NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Reversal of Sterilisation

Date	September 2017	**Date of Last Review:**	Static Status (This policy applies indefinitely, unless or until new evidence likely to have a material effect on the policy becomes available.) General review September 2017
Policy:	**It is the responsibility of referring and treating clinicians to ensure compliance with this policy.** **Reversal of sterilisation is considered a low priority treatment and will only be commissioned by the NHS on an exceptional case basis. Clinicians need to apply to the exceptional cases panel for approval of funding (funding request form available here).**		

Definition:

Sterilisation is a procedure by which a person is rendered permanently unable to produce children – made infertile. This is called Vasectomy[1] in men (vas occlusion): the tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed with heat. Sperm is then prevented from reaching the semen ejaculated from a man's penis during sex. In women it is called operative occlusion of the fallopian tubes: cutting, sealing or blocking the fallopian tubes to prevent eggs from reaching the uterus (womb) where they could become fertilised.

Reversal of sterilisation is a surgical procedure that involves the reconstruction of the fallopian tubes in women and vas deferens in men.

Evidence:

Literature reviews have reported overall intrauterine pregnancy rates between 31% and 92% following reversal of sterilisation[2, 3]. A variety of factors influence the success of reversal procedures. Important factors include the woman's age, the method of sterilisation, length of time from the original procedure to reversal and the remaining length of the tube following the reversal of sterilisation.

Successful reversal was higher in patients who were sterilised with clips or rings. Microsurgical techniques have shown improved success rate[4]. Successful reversal in women was found to be inversely related with age at which the reversal is carried out and studies have found a decline in pregnancy rates following reversal procedure in women older than 36 years[5, 6, 7, 8, 9]. There have been no reports of successful pregnancies in women over 43 years of age after reversal operations[10]. Increased duration of sterilisation of more than 5 years and shorter tubal length of less than 4cm (after reversal) were found to have a negative effect on the success rate[6, 11]. A Cochrane Systematic Review was designed to compare reversal of sterilisation with IVF. Authors did not find any randomised controlled trials that compared these two methods of conception following tubal occlusion[12].

Studies suggest that young age at sterilisation and less time lapse to reversal are positively associated with a successful vasovasostomy in men. Studies report a success rate of 53% to 67% in patients whom the reversal was carried out within 10 years of vasectomy. The longer the time from vasectomy to a reversal operation, the lower the pregnancy rates. After 10 years the rate varies between 9% and 35%[13, 14, 15, 16].

Evidence cont'd	Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking policy here.
Resource implications:	This policy does not change current practice; therefore, the resource implications remain unchanged.
Health benefits:	The need for reversal of sterilisation is not a life threatening condition, but the procedure may improve quality of life. Counselling before sterilisation can reduce demand for reversal of sterilisation requests.
Risks:	Psychological and social distress.
Priority:	Reversal of sterilisation is considered a low priority procedure and will only be provided under the NHS on exceptional cases, eg death of an only existing child. The age of a patient is an important factor influencing the success of reversal procedures, therefore, the threshold for consideration of patients is: ▪ women – less than 40 years of age; ▪ men – no more than 10 years have elapsed since the sterilisation procedure was carried out, and is still considered to be fertile by the clinician. Clinicians need to apply to the Exceptional and Individual Funding Requests Panel for approval of funding. Sterilisation is provided under the NHS on the understanding that it is an irreversible procedure. Patients seeking sterilisation should be fully advised and counselled, particularly those under 30 years of age or people without children who request sterilisation (in accordance with RCOG guidelines[4]). Written consent should also be sought before the sterilisation operation is carried out, that the sterilisation procedure is irreversible and the reversal of sterilisation operation would not be routinely funded on the NHS.

GLOSSARY (ref 17):

Fallopian Tubes:	(Or uterine tubes) tubes, one on each side, lying in the pelvic area of the abdomen, which are attached at one end to the uterus (womb) and have the other unattached, but lying close to the ovary.
Occlusion:	Closing or obstruction of a duct, hollow organ or blood vessel.
Semen/Seminal Fluid:	Fluid produced by the male on ejaculation from the penis at sexual orgasm. Each ejaculate contains up to 500 million spermatozoa (male germ cells) suspended in a fluid that is secreted by the prostate gland, seminal vesicles and Cowper's glands.
Vas deferens:	A narrow tube that leads from each testicle.

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