

VASECTOMY POLICY

CRITERIA BASED ACCESS (CBA) ONLY FOR A COMMUNITY/PRIMARY CARE SETTING (LOCAL TARIFF)

EVIDENCE BASED INTERVENTIONS (EBI) ONLY FOR A SECONDARY CARE SETTING

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Application Form	EBI Generic application form if appropriate to apply

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Section	CONTENTS	Page
	Version Control	1
1	General Principles	2
2	Policy Criteria – Primary Care/Community Setting	3
3	Policy Criteria – Secondary Care Setting	3 - 4
4	Evidence Based Interventions Application Process	4
5	Access To Policy	5
6	References	5

VERSION CONTROL

Document Status:	Current policy
Version:	2425.v1g

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1718.v1a	September 2020	Rebranding IFR to EBI
1718.v1b	December 2021	3-year review, updated template, no clinical amendments
2122.V1c	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v1d	March 2023	Wording change on 4.6
2223.v1e	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v1f	October 2024	3-year review, no clinical amendments and wording amendment to general principles and EBI pathway

Equality Impact Assessment (EIA)	N/A
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles.
- 1.2 Clinicians should assess their patients against the criteria within this policy and ensure that compliance to the policy criteria is met by the patient prior to a referral to treatment or surgery
- 1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment
- 1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.

In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria

- 1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken
- 1.6 This policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate
- 1.7 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)

- 1.8 Patients who are smokers should be referred to smoking cessation services to reduce the risk of surgery and improve healing
- 1.9 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionality'

2 POLICY CRITERIA (CBA)

Vasectomy in a Primary/Community Care Setting should only be carried out in patients who meet all the following criteria:

- 2.1 The patient understands the sterilisation procedure is permanent and irreversible, and the reversal of sterilisation operation would not be routinely funded by the ICB **AND**
- a) The patient is certain that their family is complete **AND**
 - b) The patient has sound mental capacity for making the decision as emotional instability or equivocal feelings about permanent sterilization are contraindications to vasectomy (M David Stockton & Chief Editor: Edward David Kim), **AND**
 - c) The patient has 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**
 - d) The patient understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections

Please Note: Patients should be advised that after a Vasectomy procedure they will need to use effective contraception until Azoospermia has been confirmed by two consecutive semen samples with no spermatozoa seen

- 2.2 Patients who have undergone a Vasectomy would not qualify for ICB NHS funded fertility treatment in the future should they change their mind and wish to have a child, even where a procedure has been successfully reversed

3 Vasectomy in Secondary Care Setting including those carried out under a general anaesthetic is not routinely commissioned by the ICB

Evidence Based Interventions Panel (EBI) funding authorisation will need to be sought by clinicians referring/seeking to undertake a Vasectomy in a secondary care setting

Setting out why the procedure cannot be undertaken in a primary/ community care setting and clearly stating the clinical grounds
please refer to process detailed in section 4 evidence-based interventions application process

Anxiety or fear of the procedure is unlikely to be considered by the Evidence Based Interventions Panel as exceptional given there are alternative methods of effective contraception

Patients who require a vasectomy in secondary care may include the following:

- a) Anatomic abnormalities, such as the inability to palpate and mobilize both vas deferens or large hydroceles or varicoceles
- b) Past trauma and scarring of the scrotum
- c) Acute local scrotal skin infections
- d) Electro-surgery is contraindicated in certain types of pacemakers

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

- 4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. applications CANNOT be considered from patients personally

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

- 4.5 Generic EBI Funding Applications are considered against '**clinical exceptional**ity'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptional

ity' please refer to the NHS Somerset ICB / EBI webpage Evidence Based Interventions - [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 4.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

5 ACCESS TO POLICY

5.1 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

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

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 [Scenario: Male sterilization \(vasectomy\) | Management | Contraception - sterilization | CKS | NICE](#)

6.2 Commissioning Policy NHS Bristol, North Somerset and South Gloucestershire ICB
[Vasectomy & Reversal - NHS BNSSG ICB](#)