

# NHS Central Lancashire

## Policies for the Commissioning of Health and Healthcare

### Policy for commissioning reversal of sterilisation in males and females

#### 1. Introduction

- 1.1 This document is part of a suite of policies adopted by the commissioning organisation to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
- 1.2 This framework describes the policy for commissioning reversal of sterilisation in males and females.

#### 2. Definition

- 2.1 This policy relates to the reversal of sterilisation in males and females: the reconstruction of the vas deferens in males and the reconstruction of the fallopian tubes in females.

#### 3. Appropriate Healthcare

- 3.1 The Commissioning Organisation considers that the purpose of this service places it within the category of services that are appropriate for commissioning. Therefore it will be commissioned by the Commissioning Organisation if it also satisfied the criteria for effectiveness, cost effectiveness and ethical delivery.

#### 4. Effective Healthcare

- 4.1 After considering the available research (see references) the Commissioning Organisation recognises that the service may be effective in achieving its purpose. Reversal of sterilisation is an effective method of restoring fertility. However All sterilisation operations are meant to be permanent. The chances of an operation to reverse it being successful vary a great deal.

#### 5. Cost Effective Healthcare

- 5.1 After considering the magnitude of benefits, side effects and complications and the cost of treatment the Commissioning Organisation considers that his service does not meet the criterion of cost effectiveness

#### 6. Ethical Healthcare

- 6.1 The Commissioning Organisation considers that this service does not satisfy all of the criteria in the 'Ethical' component of the Principles for Commissioning Health and Health care document.

#### 7. Policy

- 7.1 The Commissioning Organisation will not normally commission procedures for the reversal of sterilisation.

#### 8. Exceptions

- 8.1 The Commissioning Organisation will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference

substantially changes the application of those criteria for this patient. Requests for funding for the removal or reversal of sterilisation under any other circumstances must be submitted to the Commissioning Organisation's Individual Funding Request Panel. (See Commissioning Organisation's Individual Funding Request Policy).

## **9. Force**

- 9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner

*Date of adoption: 1 June 2011*

*Date of review: 31 May 2015*

### **Summary of Evidence Base**

- a. Couples should be fully advised and counselled in accordance with the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines that the procedure should be regarded as permanent and is intended to be permanent.
- b. The pregnancy rate after vasectomy reversal with obstructive intervals of 10 -15, 16 -19, and 20 or more years was 40%, 36%, and 27%, respectively. The overall ongoing/delivered rate was 35%. The ongoing/delivered rates equalled the pregnancy rates, except in the 16 -19-year obstructive interval group, for which the ongoing/delivered rate was 27%.
- c. Even after prolonged obstructive intervals, vasectomy reversal can offer better or comparable success rates to ICSI, until a threshold obstructive interval of 15-20 years at which ICSI surpasses vasectomy reversal. Depending on their wishes, couples who have an obstructive interval that exceeds this threshold may be better served by ICSI.

### **References**

Royal college of Obstetricians and Gynaecologists. (2004) Male and female sterilisation. Guideline summary. Evidence based clinical guideline 4. London RCOG Press.

Curtis KM et al. Regret following female sterilization at a young age: a systematic review. Contraception. 2006 Feb;73(2):205-10. Epub 2005 Oct 21.

Kolettis et al (2002) Outcomes for vasectomy reversal performed after obstructive intervals of at least 10 years. Urology. 2002 Nov;60(5):885-8.

Nangia, A.K. et al. Vasectomy reversal for the post-vasectomy pain syndrome: a clinical and histological evaluation. Journal of Urology 2000;164/6:1939-1942.