

# A Two Year Experience with Vasectomy in the Philippines\*

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## INTRODUCTION

VASECTOMY is of maximum usefulness in the male whose desired family size has been attained and whose marital partner is still young and unwilling to undergo the inconveniences and uncertainties of conventional contraceptive practices. The sterilization counterpart in the female, no matter what technic is used, involves entry into the peritoneal cavity and therefore carries a potentially serious risk. Vasectomy, as has been developed in this program, is a short, painless, low cost, procedure with a high success rate (100% of all patients returning for semen examination), low complication rate, and virtually without side effects. There have been a total of 690 acceptors during the last 2 years of the program and a review of our experiences will serve to crystallize some thoughts on how the program can be rendered more effective, particularly in relation to the overall program of the government towards population growth rate control.

## Inertia of the Initial Acceptance of Vasectomy.

Educational, cultural, and religious factors have, in the past, limited the acceptance of vasectomy in the Philippines as a family planning technic. The program was intended to gain entry into a heretofore poorly tapped source of fertility control — the male half of the marriage partnership — representing 50% of all actively reproductive individuals. Although the program had been planned months before, its operation started only on November 1, 1973. The venue of the vasectomy program was a suite on the third floor of the Institute of Maternal and Child Health Building of the Children's Medical Center at 11 Banawe, Quezon City. Partitioning of the allotted space created a waiting room — reception room, an office for interviewing prospective acceptors, and an operating room complete with an operating table and overhead operating lamp. Actually, the Vasectomy Clinic was part of an Advanced Family Planning Technology Clinic (an euphemistic name for Voluntary Sterilization Clinic) in which the female counterpart was assigned to Dr. Restituto Buenviaje, who did the female sterilization by transva-

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ginal tubal resection. The office staff of the whole clinic consisted, initially of only one nurse, later re-enforced by the addition of a licensed midwife. The Project Director of the Program initially at its most difficult first year was Dr. Fe del Mundo.

The vasectomy program was given a quota of 200 acceptors for the first year. Optimism rode high at the start of the program, since the Institute of Maternal and Child Health had over 300 Family Planning Clinics all over the Philippines with 144 of these in the Greater Manila Area and surrounding provinces, all of which were potentially large sources of acceptors. Disappointingly, only 2 patients came for vasectomy during the first 4 months of operation of the clinic.

Realizing that acceptors were not forthcoming from the Family Planning Clinics, the clinic staff and some concerned staff members of the I.M.C.H. began their own motivational campaign. Sorties were made into different quarters for informational seminars. The first targets were the municipal councils of the suburban towns of San Juan, Rizal; Quezon City; Pasay City; Caloocan City; and Mandaluyong, Rizal. Abruptly, in March, 1974, 6 acceptors came. Each month since then, the number of acceptors increased progressively (See Chart), so that by the end of the project year on October 30, 1974, there were 37 acceptors more than the quota of 200 allotted to the vasectomy clinic.

### The Importance of a Continuous Motivational Campaign.

The second year of operation of the Vasectomy Clinic was allotted 450 acceptors. During the first month (November, 1974) 59 acceptors came. Subsequent months showed regular fluctuations in the number of acceptors. Each month showing a decline in acceptors was followed by a motivational campaign, causing an increase in the subsequent months. During the latter half of the 2nd year of operation, a precipitous drop in the number of acceptors had to be countered with informational seminars conducted by Mrs. Alice Arca, the Clinic Nurse, mostly in industrial firms with a high male population. This experience during the second year convinced us that a continuing motivational campaign is necessary for a steady stream of acceptors.

### Spreading the Popularity of Vasectomy

During the first year of operation of the Vasectomy Clinic, a visit was made to Gasan, Marinduque, on the invitation of the town mayor and his wife, so that interest in vasectomy may be awakened in the area. During this visit, which was on the last week-end of August, 1974, 13 acceptors submitted for vasectomy, and a local health officer was trained in the technic so that continuity of the program in the area would not be disrupted. This pattern of itinerant surgery and concomittant training of a physician in the area has been repeated more often during the second year of operation, when visits were carried out in the following places:

1. Bacolod City	November 23-24, 1974	— 27 cases
2. Angono, Rizal	April 2, 1975	6 cases
3. Angono, Rizal	August 4, 1975	9 cases
4. Pasig, Rizal	August 9, 1975	11 cases
5. Novaliches, Rizal	August 30, 1975	7 cases
6. Angono, Rizal	September 24, 1975	1 case

