

The Review of Clinical Policies for Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) – Frequently Asked Questions (FAQs)

Supplementary FAQ's

These frequently asked questions are supplementary to the FAQ's already identified as part of the clinical policy review process.

Policy for Sterilisation Reversal in Males and Females

Why do we need a policy on the reversal of sterilisation?

There has been a clinical policy on the reversal of sterilisation for many years. The policy makes it clear and unambiguous to both clinicians and patients that the NHS will not routinely fund this procedure and explains the reasoning behind this. Males and females make a choice when they decide to be sterilised and CCGs feel it is not a fair and equitable use of NHS resources to fund the reversal this procedure when someone changes their mind.

How are males sterilised?

Males are sterilised by having a vasectomy. A vasectomy is a surgical procedure to cut or seal the tubes that carry a man's sperm to permanently prevent pregnancy. It is usually carried out under local anaesthetic and takes about 15 minutes.

Vasectomies are more than 99% effective and are considered permanent. As with any surgery, there is a small risk of infection and the procedure is acknowledged as being very difficult to reverse.

How are females sterilised?

To sterilise a female the fallopian tubes are blocked or sealed to prevent the eggs from reaching the sperm and becoming fertilised. This is done by blocking the fallopian tubes by either applying clips (plastic or titanium clamps are closed over the fallopian tubes) or by tying, cutting and removing a small piece of the fallopian tube (tubal ligation).

This is considered a minor operation and many women return home the same day. Female sterilisation is more than 99% effective at preventing pregnancy although there are risks of internal bleeding, infection or damage to other organs. As with male vasectomy, female sterilisation is very difficult to reverse.

What if I have post-vasectomy pain?

The policy applies equally to those who may wish to undergo sterilisation reversal due to post-vasectomy pain. The evidence to support sterilisation reversal as an

effective way of managing post-vasectomy pain is poor and would not be an effective, cost-effective or appropriate use of NHS resources.

What if I have Post Tubal Ligation Syndrome

As with post-vasectomy pain, the policy also applies to women who consider themselves to have Post Tubal Ligation Syndrome, for the same reasons.

What if my GP/consultant feels reversal of sterilisation is still my best option for pain relief or to address a problem?

The policy indicates that sterilisation reversal will not be routinely funded. If your GP or consultant is of the opinion that your case is an exception then, as with other clinical policies, your clinician can put in an Individual Funding Request which are decided on a case-by-case basis.