

REVERSAL OF STERILISATION / VASECTOMY EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	2223.v3b
Recommendation by:	Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	30 June 2021
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	July 2021
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>NHS Somerset ICB:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	Generic EBI Application

**REVERSAL OF STERILISATION / VASECTOMY
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

Section	CONTENT	Page
	Version Control	1
1	General Principles	2
2	Policy Criteria	2 - 3
3	Evidence Based Interventions Application Process	3 - 4
4	Access To Policy	4
5	References	4

VERSION CONTROL

Document Status:	Current policy
Version:	2223.v3b

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1.1	July 2017	Change from CSU template to CCG template & include additional background data
1516.v1.1a	September 2018	3 year review no amendments, change policy layout
1819.v2	June 2021	3 year policy review (inc rebranding from IFR to EBI), no clinical amendments
2122.v3	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3a	March 2023	Wording change on 3.6

Equality Impact Assessment EIA	N/A
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr A Murray
Document Reference:	2223.v3b

1 GENERAL PRINCIPLES (EBI)

- 1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.2 On limited occasions, we may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 1.3 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 1.4 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.5 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.6 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA NOT COMMISSIONED

- 2.1 Reversal of Sterilisation / Vasectomy Surgery is not routinely commissioned
- 2.2 Applications will be considered where there are exceptional circumstances:
 - A patient needs to restore fertility following the unexpected death of their only living child; **AND**

- There are no other concerns about the expected fertility of the patient or their partner
- 2.3 Patients who believe that they were not properly counselled as to the permanent nature of a vasectomy or sterilisation procedure prior to their treatment, and do not meet the criteria above, should raise their concerns with the providing institution
- Applications for reversals of vasectomy or sterilisation of this nature will not be considered by the ICB EBI Panel

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 3.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy
- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 3.6 EBI applications are reviewed and considered against clinical exceptionality
- For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB website and input into the 'Search this website' box clinical exceptionality. Click on the link to access the full NHS description of clinical exceptionality
- Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application
- 3.7 Where appropriate photographic supporting evidence can be forwarded with the application form

3.8 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

4 ACCESS TO POLICY

4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 Female Sterilisation Reversal. (n.d.). Complications of Female Sterilisation Reversal Surgery. Retrieved October 12th, 2015, from Female Sterilisation Reversal: <http://www.femalesterilizationreversal.co.uk/complications-of-female-sterilisation-reversal-surgery/> NHS Choices. (2015, January 5th)
- 5.2 NHS Choices. Retrieved October 12th, 2015, from Female Sterilisation: <http://www.nhs.uk/conditions/contraception-guide/pages/female-sterilisation.aspx>
- 5.3 NHS Choices. (2015, July 14th). NHS Choices. Retrieve October 12th, 2015, from Can I get a sterilisation reversal on the NHS?: <http://www.nhs.uk/conditions/contraception>
- 5.4 [NHS England - Wave 2 EBI document](#)