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| Intervention   | **037. Vasectomy**  |
| For the treatment of   | Male sterilisation  |
| Commissioning Position   | This intervention **under local anaesthesia** is commissioned and usually: * the technique used should be minimally invasive with cautery
* the procedure should be performed under local anaesthetic in a suitably equipped community setting

 Simple transection and/or single tying of each vas is not commissioned.  This intervention **under general anaesthesia** is commissioned if the following apply: * 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

 This intervention **under general anaesthesia** is not commissioned solely because of patient preference, fear of the procedure or needle phobia.  Vasectomy **under local or general anaesthesia** is not commissioned in the case of request for repeat sterilisation following a sterilisation reversal procedure.  |
| Summary of Rationale   | Simple transection and/or single tying of each vas leads to an increased risk of early complications and failure of sterilisation.  Sterilisation is regarded as irreversible; therefore, reversal of sterilisation is not routinely funded, nor is repeat sterilisation.  |
| References  | [service-standards-for-vasectomy-april-2024-.pdf (fsrh.org)](https://www.fsrh.org/Common/Uploaded%20files/documents/service-standards-for-vasectomy-april-2024-.pdf)  |
| Effective from  | October 2024  |
| Policy Review Date   | October 2027  |