CLINICAL POLICY ADVISORY GROUP (CPAG)

Vasectomy Policy

The intention of this policy is to ensure that the majority of vasectomies are carried out within a Primary Care Setting.

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that **vasectomy services in an acute in-patient setting** should not routinely be commissioned unless the criteria within this policy are met.

- Vasectomy services are routinely commissioned in primary care within a non-acute setting.

The ICB will only commission Vasectomy Services in an Acute In-Patient Setting when **AT LEAST ONE** of the following criteria is met:

- History of an allergy to local anaesthetic
- History of fainting easily
- Those deemed otherwise unsuitable for local anaesthetic
- Inguinal hernia, unless the vas can be easily isolated
- Anticoagulant Therapy
  - Patients whose anticoagulation cannot be safely stopped
- Coagulation disorders
- Anatomic abnormalities resulting in the inability to palpate and mobilise both vas deferens; large hydroceles or varicoceles (unless the vans can be easily isolated); inguinal scrotal hernia or cryptorchidism
- Past trauma and scarring of the scrotum resulting in the inability to palpate and mobilise the vas deferens
- Ongoing scrotal skin infections or dermatitis that is not responding to treatment.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

A vasectomy is a surgical procedure performed on males in which the vas deferens (tubes that carry sperm from the testicles to the seminal vesicles) are cut, tied, cauterized (burned or seared) or otherwise interrupted. The semen no longer contains sperm after the tubes are cut, so conception cannot occur. The testicles continue to produce sperm, but they die and are absorbed by the body.

Vasectomies can be performed under local and general anaesthetic, although local anaesthesia is preferred wherever possible. A vasectomy is more than 99% effective. Vasectomies are considered permanent but can sometimes be reversed. However, this reversal procedure is not always successful and is not routinely offered on the NHS.

2. Recommendation

- Vasectomy Services are routinely commissioned in primary care within a non-acute Setting.

The ICB will only commission Vasectomy Services in an Acute In-Patient Setting when **AT LEAST ONE** of the following criteria is met:

- History of an allergy to local anaesthetic
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3. Rationale for Recommendation

Vasectomy is the technique of interruption of the vas deferens with an intention to provide permanent contraception. Surgical vasectomy techniques are carried out under general anaesthetic in an acute in-patient setting. This traditional method involves making one or two incisions in the scrotal skin to expose the vas deferens. The vas deferens is then occluded and divided using various such as coagulation/cauterization, ligation with sutures or metal clips or insertion of intra-vas devices/plugs.

The Minimally Invasive Vasectomy (MIV) technique (sometimes referred to as No-Scalpel Vasectomy) is a newer technique for carrying out vasectomies. MIV can be carried out under local anaesthetic in a non-acute community setting. MIV technique, when compared to other techniques for exposing the vas deferens, is associated with:

- Fewer complications
- Reduced level of bleeding
- Lower risk of haematoma formation
- Lower level of post-operative pain
- Lower risk of wound infection
- Quicker procedure

4. Useful Resources

- NHS Website. Vasectomy (Male Sterilisation). https://www.nhs.uk/conditions/contraception/vasectomy-male-sterilisation/

5. References

- NICE Clinical Knowledge Summaries, Contraception – Sterilisation, May 2021. https://cks.nice.org.uk/contraception-sterilization
- Royal College of Obstetricians and Gynaecologists and Faculty of Family Planning and Reproductive Health Care Clinical Guideline: Male and Female Sterilisation Summary of Recommendations, September 2014, https://www.fsrh.org/documents/cec-ceu-guidance-sterilisation-summary-sep-2014/
- NICE. Shared Decision Making. https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making
- Anticoagulation - oral | Health topics A to Z | CKS | NICE

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Urologist, CRHFT	April 2022
Consultant Urologist, UHDBFT	April 2022
GP & Clinical Director	May 2022
Joint and Community Commissioning, DDICB	May 2022
Clinical Policy Advisory Group (CPAG)	June 2022
Population Health and Strategic Commissioning Committee (PHSCC)	July 2022
Vasectomy Policy Short Life Working Group	September 2022
Clinical Policy Advisory Group (CPAG)	October 2022

Appendix 2 - Document Update

Document Update	Date Updated
Version 2.0 Policy has been re-worded and reformatted to reflect the DDICB clinical policies format, with addition off background information, useful resources, references and consultation.	June 2022
Version 2.1 The following statement has been added to criteria for Anticoagulant therapy " In line with principles of shared decision making - patients with Deep Vein Thrombosis/Pulmonary Embolism to discuss the option to delay until anticoagulant course has been completed"	June 2022
Version 2.2 The following statement has been added to criteria for anticoagulant therapy ' Patients whose anticoagulation cannot be safely stopped'	September 2022

Appendix 3 - Non-Acute Settings Offering Vasectomy Services

Procurement Register.
https://www.derbyandderbyshireICB.nhs.uk/_resources/assets/attachment/full/0/9108.pdf