

Vasectomy Commissioning Policy

Intervention	Vasectomy under Local (LA) or General (GA) anaesthetic
For the treatment of:	Male Fertility
Exclusions to policy	Not applicable
Background	Vasectomy is a surgical procedure for male sterilisation or permanent contraception. During the procedure, the male vas deferens are severed and then tied or sealed in a manner so as to prevent sperm from entering into the seminal stream (ejaculate) and thereby prevent fertilisation.
Commissioning position	<p>Vasectomy under Local Anaesthetic (LA) NHS Scarborough & Ryedale and Vale of York CCGs routinely commission vasectomies carried out under LA in non-secondary care settings.</p> <p>Vasectomy under General Anaesthetic (GA) NHS Scarborough & Ryedale and Vale of York CCGs do commission vasectomies under General Anaesthetic in secondary care only in the following circumstances:</p> <ul style="list-style-type: none"> • Previous documented adverse reaction to LA • Scarring or deformity from previous scrotal surgery or trauma that makes vasectomy under LA difficult to achieve • History of coagulation disorder, inguinal scrotal hernia or cryptorchidism • Large varicocele or hydrocele • Where patients have previously had vasectomy on the NHS, have subsequently had a reversal of vasectomy (privately or on the NHS) and again wish to undergo vasectomy <p>Fear of the procedure, or patient choice are not adequate reasons for requesting vasectomy under GA, unless supporting mitigating factors are submitted to the IFR panel by the requesting clinician.</p> <p>Patients who do not meet the criteria outlined above, can be considered on an individual basis where their GP or Consultant believes there is an exceptional clinical need that justifies deviation from this policy. In those instances an application should be made to the IFR panel</p>
Summary of evidence / rationale	<p>It is recommended 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.</p> <p>Men should be counselled about the permanency of the procedure and variable success rates for reversal. Additional counselling is recommended for men under 30 years¹. Advice should also be provided to men about the possibility of chronic testicular or scrotal pain after vasectomy.</p> <p>Most vasectomies are carried out under local anaesthetic. This means only the scrotum and testicles will be numbed and the patient will be awake for the procedure. The procedure should not be painful but may feel slightly uncomfortable. Most men will only need a local anaesthetic.</p> <p>The RCOG guidelines⁴ recommend a general anaesthetic is used where:</p> <ul style="list-style-type: none"> • There is a history of allergy to local anaesthetic

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	<ul style="list-style-type: none"> • Surgery has been carried out before on the scrotum or genital area <p>The RCOG guidelines also recommend:</p> <ul style="list-style-type: none"> • A 'no-scalpel' approach, as there are lower levels of complications such as bleeding, pain and infection; • The use of fascial interposition or diathermy; • That clips are not used, due to high failure rates; • That 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; • Practitioners must be trained to the level of the FSRHC requirement⁵
OPCS codes	N17 Excision of vas deferens N171 Bilateral vasectomy N172 Ligation of vas deferens NEC N178 Other specified excision of vas deferens N179 Unspecified excision of vas deferens
Date effective from	August 2019
Review date	2021

References:

1. RCOG Faculty of Sexual & Reproduction Health Care. UK Medical Eligibility Criteria for Contraceptive Use. 2009. (section on male surgical sterilisation pp101-104)
2. NICE Clinical Knowledge Summaries. Contraception – management. Male sterilisation (last revised June 2012) <http://cks.nice.org.uk/contraception-sterilization>
3. Cook LA, et al. Scalpel versus no-scalpel incision for vasectomy. Cochrane database Syst Rev. 2007 Apr 18 (2); CD004112
https://www.cochrane.org/CD004112/FERTILREG_scalpel-or-no-scalpel-approach-vas
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 (FSRHC) of the Royal College of Obstetricians and Gynaecologists. Syllabus and Logbook for the Certificate in Local Anaesthetic Vasectomy. London; RCOG. Press; 2010
<https://www.aspc-uk.net/wp-content/uploads/2014/03/VasectomyLogbook.pdf>
6. FPA factsheet on male and female sterilisation (Nov 2012)
<http://www.fpa.org.uk/sites/default/files/male-and-female-sterilisation-your-guide.pdf>

Version	Created /actioned by	Nature of Amendment	Approved by	Date
1.0	Lead Clinicians and Senior Service Imp Manager	Re-drafting of STP and SR/VoY policies	n/a	Mar 19
2.0	Senior Service Improvement Manager	Share of new draft internally and circulation for consultation	Lead Clinicians – VoY and SR CCGs	Mar 19
2.1 – 2.5	Senior Service Improvement Manager	Update of statement following comments from consultation	Lead Clinicians – VoY and SR CCGs	
3.0	Senior Service Improvement Manager	Approval by CCG Committees	SRCCG Business Committee VoYCCG Executive Committee	July 19 July 19