

**ELECTIVE STERILIZATION AND REVERSAL (TUBAL LIGATION / OCCLUSION /
SALPINGECTOMY AND VASECTOMY)**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive revises VHA policy on elective sterilization.
- 2. SUMMARY OF MAJOR CHANGES:** This updated Directive adds provider responsibilities and provides clarification for providers and Veterans on evidence based clinical indications for elective sterilization and reversal procedures and updates on types of procedures that may be included (e.g., salpingectomy, tubal occlusion procedures and vasectomy). This Directive allows, in addition, the surgical reversal of sterilization.
- 3. RELATED ISSUE:** None.
- 4. RESPONSIBLE OFFICE:** The Director, Reproductive Health, Women's Health Services (10P4W), Office of Patient Care Services, is responsible for the content of this Directive. Questions may be addressed at 202-461-0373.
- 5. RESCISSION:** VHA Directive 1102.2, dated July 16, 2004, is rescinded.
- 6. RECERTIFICATION:** This Directive is scheduled for recertification on or before the last working day of April 2021.

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Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on 04/28/2016.

ELECTIVE STERILIZATION AND REVERSAL (TUBAL LIGATION / OCCLUSION / SALPINGECTOMY AND VASECTOMY)

1. PURPOSE

This Veterans Health Administration (VHA) Directive revises VHA policy on elective sterilization and reversal. **AUTHORITY:** 38 United States Code (U.S.C.) 1710.

2. POLICY

It is VHA policy to provide elective sterilization (e.g., salpingectomy, tubal occlusion procedures and vasectomy) and surgery to reverse elective sterilization to eligible Veterans as part of contraceptive and infertility services.

3. RESPONSIBILITIES

a. **VA Medical Facility Director.** The VA medical facility director or designee is responsible for ensuring that elective sterilization and reversal procedures are available through VHA or Care in the Community without regard to patient's sexual orientation, gender identity, or gender expression consistent with VHA non-discrimination policy. The VA medical facility director or designee is also responsible for ensuring that processes are in place for obtaining signature for informed consent prior to surgery, as specified in VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures.

b. **Providers.** All providers of contraceptive counseling, fertility, and pregnancy planning services for patients and all surgeons performing sterilization procedures must ensure that the patient is aware of the risks and benefits of the sterilization procedure, including the potential for regret, the chances of failure, the permanence of the sterilization procedure as described in this paragraph, and the availability of reversible, highly effective contraceptives (e.g., intrauterine device and subcutaneous contraceptive implants) that are equally effective at preventing pregnancy. Providers must ensure patients are aware that sterilization reversal is not always possible or successful; e.g., tubal reversal procedures may result in an increased risk of ectopic pregnancy. Providers must ensure patients are aware that there are clinical criteria that may determine effectiveness and eligibility for reversal. For example, in females, tubal reversal success is affected significantly by the age of the patient, presence of other coexisting infertility diagnosis and type of original tubal procedure which will affect the amount of remaining tube available for reanastomosis. Currently, data is scant on reversal of sterilization for tubal occlusion procedures and surgical reversal of sterilization is not possible for complete salpingectomy. In males, vasovasostomy success is correlated to the length of time from vasectomy, presence or absence of sperm granuloma, and intrinsic testicular function. The surgeon must evaluate for medical contraindications to surgery and is responsible for obtaining informed consent prior to surgery from the patient, or other authorized surrogate, as specified in VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures.

4. REFERENCES

- a. 38 Code of Federal Regulation (CFR) 17.32.
- b. 38 United States Code 1710 and 7331.
- c. 38 CFR 17.38.