



Intervention	037. Vasectomy
For the treatment of	Male sterilisation
Commissioning Position	<p>This intervention under local anaesthesia is commissioned and usually:</p> <ul style="list-style-type: none"> the technique used should be minimally invasive with cautery the procedure should be performed under local anaesthetic in a suitably equipped community setting <p>Simple transection and/or single tying of each vas is not commissioned.</p> <p>This intervention under general anaesthesia is commissioned if the following apply:</p> <ul style="list-style-type: none"> there is previous documented allergy or absolute medical contra-indication to Local Anaesthetic OR Examination findings indicate that surgery is likely to be technically difficult e.g. inability to palpate and mobilize both vas deferens; large hydroceles; varicoceles; scarring due to past trauma or surgery OR the risk of haemorrhage (bleeding) is high e.g. due to medication OR special monitoring is required e.g. electronic heart devices <p>This intervention under general anaesthesia is not commissioned solely because of patient preference, fear of the procedure or needle phobia.</p> <p>Vasectomy under local or general anaesthesia is not commissioned in the case of request for repeat sterilisation following a sterilisation reversal procedure.</p>
Summary of Rationale	<p>Simple transection and/or single tying of each vas leads to an increased risk of early complications and failure of sterilisation.</p> <p>Sterilisation is regarded as irreversible; therefore, reversal of sterilisation is not routinely funded, nor is repeat sterilisation.</p>
References	service-standards-for-vasectomy-april-2024-.pdf (fsrh.org)
Effective from	October 2024
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