Vasectomy for Population Limitation

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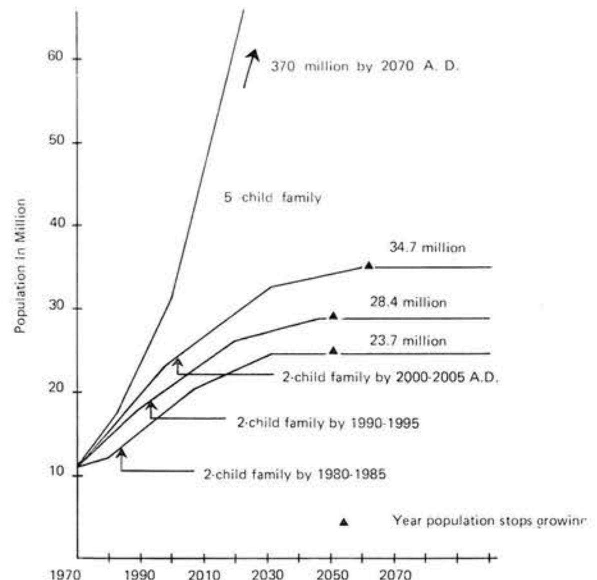
IN the last few months, it has become obvious that it is not standing room that we are going to be short of, very soon, but of essential commodities. World shortage of grain, spiralling prices of commodities and the widening gap between the developed and underdeveloped countries are frequent headlines in our daily newspapers. Hence if there is going to be any future for our grandchildren, all family planning programmes should push the idea of a two child family.

There are approximately three and one half billion people in the world today. Based on the current 2 percent growth rate in population there will be eight billion by 2005 and sixteen billion by 2025. Many authorities feel that the earth will not support more than ten billion lives which at current growth rates will be the population fifty years from now. Hence there is an urgent pressing need to control this benign situation which already has a tendency to become malignant.

In Malaysia the population now is just over ten million. If a two child family is attained, by the year 1980 to 1985, the population would reach a plateau of about 24 million in 2025. However if this two child family is only attained by the year 2000–2005 A.D., the population would be stabilised at about 35 million by 2060. If the present trend of five child family continues, the population would reach an unimaginable 370 million by 2070.

If one accepts the idea of a 2 child family, most women would have completed their childbearing by the age of 25 – 30 years. Probably a reversible method should be advised till the children are over



5 years of age because of the high infant mortality in many countries. During this 5 years there would probably be a few unplanned pregnancies due to contraceptive failures. Hence the importance of the need of legal abortions as a back up procedure for these cases. Once the children are grown up, a permanent method of contraception is advisable. For the women or man involved, it is a welcome release from further efforts to control fertility. They also have the advantage of a low failure rate.

Whether one should advise vasectomy or tubal ligation would depend on a number of factors. As things stand in most developing countries post-partum tubal ligation would be the first choice. However if one accepts the idea of a 2 child family, then probably vasectomy has obvious advantage over interval tubal ligation.

Some of these advantages are that it could be done as an out patient procedure, with simple instruments and the recovery period is shorter. Also the number of vasectomies that can be done in a crash programme are much more than the number of tubal ligations that can be done over a similar period. However there are other Social and Cultural factors which may favour either vasectomy or tubal ligation.

In countries which do not already have a large vasectomy programme, an organised plan would help the vasectomy campaign.

A. **Training of Surgeon:**

This is a very important aspect. Surgical qualifications are alone inadequate. At the Intra-Governmental Co-Ordinaitng Committee for Family Planning Activities last April in Malaysia, it was decided that the trainee Surgeon should assist in 5 vasectomies and be assisted in at least 5 vasectomies before he is accepted as a competant vasectomy surgeon.

Vasectomy is a very simple out-patient surgical procedure done under local anaesthesia. Fortunately mortality is very rare from it. However minor complications such as infection and haemotoma are not uncommon.

Rarely orchitis, epididymitis and spermatic granuloma are seen as long term complications.

It is with respect to these points that special surgical care is important.

To prevent spontaneous reanastomosis either the ends should be cauterised, turned back, or buried in different fascial planes, as done in our hospital. If a vasectomy is done on relatively young man, a shorter segment of the vas should be exercised. This helps re-anastomosis, if required later.

The Surgeons should also be taught, that cases with a varicocoele, scar tissue from previous operations or an inguinal hernia are better done under a general anaesthesia.

B. **Nurses Para Medical Staff:**

They form a very important part of the vasectomy team. All of them should be given a good grounding in Male reproductive physiology. This would enable them to explain the effects of the operation to the patients and their wives. As in other family planning services these staff can take the role of education and motivation. In the vasectomy team, they would:

1. Interview and book patients for vasectomy. In this connection, the exclusion of patients with sexual problems should be studied.
2. Give pre and post-operative instructions.
3. Arrange for semen analysis to be done after a given interval.

During the initial period of a vasectomy campaign, it is important to aim at perfection. With satisfied individuals, the news spreads round by word of mouth, and the campaign would have started out on a sound footing. Most vasectomy reports have mentioned over 90% of satisfied patients.

In conclusion we would say that with the rising medical costs and the urgent need to control population growth, vasectomy would play an increasingly important role in the future.

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