



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Evidence Based Intervention

Vasectomy

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Policy: Vasectomy

Vasectomy is an irreversible method of contraception. It is a surgical procedure to cut and seal off the two tubes (vas deferens) that carry sperm from the testicles to the penis thus, rendering the patient sterile. As this procedure is invasive it comes with associated health risks

In West Essex, vasectomies are routinely carried out in primary care by West Essex GPs with extended role interest (GPwER).

In Hertfordshire, vasectomies are routinely carried out by Community AQP Vasectomy Services.

Vasectomies will not normally be funded in secondary care unless there are specific medical circumstances identified by the GPwER/community provider after consultation with the patient. The specific medical circumstances will be considered on case-by-case basis.

Examples below of when a vasectomy in secondary care may be appropriate:

- **GPwER/community provider has made an attempt to carry out the vasectomy in the community but has provided clinical evidence to why this could not be completed.**
- **A patient has had a vasectomy in the community, but the procedure has failed following more than one semen analysis sample.**
- **The GPwER/community provider was unable to make attempt to carry out the vasectomy in the community due to it being beyond a clinician's competence.**

Vasectomy in a Primary Care Setting should only be carried out in men who meet all the following criteria:

- The patient understands that the sterilisation procedure is permanent and irreversible, and the reversal of sterilisation operation would not be routinely funded by the ICB, **AND**
- The patient is certain that their family is complete, **AND**
- The patient has received counselling about the availability of alternative, long-term and highly effective contraceptive methods and these are either contra-indicated or unacceptable to the patient, **AND**
- The patient understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections, **AND**
- The procedure will be carried out in a primary or community care setting under a local anaesthetic (Faculty of Sexual and Reproductive Healthcare, 2014).

Exclusion criteria

- Anybody under the age of 18
- Cryptorchidism
- Lack of capacity to give informed consent.
- A history of an allergy to local anaesthetic
- Those deemed unsuitable for local anaesthetic.



Vasectomy procedure should be delayed if the following conditions are present:

- Scrotal skin infection
- Active sexually transmitted disease
- Balanitis
- Epididymitis
- Orchitis

Vasectomy procedure should be undertaken with caution if the following are present:

- Previous scrotal surgery
- Hydrocele/ Varicocele
- Large spermatocele
- Inguinal hernia
- BMI>35
- Drug or alcohol misuse
- Extreme Scrotal Hypersensitivity
- Small tight scrotum/brisk cremasteric reflex

Anticoagulant/Anti-Platelet therapy:

Bleeding risk vs. thrombosis risk of the procedure should be considered on a case-by-case basis and for patients on short term anticoagulation consider postponing procedure until treatment has been completed. For patients taking any form of permanent anticoagulation treatment, this may need to be interrupted and the risks of this should be weighed up against the benefits of sterilisation and discussed with the patient. The risk of interrupting anticoagulation compared to increased bleeding during the procedure should be considered on a case-by-case basis. The British Society of Haematology guidelines should be used, and specialist opinion sought if necessary.

<https://onlinelibrary.wiley.com/doi/full/10.1111/bjh.14344>

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.




Change History:

Version	Date	Reviewer(s)	Revision Description
1.1	December 2022	Lara Segovia	Add changes to clarify criteria for onward referral to secondary care treatment

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