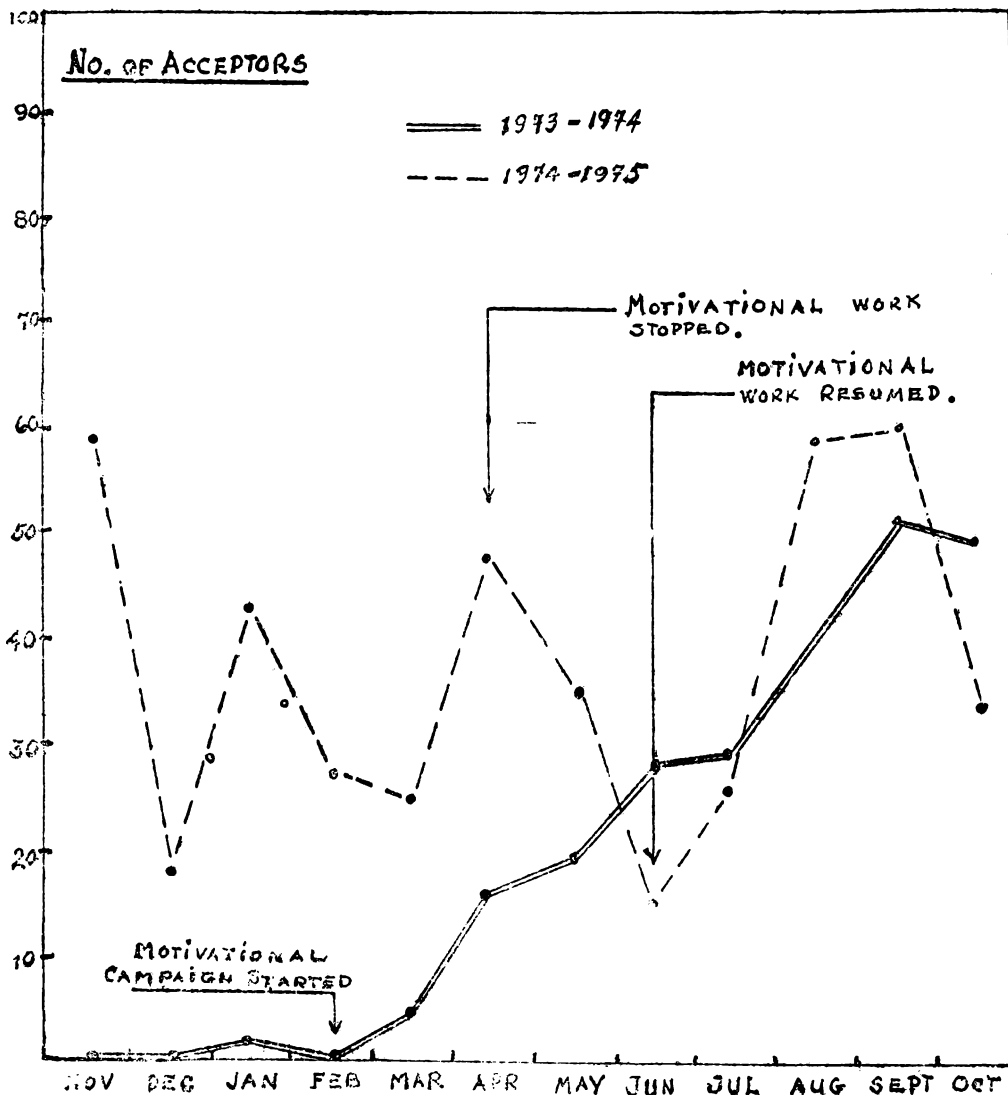


Fig. 1. Graph shows difficulty of initial operation and need for continuous motivational efforts to insure success of the program.

In each of these places one or more trainees were on hand to utilize the patients for training. In each place, care was exercised so that the initial experience of the community with vasectomy was pleasant. The procedure had to be fully accepted and not discredited by incurring unpleasant complications.

**The Vasectomy Clinic as Training Center.**

The Institute of Maternal and Child Health, recognizing the potentialities of vasectomy as an effective fertility con-

trol tool, entered into a program of training rural physicians to do vasectomy, with the Vasectomy Clinic as its primary training center. Groups of 2 or more physicians were sent to the Vasectomy Clinic for practical training in the operation. A minimum of 5 assisted vasectomies and 5 actually performed operations were required of each trainee and at the end of the training schedule, a certificate was awarded.

