Men prefer pre-vasectomy consultation by telephone: a survey of vasectomized men

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Introduction: *Due to the COVID-19 pandemic teleconsultation was allowed as an insured service in the province of Quebec, Canada. We assessed the preferences of vasectomized patients for a pre-vasectomy consultation conducted in-person or by telephone.*

Materials and methods: *In September 2021, we sought the participation of 214 men who had their pre-vasectomy consultation over the phone to complete an anonymous three-item survey on their preferred modality for pre-vasectomy consultation. They completed their questionnaire in the waiting room of the vasectomy clinic just after the surgical procedure. We calculated the proportion and 95% confidence interval [CI] of patients preferring each modality. We assessed the difference in preference according to the distance between hometown and vasectomy clinic (< 25 km, 25-50 km, and > 50 km) with Fisher's exact test.*

Results: *Participation rate was 98% (n = 209/214). Most patients would have preferred telephone over in-person pre-vasectomy consultation if they had been given a choice (96%; 95% CI 92% to 98%), if they had had to recommend a modality to a friend (95%; 95% CI 91% to 98%), and if they had had to do a pre-vasectomy consultation again (prefer or no preference; total 97%; 95% CI 94% to 99%). Distance between hometown and vasectomy clinic did not significantly influence their preferences (p > 0.29 for each of the three items).*

Conclusions: *Vasectomized men preferred having pre-vasectomy consultation by telephone instead of in person. If maintained as an insured service after the COVID-19 pandemic, Canadian physicians offering vasectomy services should consider making this service available to their patients.*

Key Words: vasectomy, delivery of health care, telemedicine, patient preference, health care surveys

Introduction

Vasectomy is the most frequent urological surgical procedure in male adults. In 2019-2020, Canadian family physicians and urology/general surgeons performed 30,925 and 25,620 vasectomies, respectively.[1]

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Three family physicians and one urologist annually perform about 4,000 vasectomies in two large Family Medicine Group (FMG) clinics in the Quebec City area under the umbrella of Vasectomie Québec.[2] They require all men to do a pre-vasectomy consultation with one of them a few weeks before the surgical procedure. Prior to the COVID-19 pandemic, they had to conduct the pre-vasectomy consultation in person to bill the Régie de l'assurance maladie du Québec (RAMQ).

In March 2020, due to the COVID-19 pandemic, the RAMQ created new billing codes authorizing

teleconsultation as an insured service. Since then they do all the pre-vasectomy consultations over the phone. Incidentally, many members of the Vasectomy Network, a Google Group of about 600 vasectomists from all over the world including over 60 from Canada, have also implemented similar changes in their practice.[3]

In addition to reducing the risk of COVID-19 contamination, teleconsultation allows health providers to provide support and solve problems remotely while reducing unnecessary visits to the clinics.[4] The Canadian Medical Association recommends that teleconsultation remains as an insured service in Canada after the end of the COVID-19 pandemic.[5] Canadian physicians providing vasectomy services may then need to decide which modality of pre-vasectomy consultation they wish to offer in the future, taking into account patients' expectations. We assessed the preferences of Vasectomie Québec patients for a pre-vasectomy consultation conducted in-person or by telephone.

Materials and methods

We conducted a cross-sectional study between September 9 and September 25, 2021, in the two FMG clinics where the Vasectomie Québec physicians perform vasectomies. After the surgical procedure, our attending nurses obtained consent from patients to complete a survey soliciting their opinion about their preferred modality for a pre-vasectomy consultation. Those who agreed self-completed the survey while sitting in the waiting room during the 15-minute post-vasectomy period recommended before leaving the clinic.

The anonymous one-page paper-based questionnaire was in French. It included three parts: 1) patient's preferences for telephone versus in-person pre-vasectomy consultation (3 items), 2) where the patient lives (hometown), and 3) suggestions/comments on pre-vasectomy consultation. The differences between telephone and in-person pre-vasectomy consultation were explained on the back of the questionnaire (questionnaire available from the authors on request).

