

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC4 Vasectomy – Male Sterilisation
Date of BOB ICB Adoption	February 2024

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.

Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB 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. Female sterilisation is not normally funded by the NHS locally.
- 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 BOBFPC68 Female Sterilisation and BOBFPC69 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.

OPCS code

N17 - Excision of vas deferens

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB 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 was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Recommendation made by TVPC	January 2014 Updated September 2017
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