Reversal of male and female sterilisation

NHS Devon

Commissioning policy

The reversal of male and female sterilisation is not routinely commissioned in Devon.

Rationale for the decision

Reversal of male sterilisation is a surgical procedure that involves the reconstruction of the vas deferens. A vasectomy can be reversed, but success rates are not very high and there is no guarantee that fertility will return.

Reversal of female sterilisation is a surgical procedure that involves the reconstruction of the fallopian tubes. Female sterilisation can be reversed, but it is a very difficult process that involves removing the blocked part of the fallopian tube and re-joining the ends. There is no guarantee that the patient would become 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.

The ICB is responsible for ensuring that the treatments provided for the local population represent the best use of the NHS budget allocated to them for their population's health services. The ICB has to choose how to use its funds carefully to ensure that the local population has access to the healthcare that is most needed and that people with equal need have equal opportunity to access treatments.

This inevitably means that difficult decisions need to be made. Unfortunately, some treatment that patients might wish to receive cannot be funded or is only offered under certain circumstances. This approach is consistent with other NHS organisations who buy healthcare for their local communities.

Sterilisation procedure is available on the NHS and people seeking sterilisation should be fully advised and counselled (in accordance with Royal College of Obstetricians and Gynaecologists (RCOG) guidelines) that the procedure is intended

to be permanent. Reversal of sterilisation is considered a low priority for use of healthcare funds.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient are significantly different to the general population of patients with the condition, and as a result the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with the condition, exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultation or clinician. Applications cannot be considered from patients personally.

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