

## EDITORIAL COMMENT



This article is an excellent and timely comparison of the cost burden of vasectomy with regards to surgical setting and associated ancillary services. The authors point out that vasectomy is “the most common non-diagnostic operation performed by urologists in the United States.” They also discuss the growth of ambulatory surgical centers (ASCs) in the United States, and the possibility that physician ownership of ASCs may drive procedures and pathology services to increase as a result of case shift to such centers.

The American Urological Association Vasectomy Guideline (2012, Amended 2015) covers all aspects of the procedure including a statement that histologic examination of excised vas segments is not required.<sup>1</sup> It does not state that vasectomy should be an office procedure, but the authors’ data on cost savings from shifting these cases from ASCs, as well as abandoning routine histologic examination of the vas segments is compelling.

Over the past 20 years pressure to contain healthcare costs and provide equitable distribution of care to all in our nation has engendered strong debate and political action.<sup>2-5</sup> Physicians are well advised to take an active role in providing cost effective care for their patients. This work serves as a microcosm for healthcare cost containment for our specialty. If we don't take an active role in this process, others (government, healthcare administrators, insurance carriers) may impose changes that will negatively affect us and our patients.

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## AUTHOR REPLY



Vasectomy is the safest and most cost-effective means of long-term permanent contraception, and is easily and safely performed in the office setting, under local anesthesia. Although some patient factors, such as body habitus, prior failed vasectomy, or extreme anxiety, may warrant consideration of vasectomy under sedation, these instances are infrequent and cannot account for the finding that approximately 18% of all vasectomies were performed in the ambulatory surgery center (ASC setting) during the study period. The increase in healthcare costs associated with performing a vasectomy in the ASC versus the office setting is substantial, and is compounded by the increased use of non-essential ancillary services, such as pathologic evaluation of vasal segments, which are also more commonly employed in the ASC setting.

While there are significant advantages to shifting minor, uncomplicated urologic procedures from the hospital-based operating room to the ASC setting, including lower costs, increased operative efficiency, and improved patient access, these advantages are negated when uncomplicated office-based procedures are transferred to the ASC. The latter is an untenable practice in the long- term, and subject to eventual scrutiny from healthcare organizations and administrators. Urologists should be mindful of providing cost-effective care for their patients, which includes both inpatient and outpatient services.

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