LOW PRIORITY THRESHOLD PROCEDURE T26
Female Surgical Interval Tubal Sterilisation

Policy author: Ipswich & East Suffolk and West Suffolk CCGs
Policy start date: November 2009
1st review date: July 2012
2nd review date: July 2014
Next review date: July 2016

Policy Summary

Female sterilisation will be available once the patient has received counselling about her contraceptive options and either turns down or accepts a trial of a Long Acting Reversible Contraceptive (LARC) and found it unsuitable. LARC methods include the levonorgestrel intrauterine system (LNG-IUS) (such as the Mirena), the etonogestrel (progesterone only) subdermal implant (POI) (such as the Implanon) or the Depot medroxyprogesterone acetate injection (DMPA) (such as the Depot Provera).

Referral Criteria

Referrals for sterilisation will generally be accepted if ALL of points 1-4 have been met AND one of 5, 6 or 7.

1. If the woman is certain her family is complete or that she never wants children. She must be aware that the procedure is considered permanent and that reversal is not routinely funded on the NHS.
2. If the woman has received counselling about her options including consideration of all other forms of long-acting contraceptives. If she has a partner, has he considered vasectomy?
3. If the woman has sound mental capacity.
4. Patients should have a Body Mass Index of <35.
5. Has used the LNG-IUS, POI or DMPA for a flexible 12 month trial*.
6. The woman has a medical condition making pregnancy dangerous.
7. The woman declines a trial of long-acting reversible contraception after counselling.

* Flexible 12 month trial

If the patient wishes to accept a trial of a LARC method, she will be offered a flexible 12 month period unless extending the trial to 12 months would not be of benefit to the patient (i.e. the side effects are affecting the patient’s quality of life). Under these circumstances, the decision will be based on clinical
judgment to reduce the trial to 6 months. This offers clinical flexibility so that the individual clinician can take the patient’s specific circumstances into account when making the decision.

If a woman does not wish to try a LARC, they must receive counselling about these methods from a healthcare professional experienced in fitting these devices. If all these methods are not offered “in house” the woman should be referred to one of the practices offering LARC methods as an enhanced service. If a woman has a personal history of breast or other hormonal cancer and wishes to avoid all hormonal methods then a copper intrauterine device (IUCD) should be suggested. If after such counselling the woman still declines to try a long acting reversible contraceptive method then sterilisation will be accepted.

Exceptions to this policy include the following:-
- Where sterilisation is to take place at the time of another procedure such as caesarean section (counselling and consent should have been given at least one week prior to the procedure).
- Where there is a contraindication to the use of a LARC.
- Where there is an absolute contraindication to pregnancy

Rationale for decision
Literature from the royal college of obstetricians and gynaecologists (RCOG), NICE, Cochrane database and other scholarly article sources were used to provide rationale for the policy. The inclusion criteria are in line with the most up to date RCOG evidence-based Clinical Guideline on male and female sterilization. Research demonstrates a higher incidence of regret among younger females who undergo sterilisation, therefore careful consideration is required as the procedure is considered permanent and long acting reversible contraceptives have been shown to be as effective.

References
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)