

## Humber Coast and Vale

### Vasectomy under General Anaesthetic Commissioning Policy

<b>Treatment</b>	<b>Vasectomy under General Anaesthetic (GA)</b>
<b>OPCS Codes</b>	<p>N17      Excision of vas deferens  N171     Bilateral vasectomy  N172     Ligation of vas deferens NEC  N178     Other specified excision of vas deferens  N179     Unspecified excision of vas deferens</p>
<b>For the treatment of</b>	<b>Male fertility</b>
<b>Background</b>	This commissioning policy is needed because vasectomy under GA is not routinely commissioned due to cost effectiveness considerations. The policy clarifies the criteria which must be met in order for this treatment to be considered by the Individual Funding Request (IFR) Panel.
<b>Commissioning position</b>	<p>Humber Coast and Vale CCGs routinely commission vasectomies carried under local anaesthetic in primary care.</p> <p>Humber Coast and Vale CCGs <b><u>do not routinely commission</u></b> vasectomies under General Anaesthetic in secondary care and all requests for this treatment must be submitted for consideration by the IFR panel.</p> <p>The Panel will consider cases where any of the following exceptional clinical circumstances apply<sup>1,4</sup> :</p> <ul style="list-style-type: none"> <li>• Previous documented adverse reaction to local anaesthesia;</li> <li>• Scarring or deformity (e.g. due to cryptorchidism or from previous scrotal surgery or trauma) that makes vasectomy under local anaesthetic difficult to achieve;</li> <li>• The patient is on anticoagulation therapy (increased risk of postoperative haematoma formation);</li> <li>• Vasectomy is being considered as a concurrent procedure to other relevant surgery (i.e. repair of inguinal hernia, varicocele or hydrocele) in order to reduce the risk of complications.</li> </ul> <p>Fear of the procedure, or patient choice, are <b>not</b> adequate reasons for requesting vasectomy under GA, unless supporting mitigating factors are submitted to the IFR panel by the requesting clinician.</p>
<b>Summary of evidence / rationale</b>	<p>Vasectomy is a male surgical procedure to cut or tie the vas deferens as a reliable method of contraception, usually done under local anaesthetic. The purpose of vasectomy is to provide permanent birth control.</p> <p>It is recommended that men who request a vasectomy are fully assessed and counselled before the procedure is given; including taking the medical history of both partners to ascertain if the procedure is indeed the most appropriate intervention.</p> <p>Men should be counselled about the permanency of the procedure and variable success rates for reversal. Additional counselling is recommended for men under 30 years<sup>1</sup>. Advice should also be provided to men about the possibility of chronic testicular or scrotal</p>

Vasectomy under General Anaesthetic Commissioning Policy

	<p>pain after vasectomy.</p> <p>Most vasectomies are carried out under local anaesthetic. This means only the scrotum and testicles will be numbed and the patient will be awake for the procedure. The procedure should not be painful but may feel slightly uncomfortable. Most men will only need a local anaesthetic.</p> <p>The RCOG Guidelines (4) recommend a general anaesthetic is used where:</p> <ul style="list-style-type: none"> <li>• There is a history of allergy to local anaesthetic;</li> <li>• Surgery has been carried out before on the scrotum or genital area.</li> </ul> <p>The RCOG Guidelines also recommend:</p> <ul style="list-style-type: none"> <li>• A 'no-scalpel' approach, as there are lower levels of complications such as bleeding, pain and infection;</li> <li>• The use of fascial interposition or diathermy;</li> <li>• That clips are not used, due to high failure rates ;</li> <li>• That local anaesthesia is used wherever possible;</li> <li>• Effective contraception be used before the operation and until follow-up tests show that the vasectomy has been successful;</li> <li>• Practitioners must be trained to the level of the FSRHC requirement (5)</li> </ul>
<b>Date effective from</b>	December 2017
<b>Date published</b>	December 2017
<b>Review date</b>	December 2019

**References:**

1. RCOG Faculty of Sexual & Reproductive Health Care. UK Medical Eligibility Criteria for Contraceptive Use. 2009. (Section on Male Surgical Sterilization pp101-104)
2. NICE Clinical Knowledge Summaries. Contraception -management. Male sterilization (last revised June 2012)
3. Cook LA, et al. Scalpel versus no-scalpel incision for vasectomy. Cochrane Database Syst Rev. 2007 Apr 18;(2):CD004112 (assessed as up to date Oct 2011)
4. Royal College of Obstetricians & Gynaecologists (RCOG). Male and female sterilisation. Evidence-based Clinical Guideline No 4. London: RCOG Press; 2004.
5. Faculty of Sexual & Reproductive Healthcare (FSRHC) of the Royal College of Obstetricians and Gynaecologists. Syllabus and Logbook for the Certificate in Local Anaesthetic Vasectomy. London: RCOG. Press; 2010.
6. FPA Factsheet on male and female sterilisation. (Nov 2012)