

Surgical Threshold Policy

Sterilisation

Definition

Sterilisation is a procedure that removes an individual's fertility. Sterilisation can be carried out on a male (vasectomy) or female (normally by tubal occlusion).

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy.

NOTE: Vasectomy under local anaesthetic is funded when the criteria below are met and only by referral to a community provider. For Vasectomy under general anaesthetic or referrals to a secondary or tertiary care provider, clinicians must apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

Referral to secondary care for female sterilisation is funded when the criteria below are met. Where the criteria are not met or for referral to a tertiary care provider, exceptional funding is required.

Men or women wishing to receive sterilisation must fulfil the following criteria:

- For couples, male sterilisation (vasectomy) should be carried out in preference to female sterilisation. The benefits of vasectomy should be discussed with all women seeking female sterilisation.
- Sterilisation should be discussed with both partners whenever possible.
- They understand that the sterilisation procedure is irreversible, and the reversal of sterilisation operation would not be routinely funded on the NHS.
- They are certain that their family is complete **or** that they will never want children.
- They have sound mental capacity for making the decision. Additional care must be taken when counselling people under 30 years of age or people without children who request sterilisation; this should include attempts to identify coercion.
- They have received counselling by a trained professional about the availability of alternative, long-term and highly effective, contraceptive methods and females have been offered a trial of long-acting reversible contraception.
- They understand that after the procedure they will be required to use effective contraception until sterilisation has been confirmed: in men one negative semen sample at least 12 weeks after the procedure or until the menstrual period following the operation in women.
- They understand that sterilisation does not prevent against the risk of sexually transmitted infections.

Smoking:

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#).

Rationale and Evidence

This policy is intended to ensure that sterilisation is only carried out after appropriate discussion of expectations and the alternatives available. Counselling by a trained professional is of immense importance in supporting patients to make an informed decision about sterilisation.

Vasectomy has a low failure rate and is a less invasive procedure and has fewer complications compared to procedures for female sterilisation¹. Long-acting reversible contraception (LARC) is also available to women. LARC are as effective as female sterilisation (rates of pregnancy following hysteroscopic/ laparoscopic sterilisation 0.24/ 0.41%² vs 0.27%³ for LARC) and have the advantage that they are reversible. There may be additional menstrual benefits with the LNG-IUS (Levonorgestrel-Releasing Intrauterine System - such as the Mirena®).

Glossary

Sterilisation:	The process of rendering a person incapable of producing children.
Tubal occlusion:	Blocking of the fallopian tubes that link the ovaries to the womb (uterus) to prevent ovum (eggs) travelling down the fallopian tube by either applying clips or rings, or by tying, cutting and removing a small piece of the tube.

References

1. International Planned Parenthood Federation IPPF. International Medical Advisory Panel IMAP. IMAP statement on voluntary surgical contraception (sterilization). IPPF Med Bull. 1993 Jun;27(3):1-2.
2. Bouillon K, Bertrand M, Bader G, Lucot JP, Dray-Spira R, Zureik M. Association of Hysteroscopic vs Laparoscopic Sterilization with Procedural, Gynecological, and Medical Outcomes. JAMA. 2018 Jan 23; 319(4): 375–387.
3. Winner B, Peipert JF, Zhao Q, et al. Effectiveness of Long-Acting Reversible Contraception. N Engl J Med 2012; 366:1998-2007.
4. NICE Clinical Guideline (CG30) on Long Acting Reversible Contraception 2005.

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