

General Commissioning Policy

Treatment	Vasectomy
For the treatment of	Sterilisation of men
Background	From April 2013, NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. NHS Vale of York CCG is responsible for commissioning activity in secondary care, and this policy sets out the referral criteria vasectomy. This commissioning policy is needed in order to clarify the treatment pathway for vasectomy.
Commissioning position	<p>The CCG commissions vasectomy services under local anaesthetic in primary care or through Marie Stopes. NHS Vale of York CCG does not routinely commission Vasectomy under general anaesthetic.</p> <p>Funding for vasectomy under general anaesthetic will only be considered where there are exceptional clinical circumstances, when the patient's clinician needs to submit an application to the CCG's Individual Funding Request Panel (IFR).</p> <p>Provision is available at:</p> <ul style="list-style-type: none"> • Haxby Group Practice, White Rose Avenue, New Earswick, York YO32 4EG Fax: 01904 767955 Refer to: Dr M Holmes or Dr M Pickard • Derwent Practice, Norton Road, Norton, Malton YO17 9RF Fax: 01653 698014 Refer to: Dr A Harper
Effective from	March 2015
Summary of evidence / rationale	<p>The purpose of vasectomy is to provide permanent birth control. A vasectomy is a male surgical procedure to cut or tie the vas deferens as a reliable method of contraception, usually done under local anaesthetic. The vas deferens is a tube that carries sperm from the testicles.</p> <p>NHS Vale of York CCG advocates the recommendations that men who request a vasectomy are fully assessed and counselled before the procedure is given; including taking the medical history of both partners to ascertain if the procedure is indeed the most appropriate intervention (ref 1).</p> <p>Most vasectomies are carried out under local anaesthetic. This</p>

	<p>means only the scrotum and testicles will be numbed.</p> <p>The RCOG Guidelines (ref 3) 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 as detailed above.</p> <p>The RCOG Guidelines also recommend a 'no-scalpel' approach as there are lower levels of complications such as bleeding, pain and infection, (ref 2) the use of fascial interposition or diathermy, clips are not used due to high failure rates, local anaesthesia is used wherever possible, effective contraception be used before the operation and until follow-up tests show that the vasectomy has been successful and that practitioners must be trained to the level of the FSRHC requirement.</p>
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References:

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2. NICE Clinical Knowledge Summaries. Contraception -management. Male sterilization
<http://cks.nice.org.uk/contraception-sterilization>
3. 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
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004112.pub3/pdf>
4. Royal College of Obstetricians & Gynaecologists (RCOG). Male and female sterilisation. Evidence-based Clinical Guideline No 4. London: RCOG Press; 2004.
5. 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>

6. FPA Factsheet on male and female sterilisation.

<http://www.fpa.org.uk/sites/default/files/male-and-female-sterilisation-your-guide.pdf>