

Remember vasectomy: challenges and successes—one small snip for mankind

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It is theorised that the most effective action to prevent climate change in high resource settings is to have one fewer child.¹

Vasectomy is predominantly performed under local anaesthetic with rapid recovery. It is 10-fold more effective than female sterilisation and offers men the choice to share responsibility for contraception with their partners. It became a common contraceptive method after the Second World War and has been freely available on the National Health Service since 1974.² Vasectomy providers include general practitioners (GPs) with special interest (GPwSI), sexual and reproductive healthcare (SRH) doctors, and urologists, performing procedures in GP surgeries, clinics, and hospitals. The no-scalpel vasectomy (NSV) technique (now re-termed minimally invasive vasectomy allowing for variations in NSV technique) was introduced to the UK in the mid-1990s, with far lower rates of complications and higher patient acceptability than older methods.³

CHALLENGES

Recent United Nations survey data show that since 2001 vasectomy use has declined globally by 39% despite increased contraception use in most countries.⁴ Figures from NHS Digital indicate that vasectomy rates in England have been declining steadily from over 30,000 in 2004 to 10,710 in 2022/23.^{5,6} However, NHS Digital only collects data on vasectomies completed within SRH or hospital settings and fails to include data from NHS community-based clinics, where the majority of vasectomies are increasingly performed by GPwSIs. Therefore, these NHS Digital figures do not include the 17,776 vasectomies performed in England by the 31 Association of Surgeons in Primary Care (ASPC) members who submitted data for

2022/23. Unfortunately, efforts to obtain any vasectomy procedure numbers from local commissioning bodies have proved extremely challenging. As many community clinics do not provide data to the ASPC, the total number of vasectomies performed in England will far exceed the published NHS Digital count for 2022/23. Accurate vasectomy data collection and publication would improve service provision and help identify areas of the UK lacking NHS vasectomy services, better meeting the needs of men and couples seeking permanent contraception.

In recent years NHS vasectomy services have been decommissioned in certain localities, while others threatened by inadequate remuneration from commissioners are at risk of becoming financially unsustainable. While average NHS payment for ASPC members across the UK has increased by 6% over the last decade, private vasectomy fees have increased by 55%, more accurately reflecting increased costs (table 1) and demonstrating the underinvestment in the NHS vasectomy service.

Promoting a demand in usage can be challenging with men's perception of vasectomy frequently fuelled by lack of knowledge and widespread misconceptions. Most men considering a vasectomy are not regular attendees of GP surgeries, so from where do they obtain their information? Their friends, relatives and the media are the most likely sources, but the quality of this information may be lacking, incorrect or even dissuasive. For example, a BBC article entitled 'Fewer men are going for a vasectomy' was heralded by a large picture of a gloved hand wielding a scalpel.⁷ Contraception providers themselves may have limited knowledge of vasectomy. Patients need to be given up-to-date clear information if vasectomy is to be an acceptable choice. This includes the Faculty of Sexual and



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Table 1 Average payment per vasectomy from UK ASPC members' annual audit submissions

	2013/14	2014/15	2015–18	2018/19	2019/20	2020/21	2021/22	2022/23
NHS	£262	£264	£255	£277	£259	£267	£264	£277
Private	£329	£329	£337	£368	£348	£435	£467	£511

ASPC, Association of Surgeons in Primary Care; NHS, National health service.

Reproductive Healthcare (FSRH) which regrettably fails to mention vasectomy (or indeed female sterilisation) on its new contraception choices webpage, yet includes withdrawal—a notoriously ineffective method. We call on the FSRH to promote permanent methods of contraception

(<https://www.contraceptionchoices.org/ContraceptionChoices/Contraceptive-Methods.aspx>).

SUCCESSSES

Far from a drop in vasectomy numbers in England, as reported by NHS Digital, ASPC members are witnessing an increased demand as indicated by the steady rise in the number of vasectomies performed per community-based clinic (figure 1).

The ASPC trainers network frequently receives requests for vasectomy training from GPs, many with prior surgical skills, who wish to enhance their portfolio and add variety to their workload.

Collaboration between the ASPC and the FSRH has resulted in the publication of the new 2024 Vasectomy Service Standards and is presently focused on streamlining vasectomy training with an ‘e-Learning for Health’ package under development. This partnership aims to increase the number of trainers as geographical coverage is sparse, although recently GPwSIs have been trained to perform vasectomies for the first time in community clinics in both Northern Ireland and Isle of Man.

Internationally, the World Vasectomy Day organisation (<https://wvd.org>) is focused on improving the social acceptance and availability of vasectomy in low-income nations with fast-expanding populations. They are training resident doctors to provide sustainable

vasectomy services offering the local population additional contraceptive choice.

Recent changes to vasectomy pathways in the UK have resulted in a more user-friendly experience including video or telephone preoperative counselling. The semen testing process to confirm sterility is now much easier, following updated guidance which no longer stipulates that two consecutive fresh semen samples reporting ‘no sperm seen’ are required to confirm vasectomy success. The 2014 FSRH guidance allows confirmation of sterility on one fresh sample showing <100 000 non-motile sperm/mL or a postal sample showing no sperm.⁸ Although the 2016 guidelines of the Association of Biomedical Andrologists, the British Andrology Society and the British Association of Urological Surgeons advocate against postal testing, this option can dramatically increase compliance. This was demonstrated in a 2022 paper where only 59% of men required to submit fresh specimens to the laboratory complied, while 79.5% of men who followed a postal strategy completed testing, with additional early failures detected due to increased testing uptake.⁹ A recently published audit of ASPC data on 105, 393 vasectomies should inform future pre-vasectomy counselling, as it provides accurate, contemporaneous complication rates, generally lower than those previously published.¹⁰

The FSRH, SRH services, general practice, the media, and the wider public need to better promote and champion vasectomy as a cost-effective contraceptive option, empowering men to take responsibility and control their own fertility. Women should also be better informed about vasectomy as a potential choice during discussions on contraceptive planning.

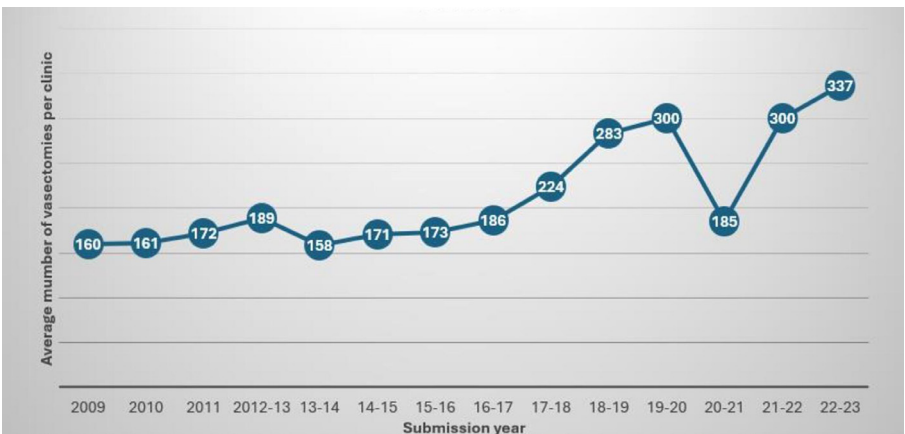


Figure 1 Average number of vasectomies per clinic over a 15-year time period.

To ensure a successful and equitable provision of vasectomy, accurate data collection, adequate commissioning and appropriate remuneration are required for vasectomy to take its rightful place as an excellent contraceptive option.

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