

Sterilisation is a permanent method of birth control, which involves a minor operation for a man or women. Medical advances in recent years have made male and female sterilisation simpler and more acceptable to many people. Sterilisation may be the ideal method of birth control for couples who are sure they have completed their family.

Female Sterilisation

This involves an operation in which the fallopian tubes are closed so that the egg cannot travel down them to meet the sperm and start a pregnancy. The fallopian tube can usually be reached through a small cut in the skin of the abdominal wall; via a delicate telescope (this is called a laparoscopy). The fallopian tubes can be artificially blocked by use of clips. This is done through an instrument inserted just above the pubic hair line. Each wound will be stitched, some types of stitch will dissolve but some types of stitch may need to be removed if they have not dissolved 5/6 days after the operation, this can be done at your GP surgery. If the procedure cannot be done through the laparoscope a laparotomy (a large cut just above the pubic hair line) may have to be performed. If sterilisation is carried out at the same time as a caesarean section, a small length of each tube will be removed.

Where is the operation carried out?

Female sterilisation is carried out in hospital. It is usually done under general anaesthetic. The length of time spent in hospital depends on the method used, but it can usually be done on a day case basis. After the operation a little of the gas used to separate the organs sometimes remains inside the tummy for a while which may cause discomfort and/or pain. You may also experience some shoulder pain due to gas lying under the diaphragm, which irritates a nerve there causing referred pain to the shoulder. If experienced, this can last for a day or two and you may take your normal analgesic to ease this. You will probably only be in hospital for one day following this operation but may require a few days at home afterwards. As you will be given a general anaesthetic you must remember not to have anything to eat or drink before the operation. Details will be given to you about this in clinic with a date to come to the ward.

Are there any physical or emotional changes?

The sex hormone which give a woman her femininity and control ovulation and the menstrual cycle should not be affected. The operation should not change a woman's feelings or emotions or make her feel less feminine. The womb, cervix, fallopian tubes and ovaries are all left in place. The only physical change is that she is no longer able to have children. However, in a few women periods may become a little heavier. For the great majority of women, sterilisation provides peace of mind by removing the fear of unplanned pregnancy and this can lead to a happier sex life.

There are small risks associated with surgery and general anaesthetic, very occasionally the internal organs can be damaged and this may need further treatment.

When is the operation effective?

The operation will not stop pregnancy that has already been conceived from the previous period. The operation is effective 48 hours after being carried out. However, it is important to take reliable contraceptive until the following period. If you are taking a combined contraceptive pill it is advisable to continue this until you complete a pack after the operation. Lifetime failure rate for this procedure is 1:200. This rate is higher if done at time of caesarean section or termination of pregnancy. If failure occurs there is a risk of an ectopic pregnancy (a pregnancy in the fallopian tube.)

After you have read this leaflet please keep it safe and return it on your admission. Please write the date of your last period below.

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*Ref: RCOG Guideline Summary Male and Female Sterilisation NO. 4 April 1999
www.rcog.org.uk*