

Vasectomy and Reversal Criteria Based Access/ Exceptional Funding Request

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

Vasectomy in a Primary or Community Care Setting

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 have received counselling about the availability of alternative, long-term and highly effective contraceptive methods and these are either contra-indicated or unacceptable to the patient.

AND

- They understand that sterilisation does not prevent or reduce the risk of sexually transmitted infections.

AND

- They understand the procedure will be carried out in a primary or community care setting under a local anaesthetic.

Section B – Vasectomy in Secondary Care setting.

Vasectomy in a secondary care setting, including those carried out under a general anaesthetic, is not routinely commissioned. Patients who require a vasectomy in secondary care may include the following:

- Individuals with anatomic abnormalities, such as the inability to palpate and mobilize both vas deferens or large hydroceles or varicoceles
- Individuals with past trauma and scarring of the scrotum
- Individuals with Acute local scrotal skin infections
- Electro-surgery is contraindicated in certain types of pacemakers

Section C

Reversal of Vasectomy.

Requests for reversal of vasectomy 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 vasectomy 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

Vasectomy is more than 99% effective. It does not affect an individual's ability to have sex or their sex drive.

Risks

As with any surgery there is a small risk of infection. There may also be some swelling or

bruising to the scrotum that can be painful. Longer term complications can include ongoing pain in the testicles or hard lumps called sperm granulomas which is caused by the sperm leaking from the tubes.

Alternatives

Alternatives to vasectomy is the use of other contraception such as 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.

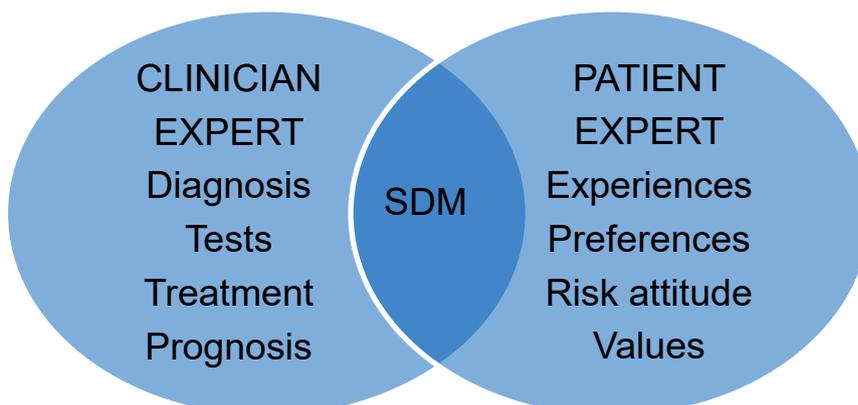
Vasectomy– Plain Language Summary

A vasectomy works by stopping sperm getting into the semen, the fluid that they ejaculate. The tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed with heat. This means that when a man ejaculates, the semen has no sperm in it and a woman's egg cannot be fertilised.

Shared Decision Making

If a person fulfils the criteria for Vasectomy 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): N171

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

Document Title	Vasectomy and Reversal
Author(s) job title(s):	Commissioning Policy Team
Document version:	2526.03.00
Supersedes:	2122.04.01
Discussed at Commissioning Policy Review Group (CPRG):	18.11.2025
Approval Route (see <u>Governance</u>):	Level – 1
Approval Date	18.11.2025
Date of Adoption:	01.04.2026
Publication/issue date:	01.04.2026
Review due date:	Earliest of either NICE publication or three years from approval.

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