|  |  |
| --- | --- |
| 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 |