

## REVERSAL OF STERILISATION/ VASECTOMY INDIVIDUAL FUNDING REQUEST POLICY

Version:	1516.v1.1a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	23 September 2015
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Publication/issue date:	December 2015
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> <li>• Contracts Team</li> <li>• Providers</li> <li>• GP Practices SCCG</li> <li>• GP Bulletin</li> <li>• Web Site IFR Page</li> </ul> <p><b>Medical Directors:</b></p> <ul style="list-style-type: none"> <li>• Taunton &amp; Somerset NHS FT</li> <li>• Yeovil District Hospital NHS FT</li> <li>• Royal United Hospitals Bath NHS FT</li> <li>• United Hospitals Bristol NHS FT</li> <li>• Weston Area Health NHS Trust</li> <li>• Somerset Partnership NHS FT</li> </ul>
Application Form	Generic IFR application form

**REVERSAL OF STERILISATION/ VASECTOMY  
INDIVIDUAL FUNDING REQUEST POLICY**

**CONTENTS**

<b>Section</b>		<b>Page</b>
	VERSION CONTROL	i
	GENERAL PRINCIPLES	1
	BACKGROUND	
	POLICY	
	REVIEW	
	MONITORING, COMPLIANCE AND EVALUATION	
	ASSOCIATED DOCUMENTS	
<b>Appendices</b>		
APPENDIX 1	Use Title Case	

**REVERSAL OF STERILISATION/ VASECTOMY  
INDIVIDUAL FUNDING REQUEST POLICY****VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	1516.v1.1a

<b>DOCUMENT CHANGE HISTORY</b>		
<b>Version</b>	<b>Date</b>	<b>Comments</b>
1516.v1.1	July 2017	Change from CSU template to CCG template & include additional background data

<b>Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:</b>	
---	--

<b>Sponsoring Director:</b>	Sandra Corry
<b>Author(s):</b>	
<b>Document Reference:</b>	1516.v1.1a

***Clinical Commissioning Group*****REVERSAL OF STERILISATION VASECTOMY POLICY  
REVERSAL OF STERILISATION VASECTOMY  
IS NOT ROUTINELY FUNDED BY THE CCG****General Principles**

**Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.**

1. The CCG does not commission surgery for cosmetic purposes alone.
2. Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.
3. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
4. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
5. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
6. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.
7. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)
9. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

**Background**

## ***Clinical Commissioning Group***

**Reversal of Vasectomy** The initial vasectomy surgery is a minor operation; the tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed. It is possible to have a vasectomy reversed. However, the procedure is not always successful. You have a better chance if it is done soon after the vasectomy.

If a reversal is carried out within 10 years of your vasectomy, the success rate is about 55%. This falls to 25% if your reversal is carried out more than 10 years after your vasectomy. Even if a surgeon manages to join up the vas deferens tubes again, pregnancy may still not be possible. (NHS Choices, 2015)

### **Risks**

Most men feel sore and tender for a few days after the operation, and will usually experience some bruising and swelling on or around their scrotum. However, in some cases, a vasectomy and its attempted reversal can cause more serious problems such as haematoma, sperm granulomas, infection, long-term testicle pain and testicles feeling full. (NHS Choices, 2015)

**Reversal of Female Sterilisation** The initial sterilisation surgery involves blocking or sealing the fallopian tubes, which link the ovaries to the womb (uterus). This prevents the woman's eggs from reaching sperm and becoming fertilised. Eggs will still be released from the ovaries as normal, but they will be absorbed naturally into the woman's body.

Female sterilisation can be reversed, but it is a very difficult process that involves removing the blocked part of the fallopian tube and re-joining the ends. There is no guarantee that you will be fertile again (be able to get pregnant) after a sterilisation reversal.

The success rates of female sterilisation reversal vary widely and depend on factors such as age and the method that was used in the original operation. For example, if your tubes were clipped rather than tied, a successful reversal is more likely. (Female Sterilisation Reversal)

### **Risks**

There can be concerns with surgery and some people are more apprehensive than others about the prospect of having a general anaesthetic. Other risks surrounding the reversal of female sterilisation can include infection, bleeding, bruising, damage to other internal organs, blood clots and an unsuccessful reversal. In around <0.5% of cases, it may not be possible to reverse the sterilisation procedure in either of the tubes. This may be due to the damage caused by clips, or the amount of tubes removed during the original sterilisation. (NHS Choices, 2015)

**Policy – Criteria to Access Treatment - IFR**

Applications will not be considered unless there are exceptional circumstances as detailed below:

1. A patient needs to restore fertility following the unexpected death of an only living child

**AND**

2. There are no other concerns about the expected fertility of the patient or their partner

Patients who believe that they were not properly counselled as to the permanent nature of a vasectomy or sterilisation procedure prior to their treatment, and do not meet the criteria above, should raise their concerns with the providing institution.

3. Applications for reversals of vasectomy or sterilisation of this nature will not be considered by Somerset CCG IFRP

Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question.
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

**Clinical Commissioning Group**

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

**Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

**References**

This policy has been developed with the aid of the following references:

1. Female Sterilisation Reversal. (n.d.). Complications of Female Sterilisation Reversal Surgery. Retrieved October 12th, 2015, from Female Sterilisation Reversal: <http://www.femalesterilizationreversal.co.uk/complications-of-female-sterilisation-reversal-surgery/> NHS Choices. (2015, January 5th)
2. NHS Choices. Retrieved October 12th, 2015, from Female Sterilisation: <http://www.nhs.uk/conditions/contraception-guide/pages/female-sterilisation.aspx>
3. NHS Choices. (2015, July 14th). NHS Choices. Retrieved October 12th, 2015, from Can I get a sterilisation reversal on the NHS?: <http://www.nhs.uk/conditions/contraception>