

MALE AND FEMALE STERILISATION

This leaflet can only outline basic information about sterilisation based on evidence available and current medical opinion. Anyone having a sterilisation performed must see it as a permanent method of contraception. You must be certain that your family is complete, even allowing for the possibility that your personal circumstances might change. A small percentage of women, especially those sterilised at a young age, regret having undergone the procedure and request that it be reversed. Reversal of sterilisation is a difficult operation with no guarantee of success.

How effective is sterilisation?

No method of contraception will give you 100% protection from pregnancy. The failure rate for female sterilisation in general is 1 in 200, and indeed pregnancy can occur many years after sterilisation. What is most important about a failed sterilisation is that such a pregnancy has a 1 in 3 chance of being ectopic. This is when a pregnancy settles outside the womb, usually in the fallopian tube, and starts to grow. This is a very serious condition and so it is very important that you see your doctor immediately if you have been sterilised and subsequently develop abdominal pain, irregular bleeding, a delayed period or other symptoms of pregnancy. Vasectomy, with a failure rate of only 1 in a 1,000, is less likely to fail than female sterilisation.

Female sterilisation/tubal ligation

Female sterilisation is a surgical, permanent method of contraception which prevents the egg passing along the fallopian tube. This is most commonly achieved with laparoscopic or 'keyhole' surgery. Under general anaesthetic, usually two small incisions are made in the lower part of the tummy (abdomen) near the naval, and using camera-guided equipment, the fallopian tubes are blocked, most commonly using small clips. It is important to realise that the operation does not in any way interfere with a woman's femininity or sexual function.

The ovaries continue to produce hormones in the usual way. Therefore periods and the production and release of eggs continue. The only difference is that the egg is prevented from being fertilized as the sperm are blocked by the clip from reaching the egg. The timing and symptoms of menopause will not be altered by sterilisation and women who have undergone tubal sterilisation are no more likely than other women to have problems with their periods.

What are the risks of the operation itself?

The operation itself is considered 'minor surgery' and hence, for most patients, does not warrant an overnight stay in hospital. You may experience slight pain after the operation but this should settle promptly with simple pain relief. Most patients can return to work within a day or two.

Importantly, if you are taking the oral contraceptive pill, it should not be stopped prior to your surgery, and in fact should be continued until your next period.

The most serious complication of this type of surgery is that the 'keyhole' instruments may cause damage to the bowel or blood vessel or to other internal organs. The risk of such a complication is about 1 in 300 and may require more extensive surgery and a longer stay in hospital.

Male sterilisation/vasectomy

Vasectomy is a safe, simple and permanent method of contraception. It consists of an operation in which the *vas deferens*, which is the tube leading from the man's testes to his penis, is cut and sealed. This prevents sperm being released with the fluid (semen) when a man ejaculates. The operation is usually performed under local anaesthetic and takes about 15 minutes. Two little cuts (incisions) are made at the top of the scrotum and the tubes, which carry the sperm from each testicle, are then cut and sealed.

Sometimes there is a little swelling or bruising after the operation but it soon disappears. It is essential to avoid strenuous work for a few days after the operation. Sexual intercourse can be resumed as soon as is comfortable, but because the sperm will already be stored in the tubes, vasectomy is not effective immediately as a method of contraception. It can take up to 2-4 months for the sperm to disappear, therefore a man must go back for at least two sperm count tests to check if there is any sperm still there. An alternative method of contraception should be used until there are two consecutive negative sperm counts. After that, the method is virtually 100% effective, as the failure rate is 1 in 1000.

Does vasectomy affect your sex life?

Vasectomy has no effect whatsoever on man's virility and his ability to have sexual intercourse. The testicles continue to produce hormones, exactly as before, and the man notices no change in his sex life. Sperm actually continue to be produced but they are re-absorbed by the body and do not get into the semen.

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