Physicians trained in vasectomy at the Clinic sponsored by the I.M.C.H. are listed below:

**LIST OF PHYSICIANS TRAINED ON VASECTOMY**  
**1st Quarter: July, Aug. Sept. '75**  
**F.Y. — 1975-76**

**July 7-11, 1975**

1. Dr. Antonio F. Dioneda (C)  
Dioneda Family Planning Clinic  
Balogo, Sorsogon

**July 14-18, 1975**

1. Dr. Sotero A. Escarilla, Jr.  
Iriga City Puericulture & Family Planning Center, Iriga City
2. Dr. Eduardo C. Enojado  
Naga City Puericulture  
& Family Planning Center  
Naga City

**July 21-25, 1975**

1. Dr. Dominador N. Braganza (C)  
Guinobatan Puericulture  
& Family Planning Center  
Guinobatan, Albay
2. Dr. Vicente E. Borre (C)  
Virac Puericulture & Family Planning Center  
Virac, Catanduanes
3. Dr. Ernesto S. Antolin (C)  
Balanga Puericulture & Family Planning Center  
Balanga, Bataan

**August 4-8, 1975**

1. Dr. Tadeo D. Cortez (C)  
Nueva Ecija Doctor's Hospital

**& Family Planning Clinic**  
Cabanatuan City

2. Dr. Tiburcio S. Macias (C)  
Mayor Joaquin Macias Medical/  
Surgical & FP Clinic  
Sindangan, Zamboanga del Norte
3. Dr. Lolita R. Tudayan (C)  
Training Division  
Institute of Maternal & Child Health, 11 Banawe, Quezon City

**August 11-15, 1975**

1. Dr. Apollo Q. Duque (C)  
San Fernando Norte Puericulture  
& Family Planning Center  
Cabiao, Nueva Ecija
2. Dr. Roque C. Alba (C)  
Santiago Puericulture & Family Planning Center  
Santiago, Isabela

**August 18-22, 1975**

1. Agerico L. Tecson  
Candaba Puericulture & Family Planning Center  
Candaba, Pampanga
2. Dr. Aida M. Gatchalian (C)  
Bo. Kapitolyo Puericulture  
& Family Planning Center  
Pasig, Rizal

**August 26-30, 1975**

1. Dr. Virgilio L. Morales (C)  
Naguilian Puericulture & Family  
Planning Center  
Naguilian, La Union

**September 2-6, 1975**

1. Dr. Estrellita M. Fullantes (C)  
Juan Sumulong Memorial Puericul-  
ture & Family Planning Center  
Tanay, Rizal

**September 9-13, 1975**

- \*1. Dr. Magdalena V. Catalan (C)  
Family Planning Physician  
E. Rodriguez Memorial Hospital  
& Family Planning Clinic  
Marikina, Rizal
- \*2. Dr. Ma. Eliza Tech Veloso (C)  
Family Planning Physician  
Pasig Puericulture & Family  
Planning Center  
Pasig, Rizal
- \*3. Dr. Rosalinda V. Viado (C)  
Family Planning Physician  
Baranca-Ibaba Puericulture  
& Family Planning Center  
Mandaluyong, Rizal

**September 22-26, 1975**

1. Dr. Virgilio M. Orillo (C)  
Family Planning Physician  
Bo. Washington Family Planning  
Clinic  
Surigao City
2. Dr. Maximo D. Soliman (C)  
Family Planning Physician  
Tanza Puericulture & Family

c — Certified

— Trained in the field by itinerant team (Dr. Oscar Estrada & Dr. Lolita Tudayan)

The vasectomy clinic has also trained 2 physicians of the I.M.C.H. for itinerant vasectomy visits to various cities and towns of the Philippines. These physicians are Dr. Oscar Estrada and Dr. Lolita Tudayan. Dr. Estrada has since done over 600 vasectomies in over 30 cities and towns. Dr. Tudayan was recruited primarily to train I.M.C.H. Fa-

**Planning Center**

Tanza, Iloilo City

**2nd Quarter: October, November  
and December 1975**

**October 6-10, 1975**

1. Dr. Samuel J. Babol (C)  
Babol's Family Planning Clinic  
Matalam, North Cotabato
2. Ramon V. Blanca, M.D. (C)  
Blanca Hospital & Family Planning  
Clinic  
Molave, Zamboanga del Sur
3. Dr. Rene S. Sison (C)  
Sison's Medical & Family  
Planning Clinic  
Valencia, Bukidnon

