

Female Sterilisation and Reversal Prior Approval Required/ Exceptional Funding Required

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Section A

Criteria to access treatment

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

- The patient understands that the sterilisation procedure is treated as permanent and irreversible and the reversal of sterilisation operation would not be routinely funded by the ICB.
AND
- They are certain that their family is complete.
AND
- They understand that vasectomy in the male partner is the preferred option, as it is a lower risk procedure and has significantly lower failure rate.
OR
the female does not have a single permanent partner.
AND
- They have received counselling about all other forms of contraceptives and and/or:
 - a) has undergone an unsuccessful trial of Long Acting Reversible Contraception (LARC)
OR
 - b) LARC is contra-indicated or inappropriate.**AND**
- They understand that they will be required to avoid sex or use effective contraception until the menstrual period following the operation and that sterilisation does not prevent against the risk of sexually transmitted infections.

Female sterilisation will be routinely funded in patients who have a medical condition making pregnancy dangerous where LARC is contra-indicated or inappropriate.

Section B

Sterilisation of Patients with Gender Dysphoria

Sterilisation of patients on the Gender Dysphoria pathway as part of their transition and genital reconstruction is solely commissioned by NHS England and the ICB cannot consider requests to fund sterilisation for patients on this pathway.

Please note: Patients who have undergone female sterilisation will not normally qualify for ICB funded fertility treatment in the future should they change their mind and wish to have a child, even if the procedure has been successfully reversed.

Section C

Reversal of Female Sterilisation

Requests for reversal of female sterilisation will be approved where the following criteria are met:

- A patient wishes to restore fertility following the death of an only living child.
AND
- There are no other concerns about the expected fertility of the patient.

Patients who believe that they were not properly counselled as to the permanent nature of sterilisation prior to their treatment, and do not meet the criteria above, should raise their concerns with the providing institution. Reversals of vasectomy or sterilisation will not be routinely funded in such cases.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- Benefits
- Risks
- Alternatives
- Do Nothing

Benefits

Sterilisation is more than 99% effective at preventing pregnancy. The procedure will not affect your hormone levels or your sex drive. Blocking or removal of the tubes should be effective immediately however you should use alternative contraception until your next period.

Risks

As with any surgery there is a small risk of complications such as internal bleeding or infection. There is also a small risk that the operation will not work. If the operation fails this may increase the risk of ectopic pregnancy

Alternatives

Alternatives to female sterilisation are long acting reversible contraception (LARC) such as an implant, device or injections, combined pill, mini pill, diaphragm or cap, contraceptive patch or the use of condoms

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

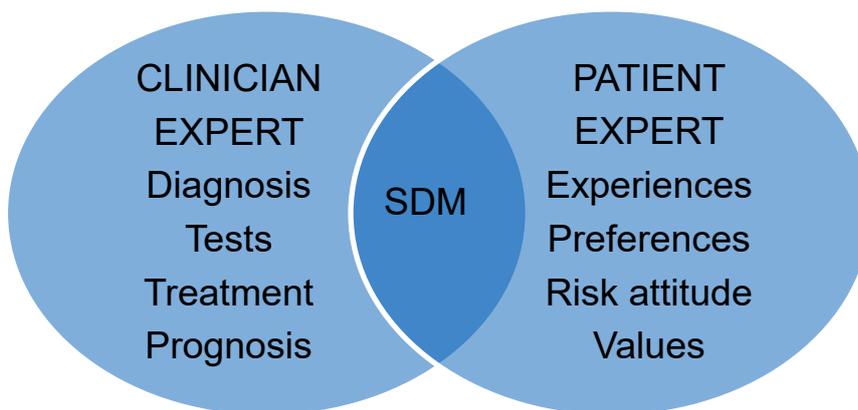
Female Sterilisation- Plain Language Summary

Sterilisation is a procedure that permanently removes an individual's fertility. Sterilisation can be carried out on a male (vasectomy) or female (normally by tubal occlusion) (NHS Choices). This policy is intended to ensure sterilisation is only carried out after appropriate discussion of alternatives. Sterilisation should only be considered after full counselling on complications, failure rates and all alternative contraceptive methods. Patients must be well informed about the permanent nature of the procedure and that reversals will not be routinely funded on the NHS. Patients must be advised that Long Acting Reversible Contraception [LARC] or Vasectomy are the routinely commissioned treatment for patients seeking contraception advice. Vasectomy has a low failure rate, is a less invasive procedure and has fewer complications compared to procedures for female sterilisation. Clinicians should ensure sterilisation is discussed with both partners whenever possible. This is a best practice recommendation but legally only the patient's consent is required.

Shared Decision Making

If a person fulfils the criteria for Female sterilisation it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

- What are my options? (see sections above)
- What are the pros and cons of each option for *me*?
- How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2019) Health A to Z: Contraception: Your contraception guide www.nhs.uk/conditions.

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only): Q35% or Q36%

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: 0117 900 2655 or 0800 073 0907 or email them on BNSSG.customerservice@nhs.net.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

| Policy Category | Approval By |
|-----------------|--|
| Level 1 | Commissioning Policy Review Group. |
| Level 2 | Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair |
| Level 3 | ICB Board |