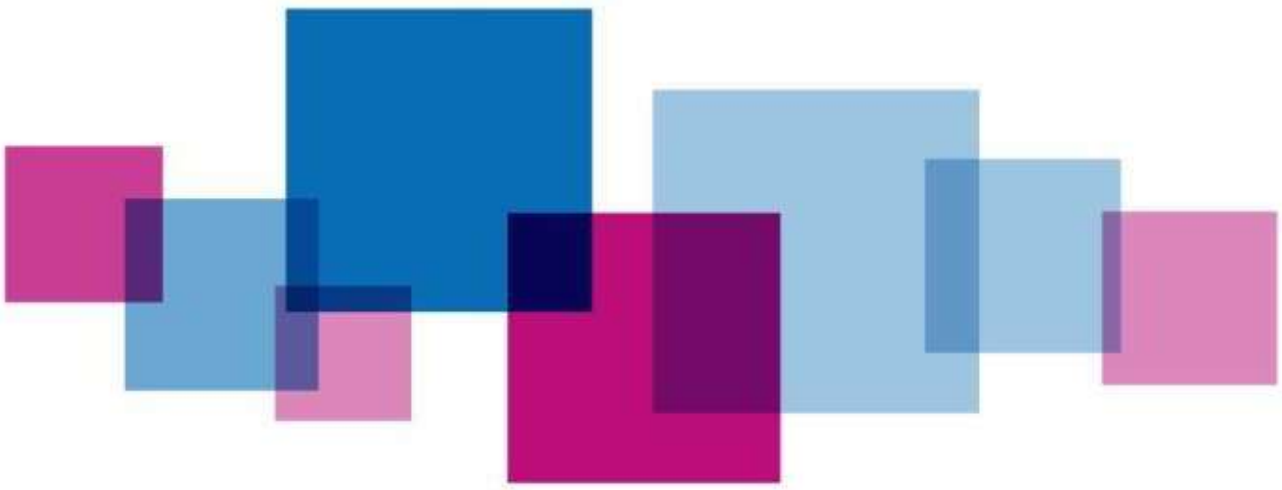
NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Commissioning Policy

Vasectomy

Criteria Based Access



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Shaping better health

Document Control

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Version Control

Version	Date	Reviewer	Comment
1617.1.01	27/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14th February 2019 by Commissioning Executive.

THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW

THIS POLICY RELATES TO ALL PATIENTS

Vasectomy Policy

General Principles

Treatment should 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 may be sought from the ICB Exceptional Funding Request Panel.

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria 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. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care 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 patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. 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).
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)
7. 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 / Purpose and Scope

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

Sterilisation should only be conducted after full counselling on complications, failure rates and all alternative contraceptive methods. Patients should be well informed about the permanent nature of the procedure and that reversals will not be routinely funded on the NHS. 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.

POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

Vasectomy in a Primary or Community Care Setting

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 of 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) He is certain that his family is complete,

AND

3) He has sound mental capacity for making the decision as emotional instability or equivocal feelings about permanent sterilization are contraindications to vasectomy (M David Stockton & Chief Editor: Edward David Kim),

AND

4) 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

5) He understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections,

AND

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

Policy - Criteria to Access Treatment – INDIVIDUAL FUNDING REQUEST APPROVAL REQUIRED

Vasectomy in Secondary Care Setting

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:

- Anatomic abnormalities, such as the inability to palpate and mobilize both vas deferens or large hydroceles or varicoceles
- Past trauma and scarring of the scrotum
- Acute local scrotal skin infections
- Electro-surgery in contraindicated in certain types of pacemakers

Individual Funding Request Panel approval will need to be sought by clinicians seeking to undertake a Vasectomy in a secondary care setting out why the patient's procedure cannot be undertaken in a primary or community care setting and clearly stating the grounds for exceptionality.

Anxiety or fear of the procedure is unlikely to be considered by the Individual Funding Request Panel as exceptional given there are alternative methods of effective contraception.

Please Note: Patients should be advised that after a Vasectomy procedure they will need to use effective contraception until Azoospermia has been confirmed by two consecutive semen samples with no spermatozoa seen. This usually takes 12 weeks after the operation.

Patients who have undergone a Vasectomy 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.

Sterilisation of Patents 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.

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 .**

Connected Policies

Female Sterilisation: 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.

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

Faculty of Sexual and Reproductive Healthcare. (2014). *FSRH Clinical Guidance: Male and Female Sterilisation Summary of Recommendations.* Retrieved from FSRH.org: http://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-sterilisation-summary-sep-2014/

M David Stockton, M. M., & Chief Editor: Edward David Kim, M. F. (n.d.). *No Scalpel Vasectomy*. Retrieved October 13, 2016, from Medscape: http://emedicine.medscape.com/article/148512-overview#a3

NHS Choices. (2014, September 18). *NHS Choices*. Retrieved from Carpal tunnel syndrome : http://www.nhs.uk/conditions/carpal-tunnel-syndrome/Pages/Whatisit.aspx

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.). *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
