

## Vasectomy and Reversal

### Criteria Based Access/Exceptional Funding Request

Before consideration of referral, 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 - Vasectomy in a Primary or Community Care Setting – Criteria Based Access**

Vasectomy is commissioned in a primary or community care setting for patients meeting the criteria set out below. Vasectomy should only be carried out in men who meet all the following criteria:

1. The patient understands that the sterilisation procedure is permanent and irreversible and the reversal of sterilisation operation would not be routinely funded by the ICB.  
**AND**
2. They are certain that their family is complete.  
**AND**
3. They have 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**
4. They understand that sterilisation does not prevent or reduce the risk of sexually transmitted infections.  
**AND**
5. They understand the procedure will be carried out in a primary or community care setting under a local anaesthetic.

### **Section B - Vasectomy in a Primary or Community Care Setting – Criteria Based Access**

Vasectomy in a secondary care setting, including those carried out under a general anaesthetic, is not routinely commissioned.

Patients who require a vasectomy in secondary care may include the following:

1. Individuals with anatomic abnormalities, such as the inability to palpate and mobilize both vas deferens or large hydroceles or varicoceles
2. Individuals with past trauma and scarring of the scrotum
3. Individuals with Acute local scrotal skin infections
4. Electro-surgery is contraindicated in certain types of pacemakers

### **Reversal of Vasectomy**

Requests for reversal of vasectomy 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 vasectomy 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
- **D**o **N**othing

### **Benefits**

Vasectomy is more than 99% effective. It does not affect an individual's ability to have sex or their sex drive.

## Risks

As with any surgery there is a small risk of infection. There may also be some swelling or bruising to the scrotum that can be painful. Longer term complications can include ongoing pain in the testicles or hard lumps called sperm granulomas which is caused by the sperm leaking from the tubes.

## Alternatives

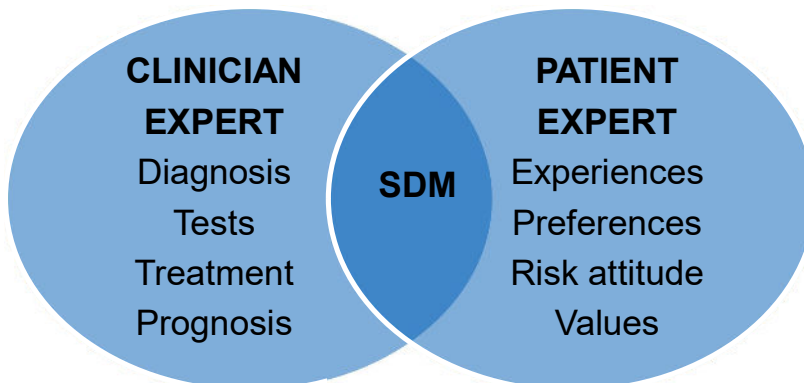
Alternatives to vasectomy is the use of other contraception such as condoms.

## 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**?

## Vasectomy– Plain Language Summary

A vasectomy works by stopping sperm getting into the semen, the fluid that they ejaculate. The tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed with heat. This means that when a man ejaculates, the semen has no sperm in it and a woman's egg cannot be fertilised.

### 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](http://www.nhs.uk/conditions).

### Connected Policies

**Female Sterilisation:** Treatment will not be offered under this policy. Clinicians should refer to the intervention specific policy.

**Reversal of vasectomy or female sterilisation (tubal ligation):** Treatment will not be offered

### 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 ICB is responsible, including policy development and review.

## Document Control

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## 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.

<b>Policy Category</b>	<b>Approval By</b>
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

Must have any of (primary only): N171

## Support



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

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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](mailto:BNSSG.customerservice@nhs.net).

