between the ends of the vas		
Repeat on the opposite side		

Faculty: _____

Date: _____

Indications:

Desire for permanent sterilization

Contraindications:

- Poorly defined spermatic cord anatomy
- Local infectious process
- Active bladder or prostate infection
- Poorly characterized bleeding disorder
- Unable to give appropriate informed consent
- Testicular mass

1. Discuss with the patient all of the topics in the counseling outline
2. Complete the informed consent and ensure that it gets scanned into the HER
3. Prep the scrotum using betadine
4. Drape the patient exposing the scrotum
5. Isolate the vas defense using the 3 finger technique
6. Use local anesthetic to raise a wheal on the skin and perform the vas block. Repeat on the opposite side
7. Using a clamp isolate the vas against the skin of the scrotum
8. Using the vas dissector/scalpel, open the skin of the scrotum and continue dissecting the fascia away from the vas until the vas is clean. The better job you do, the less bleeding there will be
9. Cross clamp the vas using the vas dissector; hemi-sect the vas closest to the prostatic end; cauterize the vas and withdraw slowly. Completely cut the vas and allow the prostatic end to fall back into the fascial layer
10. Close the fascial plane using the surgical clip
11. After ensuring hemostasis, allow the open end of the vas to fall back into the scrotum.

12. Repeat the procedure above on the opposite side
13. Using gauze, cover the scrotal wound
14. Using the patient supplied scrotal support; ensure that the bulky dressing is all in the cup of the support
15. Discuss the post-operative instructions with the pt. and give the written instructions to the patient
16. Give the patient the bag containing the instructions for obtaining the post vas sample at 6 weeks
17. Document the procedure and code