

Female Sterilisation & Reversal

Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk /](http://www.remedy.bnssg.icb.nhs.uk/)) or consider use of advice and guidance services where available.

Section A – Criteria to Access Treatment for Female Sterilisation.

Funding approval for surgical treatment will only be funded by the ICB as a standalone procedure or during a caesarean section in women who meet **all of the following criteria**:

1. The patient understands that the sterilisation procedure is irreversible and the reversal of sterilisation operation would not be routinely funded by the ICB,

AND

2. She is certain that her family is complete,

AND

3. a) She understands that vasectomy in the partner is the preferred option but the male partner is unwilling or unable to consent to vasectomy,

OR

- b) the female does not have a single permanent partner,

AND

4. She has received counselling about all other forms of contraceptives and

- a) has undergone an unsuccessful trial of Long-Acting Reversible Contraception (LARC)

OR

- b) LARC is contra-indicated or inappropriate,

AND

5. She understands that she will be required to avoid sex or use effective contraception until the menstrual period following the operation and that sterilisation does not prevent against the risk of sexually transmitted infections.

Female sterilisation will be routinely funded in women who have a medical condition making pregnancy dangerous where LARC is contra-indicated or inappropriate.

Cont'd below
Section A Cont'd

Sterilisation of Patients with Gender Dysphoria

Sterilisation of patients on the Gender Dysphoria pathway as part of their transition and genital reconstruction is solely commissioned by NHS England and the ICB cannot consider requests to fund sterilisation for patients on this pathway.

Please note: Patients who have undergone female sterilisation will not normally qualify for ICB funded fertility treatment in the future should they change their mind and wish to have a child, even if the procedure has been successfully reversed.

Section B - Reversal of Female Sterilisation

Requests for reversal of female sterilisation will be approved where the following criteria are met:

1. A patient wishes to restore fertility following the death of an only living child,

AND

2. There are no other concerns about the expected fertility of the patient.

Patients who believe that they were not properly counselled as to the permanent nature of sterilisation prior to their treatment, and do not meet the criteria above, should raise their concerns with the providing institution. Reversals of vasectomy or sterilisation will not be routinely funded in such cases.

BRAN

For any health - related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Sterilisation is more than 99% effective at preventing pregnancy. The procedure will not affect your hormone levels or your sex drive. Blocking or removal of the tubes should be effective immediately however you should use alternative contraception until your next period.

Risks

As with any surgery there is a small risk of complications such as internal bleeding or infection. There is also a small risk that the operation will not work. If the operation fails this may increase the risk of ectopic pregnancy

Alternatives

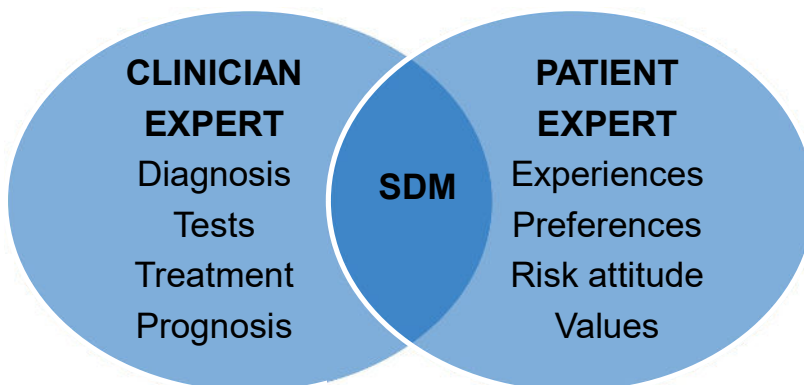
Alternatives to female sterilisation are long acting reversible contraception (LARC) such as an implant, device or injections, combined pill, mini pill, diaphragm or cap, contraceptive patch or the use of condoms

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Shared Decision Making

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. This includes their preferences and values. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use ‘Ask 3 Questions’:

1. What are my options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

Female Sterilisation – Plain Language Summary

Sterilisation is a procedure that permanently removes an individual's fertility. Sterilisation can be carried out on a male (vasectomy) or female (normally by tubal occlusion) (NHS Choices).

This policy is intended to ensure sterilisation is only carried out after appropriate discussion of alternatives. Sterilisation should only be considered after full counselling on complications, failure rates and all alternative contraceptive methods.

Patients must be well informed about the permanent nature of the procedure and that reversals will not be routinely funded on the NHS. Patients must be advised that Long Acting Reversible Contraception [LARC] or Vasectomy are the routinely commissioned treatment for patients seeking contraception advice.

Vasectomy has a low failure rate, is a less invasive procedure and has fewer complications compared to procedures for female sterilisation.

Clinicians should ensure sterilisation is discussed with both partners whenever possible. This is a best practice recommendation but legally only the patient's consent is required.

This policy has been developed with the aid of the following references:

1. National Health Service (2019) Health A to Z: Contraception: Your contraception guide www.nhs.uk/conditions.

Connected Policies

Vasectomy: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Intrauterine coil insertion in secondary care: Treatment will not be offered under this policy. Clinician's should refer to the intervention specific policy.

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the CCGs are responsible, including policy development and review.

Document Control

Title of document:	Female Sterilisation Policy
Authors job title(s):	Policy Development Support Officer
Document version:	2122.04.01
Supersedes:	1819.2.00
Discussed at Commissioning Policy Review Group (CPRG):	Jan 2022
Approval Route (see <u>Governance</u>):	Level 2
Approval Date	March 2023
Date of Adoption:	1 st August 2023
Publication/issue date:	1 st August 2023
Review due date:	Earliest of either NICE publication or three years from approval.

Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board



OPCS Procedure codes

TBC

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.

