

NSV Clinical Skills Checklist

TASKS	EVALUATION		
<p>Trainers: When rating tasks for evaluation, use the following codes:</p> <p>S = Satisfactory: Performs the task according to the standard guidelines</p> <p>U = Unsatisfactory: Does not perform the task according to the standard guidelines</p> <p style="text-align: right;">Circle one: (M=model, C=client) M M M C C C</p> <p>All critical steps must be performed satisfactorily for the participants to be assessed as competent.</p>			
Prevasectomy Evaluation			
1. Greets client.			
2. Ensures that client has been appropriately counseled about the procedure.			
3. Takes medical history and performs heart, lung, and abdominal examination.			
4. *Performs genital examination.			
Preprocedure Tasks			
5. Ensures that room is warm enough to relax clients’s scrotum			
6. Reviews chart for relevant medical history.			
7. *Verifies informed consent			
8. Washes hands.			
9. Examines operative site to ensure that spermatic cords are mobile.			
10. Clips hair at operative site, if necessary.			
11. Ensures operative site is clean.			
12. Retracts the penis upward on the abdomen in the 12 o’clock position and anchors it comfortably.			
13. Performs surgical scrub. Puts on sterile gloves.			
14. Prepares a syringe to administer 10 cc 1% or 5 cc 2% lidocaine (without epinephrine). Attaches 1.5 inch (or metric equivalent) small-gauge needle (22–27 gauge)			
15. Adequately prepares operative site with body temperature antiseptic.			
16. Isolates operative site (scrotum) with sterile sheet(s) or towel(s).			
Procedure Tasks			
17. Observes and communicates with client.			

***A critical step that must be performed satisfactorily for the participant to be assessed as competent.**

continued

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TASKS	EVALUATION					
18. *Identifies, isolates, and fixes right vas deferens under the median raphe midway between the base of the penis and the top of the testicles. Traps the right vas firmly using the three-finger technique.						
19. *Raises skin wheal using 0.5 cc of 1% or 2% lidocaine (without epinephrine). Advances needle in the right external spermatic fascial sheath toward the inguinal ring about 1.5 in. above the wheal, aspirates, and without withdrawing the syringe slowly injects 2 to 5 cc of lidocaine into the sheath, then removes the needle.						
20. *Uses the three-finger techniques to firmly trap the left vas. Reintroduces the needle through the puncture. Advances the needle in the left external spermatic fascial sheath toward the inguinal ring about 1.5 inches above the wheal, aspirates, and injects 2 to 5 cc of lidocaine into the sheath.						
21. Pinches the skin wheal between the thumb and forefinger to reduce local edema, and waits 2–3 minutes for the anesthesia to take effect.						
22. Fixes the right vas under the skin wheal, using the three-finger technique.						
23. Applies upward pressure with the middle finger underneath the scrotum; presses the open tips of the ringed clamp onto the skin at the skin wheal overlying the vas; grasps the right vas, applying the clamp at a 90° angle perpendicular to the vas, with the palm facing up.						
For steps 24–44, fill the columns for right and left with S or U as appropriate.	R	L	R	L	R	L
24. Checks with client to ensure that anesthesia is sufficient. If not, repeats local infiltration being sure not to exceed the maximum dose.						
25. Elevates the entrapped vas by lowering the handle of the ringed clamp.						
26. *Uses a quick, sharp, single movement to pierce the skin down to the vas lumen using the medial blade of the dissecting forceps, introduced at a 45° angle.						
27. *Withdraws the medial blade of the dissecting forceps, closes both blades and inserts both tips of the dissecting forceps into the puncture site to the same depth down to the vas.						
28. Gently opens the blades of the dissecting forceps and spreads the tissue to make a skin opening twice the diameter of the vas.						
29. *Withdraws the dissecting forceps and uses the tip of the lateral blade of the dissecting forceps to pierce the vas wall (or holds the dissecting forceps in line with the long axis of the vas and grasps the bare vas directly) and rotates the dissecting forceps clockwise 180°.						
30. *Delivers the vas through the puncture hole while releasing the ringed clamp, but still keeping it in place.						
31. Grasps a partial thickness of the elevated vas with the ringed clamp.						

