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| <b>Pathway:</b>  | Vasectomy under General Anaesthetic (GA) |
| <b>Referral Criteria/Commissioning position:</b>   |  |
| <p><i>Vasectomies are routinely commissioned under local anaesthetic. GA procedures are only considered where:</i></p> <ul style="list-style-type: none"> <li>• there are exceptional clinical circumstances when the requests for funding are submitted by the clinician to the Individual Funding Request (IFR) panel</li> </ul>   |  |
| <b>Information to include in referral letter:</b>  |  |
| <p><i>The GP referral should contain:</i></p> <ul style="list-style-type: none"> <li>• Current contraception</li> <li>• Age of youngest child</li> <li>• Confirmation the patient &amp; their partner aware of the procedure and impact</li> <li>• Any relevant medical history</li> <li>• Current regular medication</li> <li>• BMI</li> <li>• Smoking status</li> <li>• Alcohol consumption</li> </ul> <p><i>If required – through the IFR panel</i></p> <ul style="list-style-type: none"> <li>• Reason for GA request</li> </ul> <p><b>Investigations prior to referral</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>   |  |
| <b>References &amp; Additional information:</b>  |  |
| <p>Most vasectomies are carried out under local anaesthetic. This means only the scrotum and testicles will be numbed.</p> <p>The RCOG Guidelines recommend general anaesthetic will usually be used if there is a history of allergy to local anaesthetic and/or surgery has been carried out before on the scrotum or genital area. In this case, a request should be made to the IFR panel.</p> <p>The RCOG Guidelines also recommend a ‘no-scalpel’ approach as there are lower levels of complications such as bleeding, pain and infection, the use of fascial interposition or diathermy, clips are not used due to high failure rates; local anaesthetic is used wherever possible, effective contraception be used before the operation and until follow-up tests show the vasectomy has been successful and that practitioners must be trained to the level of the FSRHC requirement.</p> <p>References:</p> <ul style="list-style-type: none"> <li>• World Health Organisation. Medical Eligibility Criteria for Contraception Use. Geneva: WHO; 3<sup>rd</sup> edition 2004. (Section on Surgical sterilisation procedures pp13-15) <a href="http://whqlibdoc.who.int/publications/2004/9241562668.pdf">http://whqlibdoc.who.int/publications/2004/9241562668.pdf</a></li> <li>• NICE Clinical Knowledge Summaries. Contraception-management. Male sterilisation <a href="http://cks.nice.org.uk/contraception-sterilization">http://cks.nice.org.uk/contraception-sterilization</a></li> <li>• Cook LA, Pun A, van Vliet H, Gallo MF, Lopez LM. Scalpel versus no-scalpel incision for vasectomy. Cochrane Database Syst Rev. 2007 Apr 18;(2):CD004112</li> </ul> |  |

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004112.pub3/pdf>

- Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Syllabus and Logbook for the Certificate in Local Anaesthetic Vasectomy. London: RCOG. Press; 2010. <http://www.fsrh.org/pdfs/VasectomyLogbook.pdf>
- FPA Factsheet on male and female sterilisation. <http://www.fpa.org.uk/sites/default/files/male-and-female-sterilisation-your-guide.pdf>

**CCG GP sign off:**

SRCCG Business Committee (Delegated to Dr Greg Black)

**Review date:**

December 2016