

## Reviewer's report

**Title:** Vasectomy surgical techniques in South and South East Asia

**Version:** 1 **Date:** 25 February 2005

**Reviewer:** David J Handelsman

### Reviewer's report:

#### General

This manuscript is mainly a field progress report on a program to introduce variations on vasectomy methods in several SE Asian countries. It is an uneven blend of observations (an audit of current vasectomy practice in 21 centres in 5 countries) plus interventions (encouraging use of FI, introducing cauterization) without any evaluation of outcomes.

---

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. An important emerging concept which this manuscript could observe better is making a consistent distinction between failure rates based on a pregnancy (contraceptive failure or efficacy) and those based on sperm output based on azoospermia (technical or occlusion failure). Clarifying these two different endpoints is increasingly important particularly as azoospermia is a surrogate variable. For example, failure to achieve azoospermia itself does not constitute an absolute failure because it depends on the time of semen sampling and samples taken at, say, 2 months might still show sperm even with a technically perfect operation and no pregnancy risk (because other contraceptives are still in use). In several places, the manuscript blurs this important distinction and it should be revised for greater clarity.

2. The representativeness of sampling strategy for the centres is not clear. It is necessary to explain whether they represent the full spectrum of centres in each country. Given that India has more than three times the population of the USA, would 4 centres, even selected at random, represent American practice? For national programs, the diligence in following recommended practices may vary and the authors may have been directed to model, rather than typical, centres. Some caveats on representative sampling within countries might be required.

3. The issue of regret and reversibility is not considered at all. It is well established that young age and non-completion of family formation are risks for regret and reversal (see Holman et al. BJU Int. 86:1043-1049, 2000). Furthermore, in developed countries, failed vasectomy reversal is an increasing problem for infertility services. In a country the size and complexity of India, for example, with a middle class larger than the whole of the UK, this is an issue for the near, if not immediate, future. Ease of vasectomy reversal is a technical issue that should be considered in this manuscript in regard to the issue of open vasectomy which is quite compatible with FI but much less so for cauterization. Some comments on regret, reversal and open vasectomy should be included in Discussion.

4. The manuscript's enthusiasm for cauterization does not appear justified by available evidence. While this group has laudable achievements in demonstrating the value of FI by good clinical trial data, there is no real evidence (or even widely held opinion) that cauterization could improve on FI to any extent. It is therefore debatable whether such determined efforts to introduce cauterization are justified.

---

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

5. The term cautery is clear enough without using the adjective “thermal” – unless there is any other type of cautery, the redundant adjective should be dropped.
6. In the Abstract Methods and on p8, the number of centres is 3 to 6 in Table 2, not 5. Similarly, 21 not 20 (p12).

-----  
Discretionary Revisions (which the author can choose to ignore)

7. The Results section is far too long, comprising lots of narrative. It could be much more concise if restricted to the facts and findings. Much of the content of Results is actually Discussion (eg reasons for low uptake of FI)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

'I declare that I have no competing interests'