

Appendix 1: Association of Surgeons in Primary Care (ASPC) Audit form and Vasectomy glossary**ASPC Vasectomy Audit return for 2018-19 (for what would have been Conference 2020)**for vasectomies undertaken between 1st April 2018 – 31st March 2019

(Please see 'Vasectomy Glossary 2020' page for Definitions of what's required if you're unsure)

THIS FORM IS FOR YOU TO COLLATE YOUR RESULTS, THEN INPUT THEM INTO THE SURVEYMONKEY LINK
<https://www.surveymonkey.co.uk/r/ASPC-VAS-2020>

CLINIC NAME

OPERATING DOCTOR (S)

NUMBER OF VASECTOMIES PERFORMED:	NHS	PRIVATE	TOTAL
		NUMBER	PERCENTAGE

1. TESTING FOR STERILITY in this Audit Cycle?

NUMBER and PERCENTAGE of patients <u>confirmed</u> Sterile (<u>inc. Special Clearance</u>)
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2. Special Clearance given in this Audit Cycle?

Do you use 1 or 2 negative tests to confirm sterility (please circle)	1	2
Did you exclusively use a postal service for this Audit cycle? (Please circle)	YES	NO

3. FAILURE OF STERILITY in this Audit Cycle

a) Early failures (Please see Vasectomy Glossary page for Definition)	.....	.....
b) Late failures (Please see Vasectomy Glossary page for Definition)	.....	.....
c) Early/Late failures from Vas's done before 1 st April 2018 (ie NOT this audit cycle), that have NOT been audited before	.....	N/A

4. INFECTIONS (Please see Vasectomy Glossary for Definition)

Of those, how many antibiotics did Vasectomy Surgeon give?	N/A
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5. HAEMATOMAS (Please see Vasectomy Glossary for Definition)

How many > Cricket ball?
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I **DO NOT** want to count complications twice if the **SAME** patient had **BOTH** Infection AND Haematoma (see online for explanation)
 So... how many patients who were given Antibiotics (Q4) also had a Haematoma (Q5)?

6. POST-VASECOMY PAIN SYNDROME (Please see Vasectomy Glossary for Definition)

a) From patients from this audit cycle	.....	N/A
b) From patients NOT in this audit cycle	.....	N/A
c) What treatments have they tried? (Answer online)		
d) Are they still suffering? (Re-contact them!)		

7. ANY HOSPITAL ADMISSIONS POST VASECTOMY?	YES	NO
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If yes, how many, and what happened? (Answer online)

8. COSTS

Tariff Cost per case?	NHS £	PRIVATE £
Do you pay for the NHS sperm tests out of your Gross cost?	YES	NO
If yes – how much per sperm test?	£.....	
Do you do routinely use LIVE tests for routine testing (ie not just for Special Clearance)	YES	NO
If you have to undertake a LIVE test (for say Special Clearance) what is the cost?	£.....	
If you are paid a fee for each Vasectomy (with no overheads) undertaken by a company, what average do you get per case?	£.....	

9. PEER REVIEWS

Have you been peer reviewed in the last 3 years?	YES	NO
If so who by? (Answer online)		
Did your GP Appraiser undertake a Vasectomy appraisal during your last GP appraisal?	YES	NO
Are you a Vas trainer?	YES	NO
If Yes: Are you on the FSRH list of approved Vasectomy trainers?	YES	Unsure
If not would you be interested in becoming a Trainer?	YES	NO

10. QUESTIONNAIRES

Did you use the APSC <i>immediate post op</i> questionnaires for this audit?	YES	PARTLY	NO
Did you use the APSC <i>4 month post op</i> questionnaires for this audit?	YES	PARTLY	NO
Are you planning to use the ASPC Vasectomy Audits for the 2020/21 cycle?	YES	NOT SURE	NO

If you want to start compiling your results online, give me some details and I'll get you set up

QUESTIONNAIRE RESULTS for vasectomies undertaken between 1st April 2018 – 31st March 2019

For those using ASPC Immediate Post op Form	Number	Percentage
What number and therefore what percentage of questionnaire returns did you achieve in this Audit Cycle?
What number + percentage said NO to: Q1 (booking appointment)
What number + percentage said VERY GOOD to Q2 (info sheet)
What number + percentage said VERY USEFUL or FAIRLY USEFUL to Q3 (pre vas consult)
What number + percentage said COMPLETELY AT EASE or VERY COMFORTABLE Q4 (op location)
What number + percentage said EXCELLENT or VERY GOOD to Q5 (premises)
What number + percentage said EXCELLENT or VERY GOOD to Q6 (Dr's manner)
What numbers + percentages said to Q7 (rate the pain of vasectomy) i) no pain
ii) some discomfort
iii) both above added together
What number + percentage said EXCELLENT or VERY GOOD to Q8 (overall impression)
What number + percentage said VERY LIKELY to Friends & Family

Please free to add any feedback or suggested alterations to the questionnaires online

QUESTIONNAIRE RESULTS for vasectomies undertaken between 1st April 2018 – 31st March 2019**For those using ASPC 4 Month Post op Form**

What number and therefore what percentage of questionnaire returns did you achieve in this Audit Cycle?	.....	.....
What numbers + percentages for Q2: Rate the pain you felt after your Vasectomy		
No Pain	.....	.....
Slight Discomfort	.....	.....
Slightly Painful	.....	.....
Painful	.....	.....
Very Painful	.....	.....
What number + percentage said YES to Q3. Pain for over a week?	.....	.....
And what was the average time (in days) for pain to resolve	.....	.....
What number + percentage said YES to Q4. Ache/Discomfort for over 2 weeks?	.....	.....
And what was the average time (in days) for the Ache/Discomfort to resolve	.....	.....
What number + percentage said VERY GOOD or FAIRLY GOOD to Q7 (<i>Adequate post-op sheet info?</i>)	.....	.....
What number + percentage said YES to Q9 (<i>more time off work than you anticipated?</i>)	.....	.....
And was the average they had expected to stay off?	.....	.....
And what was the average of how many days it took them to return to work?	.....	.....
What was the difference?	.....	.....
What number + percentage said EXCELLENT or VERY GOOD to Q11 (<i>overall satisfaction</i>)	.....	.....

