EDITORIAL COMMENT

The vasectomy is cost effective, allows for rapid recovery, and has low morbidity and better success rates when compared to the tubal ligation. For these reasons, it should be considered the optimal method for permanent birth control. The vasectomy is one of the most technically varied procedures performed by both primary care providers and urologists. Technical advancements, such as the one reported in this manuscript, should be applauded since it offers a way to reduce frustration surrounding slipping sutures. Specifically, this manuscript reports on an improvement in the vas-folding technique whereby a 3-clip technique reduced suture slippage rates from 50 to 0 percent. Moreover, the authors should be commended for their use of fascial interposition, which has been shown to minimize failure. For those providers preferring the vas-folding technique, this method should offer both technical ease and improved success.

Vasectomy techniques vary widely with no "best practice" or method. Variations in technique are not limited to the use of cautery, thermal energy, open-ended or vas occlusion using suture, clips, intravasal devices, or bending the vas. In addition, fascial interposition is suggested as a way to further minimize failure rates. Interestingly, a 2007 Cochran review of vasectomy techniques found only six qualified studies.[1] The only conclusion from this review was that use of fascial interposition optimized vasectomy success. The review noted no change in success when the vas was clipped or tied. No other vasectomy technique, such as vas folding, qualified for this Cochran review. Of note, the use of clips was not widespread, with enhanced potential for reversal being the main rational for their use.[2,3]

Speaking of vas reversal, it seems best to find ways to optimize the success of both a vasectomy and the potential for its reversal. In this particular study, there is concern that either the clips or the hemostat could crush the vas resulting in scarring or even tissue slough. This would prompt a longer segment of vas to be discarded at the time of vasovasostomy. Future studies should attempt to discern which technique offers the best balance between vasectomy success and [potential] vasovasostomy outcomes.

Notably, the American Urological Association (AUA) has recently completed an advisory panel looking at vasectomy techniques. Their findings will be published in the near future and will likely emphasize the benefits of fascial interposition while de-emphasizing the need for pathological analysis of vas tissue.

References

1. Vasectomy occlusion techniques for male sterilization. Copyright © 2009. Issue 3. The Cochrane Collaboration. Published by JohnWiley & Sons, Ltd.
2. Gupta AS, Kothari LK, Devpura TP. Vas occlusion by tantalum clips and its comparison with conventional vasectomy in man: reliability, reversibility, and complications. *Feril Steril* 1977; 28(10):1086-1089.
3. Schwingl PJ, Guess HA. Safety and effectiveness of vasectomy. *Fertil Steril* 2000;73(5):923-936.

J.C. Trussell, MD
Department of Urology
Upstate Medical University
Syracuse, New York, USA