The patients left the completed questionnaire in a box at the door. The nurses collected the questionnaires at the end of the vasectomy session and recorded the date when the questionnaires were completed. Since this study was an anonymous survey aiming at improving the quality of services provided to our vasectomy patients, the Tri-Council Policy does not require approval by an ethical review board.[6]

We determined the participation rate for each vasectomy session by comparing the number of questionnaires retrieved and the number of vasectomies registered in the electronic medical record database. Two members of the research team independently entered the data in an Excel sheet. Discrepancies were identified and corrected in the final database. We only had three (0.4%) missing data out of 836 data points and excluded them from the descriptive analysis presented. We calculated the binomial 95% confidence interval (CI) for the main results. We estimated the shortest distance by car between the municipality (city/town/village) where the patient reported living and the FMG clinic where he got his vasectomy with Google Map (less than 25 km, 25-50 km, more than 50 km). We used

TABLE 1. **Participation of vasectomized men to the survey according to vasectomy session**

Date of vasectomy session	Participants n	Vasectomized men n	Participation %
September 9, 2021	27	27	100
September 16, 2021	22	23	96
September 17, 2021	28	29	97
September 22, 2021	24	24	100
September 23, 2021	26	27	96
September 24, 2021*	24	26	92
September 24, 2021*	31	31	100
September 25, 2021	27	27	100
Total	209	214	98

*two vasectomy sessions in different clinics on the same day

TABLE 2. **Pre-vasectomy consultation preferences of vasectomized men**

Questions	**n (%)**
Q1. If you had been given the choice to have the pre-vasectomy consultation over the phone or at the clinic in-person, what would you have chosen?	
• I would have chosen to do it over the phone	200 (96)
• I would have chosen to do it at the clinic in-person	9 (4)
• Total	209 (100)
Q2. You have a friend or co-worker who has the choice of having his pre-vasectomy consultation over the phone or at the clinic in-person. What do you advise him?	
• I advise him to do it by phone	198 (95)
• I advise him to do it at the clinic in-person	10 (5)
• Total	208 (100)*
Q3. If you had to have a pre-vasectomy consultation again, what would be your preference?	
• I would prefer to redo the pre-vasectomy consultation by phone	170 (82)
• No preference, I would do it over the phone as well as at the clinic in-person	31(15)
• I would prefer to redo the pre-vasectomy consultation at the clinic in-person	6 (3)
• Total	207 (100)†

*one missing data
†two missing data

Fisher's exact test to compare preferences according to the distance between patients' municipality and the FMG clinic. We considered a p value < 0.05 as statistically significant. Statistical analyses were done using SAS 9.4 (SAS Institute Inc, Cary, NC, USA).

Results

Two hundred-fourteen (214) vasectomized men distributed over eight vasectomy sessions performed in the two clinics were eligible (median 27 patients per session, range 22 to 31) and 209 (98%) completed the questionnaire, Table 1. Participation rates were similar across vasectomy sessions, varying between 92% and 100%.

Table 2 presents the pre-vasectomy consultation preferences of vasectomized men. Most (96%; 95% CI 92% to 98%) would have preferred to have their consultation over the phone rather than in-person. Similar proportion (95%; 95% CI 91% to 98%) reported that they would recommend to other men seeking the service to opt for a consultation over the phone. Very few patients would have preferred an in-person consultation if having to do a pre-vasectomy consultation again; 97% (95% CI 94% to 99%) would have preferred phone consultation or would not have had any preference.

In terms of distance, 66% of vasectomized men lived less than 25 km away from the FMG clinic where they had their vasectomy, 10% between 25-50 km, and 24% more than 50 km. There was no statistically significant difference in the proportion of men preferring pre-vasectomy consultation over the phone according to distance, Table 3.

Twenty-three (23) of the 209 patients included in the analysis wrote a comment. Only seven pertained specifically to the modality of pre-vasectomy consultation: four reemphasized their preference for a telephone consultation, two who answered to have no preference to question number 3, Table 2, indicated preferring telephone consultation, and one who reported preferring an in-person consultation wrote that he would have preferred a video encounter. The other 16 patients shared positive comments about the vasectomy services received.

TABLE 3. **Influence of distance on pre-vasectomy consultation preferences**

Questions	Distance between hometown and the FMG clinic			Fisher's exact test
	Less than 25 km n (%)	25-50 km n (%)	More than 50 km n (%)	
Q1. If you had been given the choice to have the pre-vasectomy consultation over the phone or at the clinic in-person, what would you have chosen?				
Over the phone	131 (95)	20 (95)	49 (98)	0.76
In-person	7 (5)	1 (5)	1 (2)	
Total	138 (100)	21 (100)	50 (100)	
Q2. You have a friend or co-worker who has the choice of having his pre-vasectomy consultation over the phone or at the clinic in-person. What do you advise him?				
Over the phone	129 (94)	20 (95)	49 (98)	0.60
In-person	8 (6)	1 (5)	1 (2)	
Total	137 (100)*	21 (100)	50 (100)	
Q3. If you had to have a pre-vasectomy consultation again, what would be your preference?				
Over the phone	110 (81)	15 (71)	45 (90)	0.29
No preference	22 (16)	5 (24)	4 (8)	
In-person	4 (3)	1 (5)	1 (2)	
Total	136 (100)†	21 (100)	50 (100)	