**October 6-10, 1975 (continuation)**

- \*1. Dr. Diosdado C. Asuncion (C)  
Municipal Health Officer  
Zambales (Masinloc)
- \*2. Dr. Salvador V. Fune (C)  
Municipal Health Officer  
Sta. Cruz, Zambales
- \*3. Dr. Lauro B. de Jesus (C)  
Municipal Health Officer  
Castillejos, Zambales
- \*4. Dr. Bulan F. Roste (C)  
Municipal Health Officer  
Cabangan, Zambales

**October 21-25, 1975**

1. Dr. Isabel O. Henares  
City Health Officer  
Bacolod City
2. Dr. Pedro S. de Guzman  
St. Jude's Hospital  
Dimasalang, Sampaloc, Manila

mily Planning Clinic Physicians and Municipal health officers in the provinces. To date, she has trained 4 municipal health physicians in Zambales province and 3 I.M.C.H. physicians in the Pasig Puericulture and Family Planning Center in Pasig, Rizal. She next expects to go to train 10 physicians in Isabela Province very shortly.

### **An Improved Vasectomy Technic**

Early in the first year of the Program, a standardized vasectomy technic that would enhance the acceptability of the operation was devised. The technic utilized 2 incisions, was virtually bloodless and painless, and accomplished in 3 to 5 minutes. Standardization of the procedure made it possible to train doctors adequately after assisting 5 and actually performing 5 vasectomies.

This technic of vasectomy was depicted in photographs, which together with the text of the first year experience with the program, was presented as a scientific exhibit at the Annual Convention of the Philippine College of Surgeons, held at the Pines Hotel in Baguio City in December, 1974 and at the Annual Convention of the Philippine Pediatric Society held at the Hotel Intercontinental in May, 1975. Slides have also been made of the technic and these are projected during informational seminars and lectures of the Clinic Staff. Motivational campaigns are also rendered interesting and convincing by showing these slides.

The details of the technic of vasectomy as done in this clinic are as follows:

1. The whole scrotum and penis are rendered aseptic with Povidone Iodine (Betadine Solution).
2. Drapes are placed so that only the scrotum is exposed.
3. The left vas deferens is grasped firmly so that the tip of the index finger is beneath the vas and the thumb over it.
4. Xylocaine 1% solution is injected into the scrotal skin directly over the vas. Infiltration is continued into the tissues around the vas to avoid reflex pain in the abdomen when the vas is exposed.

5. A piece of gauze is used to press on the skin swollen by the injection until the vas is easily discerned under the skin.

6. A small 3/4 centimeter transverse incision is made over the skin overlying the vas, making sure that the incision is made at the exact site of the infiltration of anesthesia.

7. A small towel clip with the jaws open just enough to accommodate the vas is used to pick it up and deliver it out of the scrotal skin.

8. The sheath of the vas is then incised cleanly to expose the vas as a naked tube.

9. The vas is then picked up with the tip of a straight iris scissor.

10. A small straight mosquito clamp is then inserted beneath the vas so that 2 centimeters of it is fully exposed by pushing the clamp beneath the vas almost to the handle.

11. Two mosquito clamps are applied on both extremities of the exposed vas and at least 1 centimeter of vas is excised.

12. The cut exposed ends of the vas are ligated with 4-0 silk and the sutures cut short.

13. The vas is then allowed to slip back into the scrotal sac.

14. No sutures are necessary for the skin. Sutures cause pain and abet infection.

15. The opposite side is similarly treated.

16. Compression on the operated area is applied by the patient's right hand over a gauze dressing for 2 minutes to establish hemostasis.

The simplicity and ease of execution of the operation as devised have resulted in a low morbidity. There were only

6 complications out of 690 vasectomies done, representing a complication rate of 0.8 of one percent. These complications were:

1. Hematoma .....	2
2. Swelling (edema) .....	1
3. Oozing .....	1
4. Spermatic cyst .....	1
5. Decreased libido .....	1
<b>TOTAL</b>	<u>6</u>

There were 337 patients out of 690 acceptors who returned for semen examination. All these showed no sperms in the semen after 30 ejaculations or 60 days following vasectomy. The success rate of the vasectomy based wholly on 337 patients who returned for semen examination is 100%.

**ACCEPTOR PROFILE**

The largest number of acceptors (50%) were in the age group 31-40 years.

