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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 (FSRH)](https://www.fsrh.org/Common/Uploaded%20files/documents/service-standards-for-vasectomy-april-2024-.pdf) |
| Effective from: | January 2025 |
| Policy Review Date | January 2028 |