Please see the additional questions online to decide if we should remove some questions from the 4Month questionnaire

Have you had your NHS funding for vasectomies removed or threatened in the last 12m? Removed Threatened Neither

Do you have any odd/interesting stories do you have to tell relating to your Vas surgery sessions? Or how about those moments that have scared you operating (the brown trouser moments). Please only tell us ONLINE those stories/moments that you haven't contributed to before to the ASPC

Please tell us ONLINE what you have learned in the last year that has significantly changed/improved/alterd your practice?

Signature..... Name (print)..... Date

Please DO NOT return THIS PAPER VERSION to me, but keep for own Appraisal

Please use the SurveyMonkey Link above (& sent to you via email) and input your own answers – I WILL NOT DO IT FOR YOU!!

You will get a month's warning to the **AUDIT CLOSING date**, once Covid has calmed down..... watch out for that email!
At that stage, with no ASPC Conference this year, I will then sort out the results, and I will email out to everyone a print out (as usual) for those who have participated for your PDP.

More than 1 years data? – that's fine, see letter for your choices as to how to add...

Reminder we also run **ASPC authorised Carpel Tunnel and Skin Surgery questionnaires** - email me for details

Keep safe and hope to see you all healthy and over Covid in 2021

Any questions Email me: Dr Gareth James: GtbVas@Yahoo.co.uk

GJJ 4/20

Vasectomy Definition Glossary 2020

(Relating to Audit collection)

These definitions were drafted by a mixture of members of the ASPC, plus Professor Labrecque, Canada, and ratified during ASPC conferences then updated using the 2014 FSRH guidelines

Term	Meaning
This Audit Cycle (TAC)	Data collected from Vasectomies that were undertaken between 1 st April 2018 until 31 st March 2019 inclusive
Not this Audit Cycle (NTAC)	Data/information collected since the last conference data pertaining to Vasectomies that were undertaken before 1 st April 2018 (i.e. late failures/PVPS)
Sterility	This is when Post-vasectomy semen analysis (PVSA) arranged after the appropriate time show either NO SPERM in the ejaculate or when the patient has achieved Special Clearance, and consequently the patient can be informed it is safe to abandon any other contraception.
Early Failure	2014 FSRH guidelines state Early Failure has occurred if any MOTILE sperm are observed in a Fresh sample 7 months post vasectomy. The patient is informed that the vasectomy has been deemed as unsuccessful, meaning either contraception for life or requiring a second operation. It does NOT mean those who are still undergoing further sperm tests, nor does it mean those who ultimately achieve Special Clearance. <i>Perceived ASPC rate from Audit as being about 1 in 200 procedures</i>
Late Failure	This is a failure AFTER you have informed the patient that they had a negative PVSA and were sterile, and safe to abandon any contraception; irrespective of time frame. Usually uncovered with a pregnancy, though could be found on the reappearance of motile spermatozoa following confirmation of sterility at PVSA This is due to a late reconnection of the vas deferens. <i>Perceived ASPC rate from Audit as being about 1 in 2000</i>
Special Clearance (SC)	According to the 2014 FSRH guidelines Special Clearance is achieved/given if less than 100,000/ml non-motile (i.e.: DEAD) sperm are seen in a FRESH [usually less than 1 hour old] sample arranged after the appropriate time post vasectomy. There is no evidence to say that those given SC have any higher rates of Late Failures than someone who achieves full sterility without given SC.
Haematoma	This is a PAINFUL swelling of a certain size (roughly a golf ball and larger) that develops in the scrotal sac resulting from the Vasectomy. The ASPC direct the patient to define a haematoma as any swelling the same size (or greater) as their own testicle This is due to collection of blood around the sheath
Post op Infection	Any case where ANY clinician has deemed it appropriate to give antibiotics for a presumptive Post Vasectomy Infection (whether the clinician was right or wrong!)
Minimally Invasive Vasectomy (MIV)	MIV terminology is used to encompass the very prescriptive Non Scalpel Vasectomy (and all other modified versions of this technique) where the skin opening is ≤10 mm, the dissection area surrounding the vas deferens is minimised and skin sutures are not required. MIV may include the use of a variety of surgical instruments, including a scalpel, to expose the vas. MIV techniques have been shown to reduce the level of bleeding and intra-operative pain, quicker recovery period with less post operative complications
Chronic Post Vasectomy Pain (PVP)	This is defined as chronic and sometimes debilitating scrotal pain (severe enough to cause the patient to seek medical attention and/or to interfere with quality of life) occurring any time after the surgery and persisting for more than six months despite non-surgical treatments. <i>Perceived rate for ASPC members of about 1 in 400, though figures as high as 15% have been quoted on line and in journals.</i>
Single test regimen	The FSRH 2014 suggest 12 weeks post vasectomy is optimal timing for the first PVSA, though the current ASPC recommended interval is at, or after, 16 weeks. A routine second PVSA is not required if azoospermia found in the first sample. Postal PVSA is acceptable, but such samples will not be suitable for the assessment of sperm motility

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