**FIRST YEAR ACCEPTORS**

November 1, 1973 — October 31, 1974

<b>A g e</b>	<b>W i f e</b>	<b>H u s b a n d</b>
20 — 25	18	11
26 — 30	48	38
31 — 35	64	71
36 — 40	51	69
41 — 45	8	31
46 — 50	1	13
51 +	0	3
Unknown	47	1
<b>TOTAL</b>	<u>237</u>	<u>237</u>

**SECOND YEAR ACCEPTORS**

November 1, 1974 to October 31, 1975

<b>A g e</b>	<b>W i f e</b>	<b>H u s b a n d</b>
15 — 19	0	0
20 — 24	44	12
25 — 29	108	71
30 — 34	163	123
35 — 39	111	151
40 — 44	20	73
45 — 49	4	14
50 +	2	9
Unknown	1	0
<b>TOTAL</b>	<u>453</u>	<u>453</u>

The largest group of acceptors had 4-6 children (over 50%).

### FIRST YEAR ACCEPTORS

November 1, 1973 to October 31, 1974

Number of Children:

0 — 1 .....	0
2 — 3 .....	65
4 — 6 .....	142
7 — 9 .....	25
10 + .....	5
	<hr/>
	237

### SECOND YEAR ACCEPTORS

November 1, 1974 — October 31, 1975

Number of Children:

0 — 1 .....	0
2 — 3 .....	129
4 — 6 .....	265
7 — 9 .....	49
10 + .....	10
	<hr/>
	453

### The occupation profile of the acceptors

#### FIRST YEAR

November 1, 1973 to October 31, 1974

Occupation:

Privately employed .....	90	Jobless .....	7
Laborers .....	42	Vendors .....	5
Drivers .....	33	U. S. Navy .....	5
Gov't employees .....	15	Janitors .....	4
Businessman .....	10	Self-employed .....	3
Fishermen .....	7	Pastors .....	2
Salesmen .....	7	Unknown .....	2
Farmers .....	4	Student .....	1



**SECOND YEAR**

November 1, 1974 — October 31, 1975

**Occupation:**

Laborers .....	134	Jobless .....	11
Privately employed .....	91	Restaurant workers .....	9
Drivers .....	68	Unknown .....	6
Gov't employees .....	34	Security guards .....	5
Self-employed .....	25	Janitors .....	4
Farmers .....	19	Hospital workers .....	3
Vendors .....	13	Students .....	3
Salesmen .....	13	Pastors .....	3
Fishermen .....	12		

Almost 2/3 of the patients came from the Greater Manila area and 1/3 came from the surrounding provinces. Some of the latter were done at visits to the provinces.

**FIRST YEAR**

November 1, 1973 — October 31, 1974

**Patient's Address:**

Patients from Manila & Greater Manila area .....	169
Patients from the provinces .....	68

**SECOND YEAR**

November 1, 1974 — October 31, 1975

**Patient's Address:**

Patients from Manila & Greater Manila area .....	337
Patients from the Province .....	116

**SUMMARY**

The vasectomy program of the Children's Medical Center as funded by the Pathfinder Fund Inc. of Boston, Massachusetts, has just completed its second year of operation. A total of 690 vasectomies have been accumulated

with a success rate of 100% (based on acceptors who returned for semen examination) the complication rate is 0.8 of one per cent. The acceptability of the program, which took 5 long months before taking off, was to a large extent due to the technic of operation which has made the procedure a short, virtual-

ly painless, bloodless one, with a low complication rate. The clinic has developed from one initially geared purely for service to one with a training orientation. Trainees come from rural areas and this augurs well for the adoption of vasectomy as a practical method of fertility control in the provinces.

Vasectomy, however, has not yet reached the stage of acceptability that female sterilization now enjoys, and motivational efforts have to be maintained unrelentingly if the movement for vasectomy is to maintain its momentum. Therefore, a certain amount of the funds for vasectomy programs should go to this particular item.

The acceptor profile reveals that the majority of those who submit to the procedure are in the age group 30-40 years. The large majority have over 4 children at the time of sterilization. This trend is still not too favorable for population growth rate control. Motivation should therefore be directed towards those with three children or less.

The class of present acceptors is on the side of the more educated segment

of the population with a relatively high income level. The informational, educational and motivational thrusts of any program for vasectomy must therefore be more vigorously directed at the economically poorer and less educated segment of the population who in the long run are the ones who most need vasectomy for fertility control.

The movement to popularize vasectomy as a fertility control measure should emphasize its effectiveness, its low cost, its simplicity of execution with the minimum of instruments, and the feasibility of its widespread implementation without sophisticated training of those who do it in a rural setting. When withdrawal of support from foreign fundings deprive the country of what now is abundantly available contraceptive materials and devices, we may have to lay more emphasis on vasectomy as a practical solution to the problem of fertility control. This program which we are undertaking has given us an insight into the problems of this sterilization movement in males, but at the same time, it has broken down some of the barriers that had heretofore prevented its acceptance.