

Policy: Male sterilisation (vasectomy) and reversal

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OPCS codes: N171 Bilateral vasectomy, N181 Reversal of bilateral vasectomy

Policy Summary

Herts Valleys CCG commissions male sterilisation (vasectomy) services under local anaesthetic in a primary or community care setting. All men requesting vasectomy should first be fully assessed and counselled to ascertain if the procedure is indeed the most appropriate intervention. This counselling and assessment should be in line with *Faculty of Sexual and Reproductive Healthcare Clinical Guidance: Male and Female Sterilisation Recommendations*. Patients need to meet the criteria set out below.

Vasectomy in a secondary care setting, including those carried out under a general anaesthetic, is not routinely commissioned. Applications for funding of vasectomy in a secondary care setting will be considered through the Individual Funding Request (IFR) Process. IFR requests will need to confirm why the patient's procedure cannot be undertaken in a primary or community care setting and clearly state the grounds for exceptionality.

Inclusion criteria:

Vasectomy in a Primary or Community Care Setting should only be carried out in men who meet all of the following criteria:

- a) The patient understands that the sterilisation procedure is permanent and irreversible and the reversal of sterilisation operation would not be routinely funded by the CCG, **AND**
- b) He is certain that his family is complete, **AND**
- c) He has sound mental capacity for making the decision as emotional instability or equivocal feelings about permanent sterilisation are contraindications to vasectomy, **AND**
- d) He has received counselling about the availability of alternative, long-term and highly effective contraceptive methods and these are either contra-indicated or unacceptable to the patient, **AND**
- e) He understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections, **AND**

f) The procedure will be carried out in a primary or community care setting under a local anaesthetic (Faculty of Sexual and Reproductive Healthcare, 2014).

Exclusion criteria:

- Anybody under the age of 18
- Cryptorchidism
- Lack of capacity to give informed consent
- A history of an allergy to local anaesthetic
- Service User refusal of local anaesthesia
- Those deemed unsuitable for local anaesthetic

Surgery should be delayed if the following conditions are present:

- Scrotal skin infection
- Active sexually transmitted disease
- Balanitis
- Epididymitis
- Orchitis

Surgery should be undertaken with caution if the following are present:

- Previous scrotal surgery
- Hydrocele
- Large spermatocele
- Inguinal hernia
- BMI>35
- Drug or alcohol misuse
- Extreme Scrotal Hypersensitivity
- Small tight scrotum/brisk cremasteric reflex
- Anticoagulant/Anti-Platelet therapy: Bleeding risk vs. thrombosis risk of the procedure should be considered on a case by case basis.

Reversal of sterilisation:

The reversal of male sterilisation is not routinely funded.

This policy will be reviewed in the light of new evidence, introduction of new contraceptive methods into the market, or new national guidance, e.g. from NICE.