Bracknell and Ascot Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group

Excluded: Procedure not routinely funded

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC4 **Vasectomy – male sterilisation**

Recommendation made by the Priorities Committee: January 2014, updated September 2017

Date of issue: **November 2017**

Vasectomy, or male sterilisation, is an effective and permanent form of contraception that involves a minor operation (usually carried out under local anaesthetic) to cut, seal or block the tubes that carry sperm from a man's testicles to the penis.

The Thames Valley Priorities Committee has considered the evidence and consent issues associated with the provision of vasectomy services and recommends that vasectomy is provided for men who meet the following referral criteria:

1. The individual must be appropriately counselled to ensure he is certain that his family is complete or that he does not want children in the future, and he is aware that the procedure is permanent but has a failure rate of one in 2000*. The man must also be given information on the success rate for vasectomy reversal and informed that **reversal is not normally funded by the NHS locally.**

2. The individual should be provided with information regarding all other contraceptive options, including Long Acting Reversible Contraceptives (LARCs) for the female partner. This should include information on the advantages, disadvantages and relative failure rates of each contraceptive method.

3. Both vasectomy and female sterilisation (tubal occlusion) should be discussed with all men and women requesting sterilisation, and both partners informed that vasectomy carries a lower failure rate in terms of post-procedure pregnancies and that there is less risk associated with vasectomy.

4. With regard to vasectomy, where possible the man’s female partner should be involved in discussions and counselling.

5. Additional care must be taken when counselling individuals under 30 years of age, and people without children, who request sterilisation. Caution must also be exercised when sterilisation is requested during pregnancy or immediately after childbirth. Evidence suggests that there is a higher risk of regret in these circumstances.

6. If there is any question of a person not having the mental capacity to consent to a procedure that will permanently remove their fertility, the case should be referred to the courts for judgment.

7. All vasectomy procedures should take place in community settings, unless there is an identified health need necessitating secondary care referral.

It should be noted that vasectomy is usually undertaken under a local anaesthetic, vasectomy under a general anaesthetic is not normally funded.

This policy should be considered in conjunction with TVPC 68 Female Sterilisation and TVPC 69 Reversal of Female Sterilisation and Vasectomy.

*Failure rate: Men should be informed that vasectomy has an associated failure rate and that pregnancies can occur several years after vasectomy. The rate should be quoted as approximately one in 2000 after clearance has been given.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/