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ORIGINAL ARTICLE

Medical professional responsibility for postvasectomy pregnancy☆

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Abstract
Background: The follow-up of patients postvasectomy is frequently limited to a seminogram at 3 months if azoospermia is observed recanalization. This study evaluates a series of cases of complaints for postvasectomy pregnancy to establish follow-up recommendations that increase the clinical safety and reduce the risk of complaints.
Material and methods: We reviewed the database of the Department of Professional Responsibility of the Council of the College of Physicians of Catalonia, finding 28 complaints for postvasectomy pregnancy between 1992 and 2011. We analyzed the clinical and legal variables of the cases.
Results: A total of 13 extrajudicial complaints (46.43%), 13 civil lawsuits (46.43%) and 2 criminal lawsuits (7.14%) were recorded. Only 10 cases had a signed document of informed consent specific to vasectomy. In 26 cases, the data from the spermogram was available. A single spermogram was conducted in 20 cases (76.92%), 2 spermograms were conducted in 4 cases (15.38%) and none were performed in 2 cases (7.69%). For 9 of the cases (45%) where only a single spermogram was performed, the test was performed before 3 months postvasectomy. In 17 cases (65.38%), the result of the last spermogram was azoospermia, and 3 cases had oligospermia (11.54%). There were 2 failures of interpretation of the spermogram (7.69%) and 2 of normospermia (7.69%). In 2 cases, a spermogram was not performed (7.69%). Pregnancy occurred between 4 and 50 months after the intervention. In 12 cases (42.86%), it was considered that the practitioner was responsible.

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Discussion: It is recommended that physicians emphasize (during the patient information stage) the possibility of spontaneous recanalisation and to request 2 spermograms, whose result should be azoospermia. Performing the test in the 3 months after vasectomy is risky, as is basing the waiting time on the number of ejaculations.

PALABRAS CLAVE
Responsabilidad profesional;
Malpraxis;
Negligencia;
Vasectomía;
Embarazo no deseado;
Procedimientos quirúrgicos urológicos

Responsabilidad profesional médica en embarazo posvasectomía

Resumen

Introducción: El seguimiento de los pacientes posvasectomía queda frecuentemente limitado a un seminograma a los 3 meses si se objetiva azoospermia. Este trabajo evalúa una serie de casos de reclamaciones por embarazo posvasectomía, con el objetivo de establecer recomendaciones de seguimiento que aumenten la seguridad clínica y disminuyan el riesgo de reclamaciones.

Material y métodos: Se revisó la base de datos del Servicio de Responsabilidad Profesional del Consejo del Colegio de Médicos de Cataluña, localizándose 28 reclamaciones por embarazo posvasectomía entre 1992 y 2011. Se analizaron las variables clínicas y jurídicas de los casos.

Resultados: Se registraron 13 reclamaciones extrajudiciales (46,43%), 13 demandas civiles (46,43%) y 2 penales (7,14%). Únicamente en 10 casos constaba la firma de un documento de consentimiento informado específico para vasectomías. En 26 casos se dispuso de los datos correspondientes al espermiograma. En 20 casos (76,92%) se realizó un único espermiograma, en 4 se realizaron 2 (15,38%) y en 2 casos no se realizó ninguno (7,69%). Cuando solo se llevó a cabo un único espermiograma, en 9 casos (45%) este se realizó antes de los 3 meses. En 17 casos (65,38%) el resultado del último espermiograma fue de azoospermia, 3 casos de oligospermia (11,54%), hubo 2 fallos de interpretación del espermiograma (7,69%), 2 de normospermia (7,69%) y en 2 casos no se realizó espermiograma (7,69%). El embarazo se produjo entre los 4 y los 50 meses de la intervención. En 12 casos (42,86%) se consideró que existía responsabilidad profesional.

Discusión: Se recomienda enfatizar en la información al paciente la posibilidad de la recanalización espontánea y solicitar 2 espermiogramas con resultado de azoospermia, resultando de riesgo su realización antes de los 3 meses o basar el tiempo de espera en un número de eyaculaciones.

Introduction

Vasectomy is an effective method of male sterilization,[1,2] and it is estimated that between 40 and 60 million men in the world are vasectomized.[2] It is a safe and simple method. It is the most practiced urological intervention in Spain, where about 100,000 men are operated voluntarily each year.[3] The surgical technique is usually performed under local anesthesia, takes about 30 min and is performed in the outpatient surgical field. The most common long-term complications include testicular pain (up to 1% of pain that significantly affects the quality of life of patients) and spontaneous recanalization of the vas deferens, which occurs in a 0.03–1.2% after checking the absence of sperm in the semen.[4]

The follow-up of patients is usually limited to the practice of one or two seminograms at 3 and 6 months objectifying azoospermia.[5] According to European urological guidelines, it is enough with the seminogram 3 months after the intervention, as an adequate number of ejaculations (at least 20) normally have occurred in that period of time. 80% of patients have no sperm at the time, and in these cases further follow-up is not advised. However, in some men, a small number of immobile sperm may persist for a longer period of time. These men can be discharged provided that the number of immobile sperm is less than 100,000.[5] In the case of persistent motile sperm at 6 months, vasectomy must be carried out again.

After an ineffective vasectomy sterilization and unwanted pregnancy, the patient may decide to claim the doctor or center for the poor outcome of the procedure. The risk of claim in the specialty of urology in our environment is moderate.[6–8] Ineffective vasectomy, both by recanalization and by mistake, has been identified as a frequent cause of complaint in the specialty of urology,[8] although claims for this cause have not been analyzed specifically.

This paper evaluates a number of cases of claim for pregnancy after vasectomy, analyzing medical professional responsibility in the follow-up of patients undergoing this procedure in order to identify the factors that are associated with professional responsibility and establish recommendations of follow-up that increase clinical patient safety and legal safety of professionals.