General Commissioning Policy

Treatment	**Vasectomy under general anaesthetic (GA)**
For the treatment of	**Male fertility**
Background	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.
Commissioning position	1. NHS Hull Clinical Commissioning Group (CCG) routinely commissions vasectomies carried under *local anaesthetic* in primary care. 2. NHS Hull CCG does **not** routinely commission vasectomies under General Anaesthetic in secondary care and all requests for this treatment must be submitted for consideration by the IFR panel. The Panel will consider cases where any of the following exceptional clinical circumstances apply (Ref 1 and 4): • Previous documented adverse reaction to local anaesthesia; • Scarring or deformity (eg. due to cryptorchidism or from previous scrotal surgery or trauma) that makes vasectomy under local anaesthetic difficult to achieve; • The patient is on anticoagulation therapy (increased risk of postoperative haematoma formation); • Vasectomy is being considered as a concurrent procedure to other relevant surgery (ie. repair of inguinal hernia, varicocele or hydrocele) in order to reduce the risk of complications. Fear of the procedure, or patient choice, are **not** adequate reasons for requesting vasectomy under GA, unless supporting mitigating factors are submitted to the IFR panel by the requesting clinician.
Effective from	Feb 2014 (*This policy supercedes Hull PCT policy T50-12 dated Feb 2012)*
Summary of evidence / rationale	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 vas deferens is a tube that carries sperm from the testicles. The purpose of vasectomy is to provide permanent birth control. 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.

Notes
1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policy Statements are agreed by the Planning and Commissioning Committee on NHS Hull Clinical Commissioning Group.

	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. (Ref 1) Advice should also be provided to men about the possibility of chronic testicular or scrotal pain after vasectomy. 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. The RCOG Guidelines (Ref 4) recommend a general anaesthetic will be used where: • there is a history of allergy to local anaesthetic; • surgery has been carried out before on the scrotum or genital area. The RCOG Guidelines also recommend: • A 'no-scalpel' approach, as there are lower levels of complications such as bleeding, pain and infection; • The use of fascial interposition or diathermy; • That clips are not used, due to high failure rates ; • That local anaesthesia is used wherever possible; • Effective contraception be used before the operation and until follow-up tests show that the vasectomy has been successful; • That practitioners must be trained to the level of the FSRHC requirement (Ref 5).
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References:

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