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continued

NSV Clinical Skills Checklist continued

TASKS	EVALUATION					
	R	L	R	L	R	L
32. If the sheath is not completely dissected, with one tip of the dissecting forceps, gently punctures the vas sheath, removes and closes the dissecting forceps, then reinserts to strip the vas sheath.						
Occlusion —Ligation with Excision and Fascial Interposition (For cautery occlusion, see 33A below.)						
33. After carefully separating of fascia and blood vessels from the vas, ligates the prostatic end of the vas.						
34. *Cuts one end of the suture about 2–3 mm from the knot, leaving a single uncut end of about 5–7 cm in length.						
35. Ligates the testicular end about 1.5 cm from the prostatic end ligature and leaves both end of the suture to about 5–7 cm in length.						
36. Excises up to 1cm of vas in between the two ligatures.						
37. *Pulls both ligatures to ensure that both stumps are separated by at least 1 cm.						
38. Ensures hemostasis.						
39. Cuts both ends of the testicular suture, leaving about 2–3 mm.						
40. *Allows both ends of the vas to drop back into their original position in the scrotum by gently pulling on the scrotum with the thumb and index finger.						
41. *Very gently pulls the long suture of the prostatic end of the vas to reexpose the cut end of the vas, which will be covered with fascia.						
42. Gently grasps the fascia of the spermatic cord with the tip of the dissecting forceps and ties the fascia around the vas 2–3 mm below the previous tie of the prostatic end.						
43. Cuts the suture and allows the stump to drop back into its original position in the scrotum.						
44. Pulls slightly the prostatic end again up to the puncture wound and cuts the single long end of the suture.						
Occlusion —Cautery (Alternative method)						
33A. After carefully separating fascia and blood vessels, pierces the vas wall with the sharp-needle electrode and directs the tip 1.0–1.5 cm into the lumen or hemitranssects the vas to permit the blunt cautery tip to enter the lumen 1.0-1.5 cm.						
34A. Applies current and withdraws the tip slowly.						
35A. After cauterizing in one direction, turns off the cautery unit to allow the tip to cool before cauterizing the vas in the other direction.						
36A. Excises up to 1cm of vas between the two cauterized segments.						
If using cautery, move on to Step 45.						

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continued

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TASKS	EVALUATION		
45. Using the three-finger technique, isolates the left vas under the puncture site			
46. Grasps the left vas at the lower end of the puncture site with the ringed clamp.			
Repeats steps 24–44 (or steps 33A–36A, for cautery occlusion) for the left vas.			
47. Pinches the puncture site tightly for a minute.			
48. Inspects again for bleeding.			
49. Secures sterile gauze dressing to the wound with a tape or a bandage.			
Postprocedure Tasks			
50. Flushes the needle and syringe and places all instruments in a 0.5% chlorine solution for decontamination.			
51. *Ensures the disposal of waste materials and sharps in accordance with infection prevention guidelines.			
52. *Immerses both gloved hands in 0.5% chlorine solution.			
53. *Removes gloves by turning them inside out. <ul style="list-style-type: none"> • If disposing of gloves, places in leak-proof container or plastic bag. • If reusing surgical gloves, submerge in 0.5% chlorine for 10 minutes for decontamination 			
54. Washes hands thoroughly with soap and water and dries with a clean cloth.			
55. Asks client how he feels.			
56. Provides client with written postoperative instructions and information when and where to return for follow-up.			
57. Reviews instructions orally and asks if client has any questions.			
58. Reviews the need for backup contraception for at least 12 weeks. Provides client with condoms, if needed.			
59. Advises client to return for semen analysis (if available) after 12 weeks .			

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Evaluation for _____
 (print participant's name)

The participant is Competent Not competent in scrotal model practice.

The participant is Competent Not competent to deliver NSV services.

Trainer's signature _____ Date _____