

PARTIALLY EXCLUDED POLICY – PE105
REVERSAL OF FEMALE STERILISATION
(Previously PE19 and PE20)

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Policy start date: February 2017

Review date: February 2020

1. Policy Summary

- 1.1 The treatment: Reversal of male and female sterilisation is considered a low priority procedure and will not normally be funded. Funding requests are considered by the Suffolk CCGs Individual Funding Request (IFR) Panel if there are exceptional circumstances i.e. there is something about the patient's condition or circumstances that differentiates them on the basis of need from other patients with a similar diagnosis or condition and would justify funding being provided in an individual case when it is not routinely funded for others.
- 1.2 This partially excluded policy offers some guidance to the referring clinician and the IFR Panel when considering such requests. It must be clarified these are NOT referral criteria, and only supporting guidance for the IFR panel.

2. Background to the Procedure

- 2.1 Female sterilisation can be reversed, but it is a very difficult process that involves removing the blocked part of the fallopian tube and rejoining the ends. There is no guarantee of being fertile again. The success rates of female sterilisation reversal depend on factors such as age, and the method that was used in the original operation. Reversal of male sterilisation is a surgical procedure that involves the reconstruction of the vas deferens. A vasectomy can be reversed, but reversals are also not usually successful. Sterilisation on the other hand is a procedure that is available on NHS and couples seeking sterilisation should be fully advised and counselled (in accordance with RCOG guidelines) that the procedure is intended to be permanent.¹

3. Rationale Behind Policy Decision

- 3.1 Available evidence suggests that although reversal of female sterilisation is a technically straightforward option for restoring fertility, it should be made clear to patients at referral and prior to treatment that female sterilisation is provided by the NHS as an irreversible procedure. Furthermore evidence suggests that whether or not a vasectomy reversal is successful may depend on what type of vasectomy was undertaken and the length of time it was since the operation, whereas the success of female reversal procedures depends on a number of factors including the age of the woman and the method used for tubectomy. The most notable exception to not funding this procedure is the death of an only existing child of the man or woman from current or any previous relationships. The following guidance is in line with other CCGs for reversal of sterilisation.

4. Policy Procedure Guidance to the Panel

This applies to patients aged 18 and over

Reversal of Male Sterilisation	<ul style="list-style-type: none"> i) There has been a death of the only existing child of the man from the current or any previous relationships. ii) There has been remarriage following death of spouse, and there are no living children for both partners. iii) Loss of unborn child when vasectomy had taken place during the pregnancy AND the couple has no living children from the current or any previous relationships.
Reversal of Female Sterilisation	<ul style="list-style-type: none"> i) There has been a death of the only existing child of the woman from the current or any previous relationships ii) There has been remarriage following death of spouse, and there are no living children for both partners. iii) Loss of the child when tubectomy had taken place after delivery AND the couple has no living children from the current or any previous relationships.

5. References

1. NHS Conditions, reversal of sterilisation on the nhs, Available at: <http://www.nhs.uk/Conditions/contraception-guide/Pages/sterilisation-reversal-NHS.aspx> Accessed: 17.10.2016.
2. Royal College of Obstetricians and Gynaecologists (RCOG). *Male and female sterilisation*. London (UK): Royal College of Obstetricians and Gynaecologists (RCOG); 2004 Jan. 114 p. (Evidence-based Clinical Guideline; no. 4)
3. NICE Clinical Knowledge Summaries *Hysteroscopic sterilisation by tubal cannulation and placement of intrafallopian implants*, National Institute of Care and Excellence (NICE), September 2009: <https://www.nice.org.uk/guidance/ipg315>, Accessed: 4/09/2016
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5. Prabha S; Burnett LC; Hill R. Reversal of sterilisation at Glasgow Royal Infirmary. *Journal of Family Planning and Reproductive Health Care* 2002; 29: 32–33
6. Kolettis et al (2002) Outcomes for vasectomy reversal performed after obstructive intervals of at least 10 years. *Urology*. 2002 Nov;60(5):885-8.
7. National Guidelines Clearing House, *Male and Female Sterilisation*, Revised Sept 2014, <https://www.guideline.gov/summaries/summary/48788/male-and-female-sterilisation>, Accessed 05/09/2016