rfm
Revista de la Facultad de Medicina

EDITORIAL

Vasectomy in Colombia: some remarks on its current status

La vasectomía en Colombia: algunos comentarios sobre la situación actual

How to cite: Fernández-Duque A. Vasectomy in Colombia: some remarks on its current status. Rev. Fac. Med. 2022;71(1):110582. English. doi: https://doi.org/10.15446/revfacmed.v71n1.110582.

Cómo citar: Fernández-Duque A. [La vasectomía en Colombia: algunos comentarios sobre la situación actual]. Rev. Fac. Med. 2022;71(1):e110582 English. doi: https://doi.org/10.15446/revfacmed.v71n1.110582.

Sexual and reproductive rights are protected in Colombia by the 1991 Political Constitution,[1] meaning that it is the State's responsibility to guarantee their fulfillment. For decades, health professionals had trouble understanding that, and when a patient asked us for a definitive contraceptive method, we tried to dissuade them from using it. However, we have learned that our role in this area is to advise and not to create barriers, nor to impose limits on age or number of children because, as established in Law 1412 of 2010,[2] people have the right to make responsible and free decisions about how many children they want to have or whether they even want to have children at all. Therefore, vasectomy and tubal ligation should be promoted and their performance should be authorized at no cost for the patient.

The World Health Organization[3] states that "the use of contraceptives advances the human right to determine the number and spacing of their children"; in other words, every person has the right to choose the number, timing, and spacing of their children. In turn, the Pan American Health Organization and the Johns Hopkins Bloomberg School of Public Health[4] point out that universal access to effective contraceptive methods ensures that both adults and adolescents can avoid the adverse health and socioeconomic consequences of unwanted pregnancies and have a satisfying sexual life.

It is well known that to achieve an acceptable planning system, such as the Colombian one, the population must be properly informed; nevertheless, the biggest barriers to this are established by providers, physicians, and nurses who believe they can decide for the patient. In this regard, medical schools and related areas should teach students adequately about the available temporary and definitive contraceptive methods and about public policies and legislation in this regard in order to promote their use.

Vasectomy is a contraceptive method traditionally considered definitive, but today, as a result of technological advances, it is reversible. Thirty years ago, the number of vasectomies performed in Colombia was very low, and in order to increase it, a private company (Profamilia) was required to intervene and encourage the male population to undergo the procedure. Thus, in 2021, Profamilia performed nearly 19 000 vasectomies, as reported during an interview by Dr. Diana Soraya Torres, Urologist of this institution, representing an increase in the number of procedures of this type compared to 2017, when nearly 14 000 were performed.[5] This entity performs 40% of all vasectomies done nationwide, so it can be estimated that approximately 47 000 vasectomies were performed in Colombia in 2021. This figure was higher in 2022, although it is yet to be reported.

Vasectomy is a surgical procedure that must be performed by a urologist, under local anesthesia in an operating room that meets the requirements established by the law. It involves the ligation of the male vasa deferentia, usually through a single incision. One of the most important moments of vasectomy is when the patient enters the office asking about it, since most of them have many doubts and concerns. Over my many years of

urology practice, I have witnessed many things: some patients think they will suffer from erectile dysfunction, others that they will never ejaculate again, and others that they will never have another orgasm. However, most of them come to the clinic asking for the service because they want to take responsibility for family planning.

Therefore, the first thing I do during these consultations is to explain to the patients what the procedure involves and I tell them that it does not have an immediate effect because it is necessary to wait until the accumulated spermatozoa are evacuated from the ligation site to the end of the tube, right next to the seminal vesicles, and that they should wait for 3 months and have at least 20 ejaculations to count the spermatozoa and confirm sterility. Likewise, I explain to patients that vasectomy does not affect orgasm or the production or transport of hormones, so it does not change sexual behavior; in other words, men who undergo vasectomy never experience any changes in their sex life.

Vasectomy is a surgical procedure and consequently involves risks of bleeding, hematoma and re-operation to treat complications, which have a prevalence of 1 per 1 000 procedures. Its failure rate is less than 2 per 1 000 procedures, which means that it is the safest contraceptive method.

In this issue of the Revista de la Facultad de Medicina, Prieto-Campos *et al.*[6] published a very interesting article entitled "Vasectomy: knowledge, perception and acceptance by medical students in Latin America" in which they surveyed 2 676 students enrolled in medical schools of universities in 8 Latin American countries (Bolivia, Brazil, Chile, Colombia, Ecuador, Mexico, Panama, and Paraguay) in order to describe the level of knowledge, perception and level of acceptance of this procedure among this population. The authors found that while the majority of students in Mexico and Bolivia had a high level of knowledge (77.31% and 68.28%, respectively), in Brazil only 3.33% had a high level of knowledge. Moreover, it is noteworthy that 81.79% of the students in their last year of study demonstrated a high level of knowledge of the subject.

Regarding perception and acceptance, Prieto-Campos *et al.*[6] established that 96.97% of the participants understand that vasectomy does not affect masculinity, 94.02% would recommend it, and 69.82% would undergo it. However, with respect to this last figure and contrary to what the authors suggest, I believe this to be a high proportion of individuals willing to assume the responsibility of family planning. The study concludes that there is a need to continue strengthening knowledge in the area of family planning, and that there should be a specific course on the subject from the very first academic terms.

We as physicians have the privilege and responsibility to help patients make decisions and follow through on those decisions. We have a commitment with human rights which is reflected in every aspect of care; thus, universities must play an educational role in this area and continuously evaluate the level of knowledge acquired by their graduates so that these professionals can provide a service that is free of discrimination based on extensive knowledge, quality and confidentiality, as should be the case in all medical activities.

Alejandro Fernández-Duque
Urologist, Vasectomy Reversion, Bogotá D.C., Colombia.
vasectomyreversion@yahoo.com

References

1. Colombia. Constitución Política de Colombia 1991. Bogotá D.C.: Gaceta Constitucional 114; july 4 1991.
2. Colombia. Congreso de la República. Ley 1412 de 2010 (octubre 19): Por medio de la cual se autoriza la realización de forma gratuita y se promueve la ligadura de conductos deferentes o vasectomía y la ligadura de trompas de Falopio como formas para fomentar la paternidad y la maternidad responsable. Bogotá D.C.: Diario Oficial 47967; october 19 2010.
3. World Health Organization (WHO). Family planning/contraception methods. Geneva: WHO; 2020 [cited 2023 May 26]. Available from: https://bit.ly/3qgTBGm.
4. Organización Panamericana de la Salud (OPS) y Facultad de Salud Pública Bloomberg de Johns Hopkins/ Centro para Programas de Comunicación (CCP), Proyecto de Conocimientos sobre la Salud. Planificación familiar: Un manual mundial para proveedores. 3rd ed. Baltimore y Washington: CCP y OPS; 2019.
5. Departamento Administrativo Nacional de Estadística (DANE). Informes de Estadísticas Sociodemográfica Aplicada. Número 11: Evolución de la fecundidad en Colombia y sus departamentos 2005-2018. Bogotá D.C.: DANE; 2021.
6. Prieto-Campos P, Montiel-Afonso MA, Araya-Morales AB, Marqués de Brito B, Escudero FC, Mera-Flores RR, *et al.* Vasectomy: knowledge, perception and acceptance by medical students in Latin America. Rev. Fac. Med. 2023;71(1):e95436. https://doi.org/kcb2.