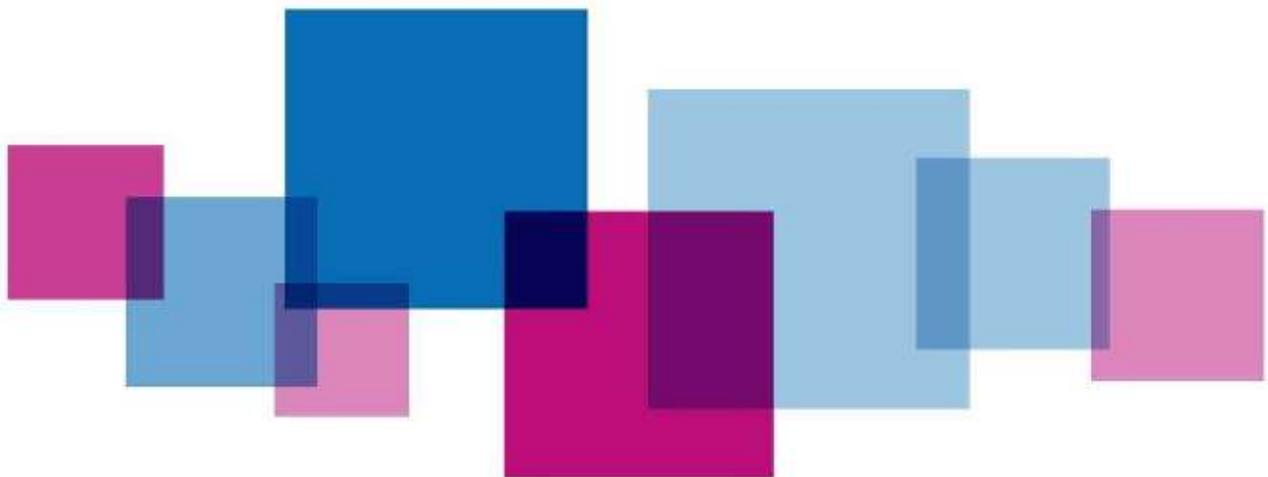


Commissioning Policy

Female Sterilisation

Prior Approval



Date Adopted: 6th February 2017

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| 1617.1.01 | 26/03/2018 | IFR Coordinator | Rebranded to BNSSG CCG |
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**TREATMENT UNDER THIS POLICY REQUIRES PRIOR APPROVAL FROM THE ICB'S
EXCEPTIONAL FUNDING TEAM**

THIS POLICY RELATES TO ALL PATIENTS

Female Sterilisation Policy

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by the patient's treating clinician prior to referring patients for surgical opinions. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy.
3. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
4. Patients with an elevated BMI of 30 or more may experience more post surgical complications including post surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
5. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)
6. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

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.

Effectiveness and Risks of Female Sterilisation (NHS Choices)

Female sterilisation is as effective as other methods of female contraception with a success rate of around 99% - One in 200 female patients who have undergone sterilisation will become pregnant.

However, Vasectomy is around ten times more successful with only one in 2000 patients becoming fertile again after their procedure.

In addition, the risks in carrying out a female sterilisation are significantly greater than that of Vasectomy:

- Female sterilisation is usually carried out under general anaesthetic and all such procedures carry risks including a small risk of death
- with tubal occlusion, there is a very small risk of complications, including internal bleeding and infection or damage to other organs
- With hysteroscopic sterilisation, there is a small risk of pregnancy even after your tubes have been blocked. Research collected by NICE has shown that possible complications after fallopian implants can include:
 - pain after the operation – in one study, nearly eight out of 10 women reported pain afterwards and a 2015 US study found that around 1 in 50 women who had a hysteroscopic sterilisation required further surgery due to complications such as

- persistent pain
- the implants being inserted incorrectly – this affected two out of 100 women
- bleeding after the operation – many women had light bleeding after the operation, and nearly a third had bleeding for three days
- there is an increased risk that a pregnancy in the event of failure of the procedure will mean that the patient suffers an ectopic pregnancy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

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.

POLICY CRITERIA – COMMISSIONED

PRIOR APPROVAL REQUIRED

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.

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

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.

Connected Policies

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

Reversal of vasectomy or female sterilisation (tubal ligation): 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.

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

- Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings
- NHS Choices. (n.d.). *Female sterilisation*. Retrieved 09 16, 2016, from Female sterilisation NHS Choices: <http://www.nhs.uk/Conditions/contraception-guide/Pages/female-sterilisation.aspx>
- NHS Choices. (n.d.). *Female sterilisation*. Retrieved October 13, 2016, from NHS Choices - Female sterilisation : <http://www.nhs.uk/Conditions/contraception-guide/Pages/female-sterilisation.aspx>
- NHS Choices. (n.d.). *Vasectomy (male sterilisation)*. Retrieved 09 19, 2016, from Vasectomy NHS Choices : <http://www.nhs.uk/Conditions/contraception-guide/Pages/vasectomy-male-sterilisation.aspx>
- Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, , vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes – For completion at a later date

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