FMG = Family Medicine Group; km = kilometers
*one missing data
†two missing

Discussion

Our study demonstrates that most vasectomy patients would prefer to have their pre-vasectomy consultation by telephone rather than in-person as was the norm in our practice before the COVID-19 pandemic. The distance patients would need to travel to attend an in-person consultation did not significantly influence this preference.

Studies in urology reported various results about modality of consultation preferences. In Denmark, only 36% of 280 general urology patients preferred having a telephone consultation in the future.[7] A study of 96 patients from a Canadian academic andrology-focused urology practice reported a preference for telephone appointments compared to in-person (73% vs. 27%).[8] Another study conducted in a tertiary general urology center in Germany on patients' perspective about online visits reported that 85% of 399 consecutive outpatients patients wished for a telemedicine consultation versus in-person.[9] The various populations studied may explain the different results obtained in our study. Vasectomy patients consist in a homogeneous population of healthy young men seeking the same specific urological procedure. This population may be more prone to prefer teleconsultation than mixed populations of male and female patients with various urological conditions, possibly combined with other comorbidities, even if eligible for teleconsultation.

As the pre-vasectomy genital examination is not possible to conduct by teleconsultation, a significant scrotal anomaly could go unnoticed and prevent the vasectomy from being performed. Based on our experience, this concern appears to be irrelevant if a thorough questionnaire is done at the time of the teleconsultation and a genital exam is performed on the day of the surgery. Between July 1, 2020, and June 30, 2021, 4399 patients had a pre-vasectomy consultation over the phone with us; 3904 had an appointment for a first vasectomy before December 31, 2021. We proceeded with the vasectomy in 3898 (99.85%) and cancelled the surgery in only six (0.15%): two for suspicion of testicular cancer (one confirmed), two for bilateral absence of vas deferens (confirmed), one for a large inguinoscrotal hernia, and one for severe scrotal hypogenesis. These problems and other scrotal anomalies such as congenital unilateral absence of vas

deferens[10] and spermatocele will only be identified at the time of the encounter at the clinic a few weeks after the phone consultation, but with no consequences on patients' health. We however acknowledge that in-person pre-vasectomy consultation may be valuable for physicians with limited experience with vasectomy. A genital exam before the day of the surgery allows anticipating surgical challenges and potential difficulties, and proper reference to more experienced colleagues, if needed. All of the other points to be covered during a pre-vasectomy consultation, as recommended in clinical practice guidelines on vasectomy,[11,12] can equally be addressed whether done in-person or by telephone.

The main strength of our study is the high participation rate. Almost all patients approached to participate consented to complete the survey. In addition, as illustrated by the 95% CI calculated, our sample size was sufficiently large to generate precise estimates of patients' preference frequencies.

Our study has some limitations. First, we did not validate the tool used for data collection. However, we asked three different related questions and all yielded similar results. Second, surveyed patients had their pre-vasectomy consultation over the phone. This could have influenced their preferred modality of consultation. To overcome this potential bias, we provided information about both modalities of pre-vasectomy consultation on the back of the questionnaire. Third, the timing of the questionnaire, just after the surgery, could have influence the assessment of patients' preference for one or the other pre-vasectomy consultation modality according to their experience with surgery. We do not believe however, this could have notably changed our conclusion. The content – apart from genital exam – and duration of our pre-vasectomy consultations were the same whether done over the phone or in-person. Prior to the consultation, men need to confirm that they read and understood all the information available on our website to make an informed decision (https://vasectomie.net/). Finally, we did not collect detailed socio-demographic characteristics from our patient sample. Our main objective was to determine the overall proportion of patients' preferred modality for pre-vasectomy consultation. We did however evaluate whether the distance between hometown and vasectomy clinics might have influence on patients' preferences and did not observe any significant difference.

Conclusions

Our study showed that most men surveyed at the time of their vasectomy prefer having their pre-vasectomy consultation over the phone. If this option is maintained as an insured service in Canada after the end of the COVID-19 pandemic, physicians offering vasectomy services should consider making this service available to their patients. □

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