

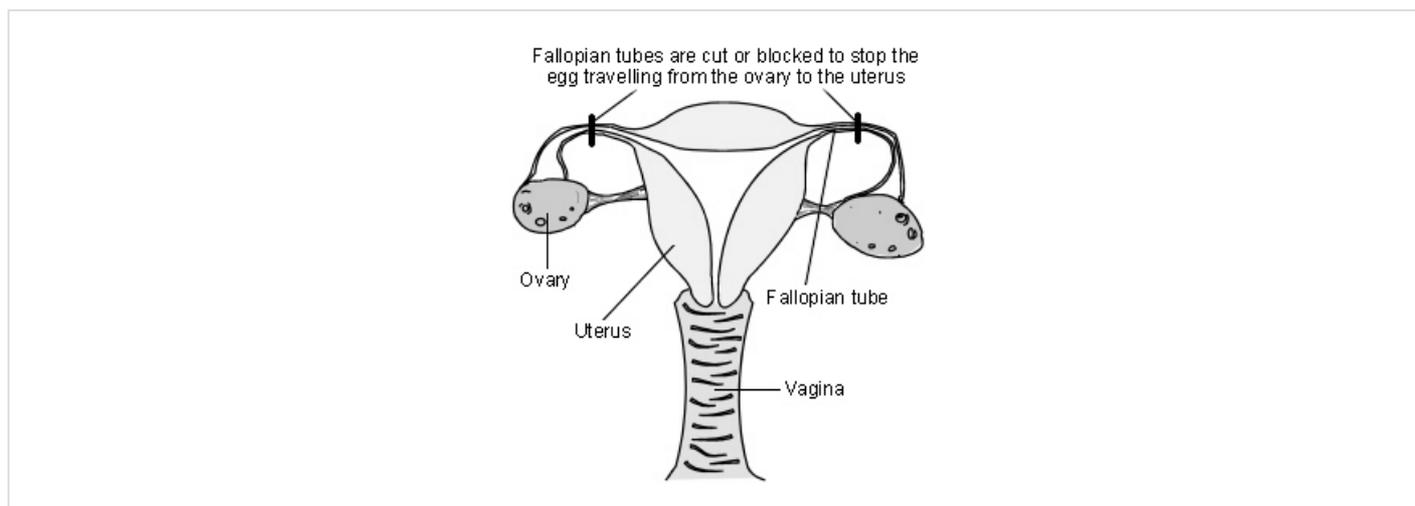
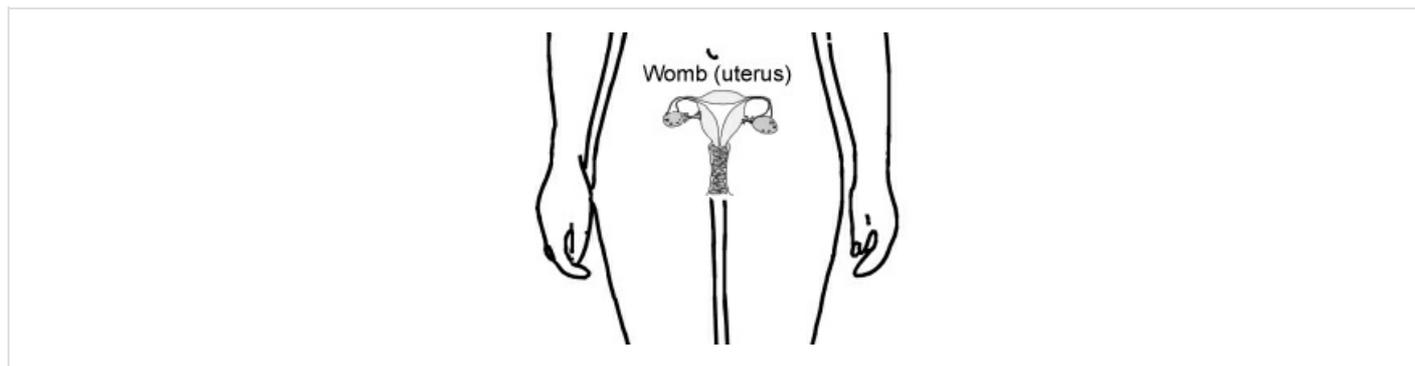
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Female Sterilisation

Female sterilisation is a method of contraception. It is a procedure carried out to prevent eggs from reaching sperm.

How is female sterilisation done?

The tubes between the ovary and the womb (the Fallopian tubes) are cut or blocked with rings or clips. This stops the eggs which are released by the ovary from reaching the sperm.



The operation is usually done under [general anaesthetic](#) but can be done with a [local or regional anaesthetic](#) while you are awake. For most women the operation is done with the help of a [special telescope](#) called a [laparoscope](#).

The laparoscope is inserted through a very small cut in your tummy (abdomen). It allows the surgeon to see what they are doing. Another small cut is then made to insert an instrument to block the tubes. A number of ways are used to do this. Most often clips or rings are applied to your tubes. The clips or rings provide a block in the tubes and prevent the egg from meeting sperm.

A larger cut may have to be made, and a more traditional operation done, in some women. This is more likely if laparoscopy is too risky, such as if you have had multiple previous operations, or if you are overweight. This is called a mini-laparotomy.

If blocking the Fallopian tubes doesn't work then either part or all of the tubes can be removed. This is called a salpingectomy.

Sterilisation can be performed at the same time as a [caesarean section](#), when a segment of the tube is removed. This is done after the delivery of the baby.

How reliable is female sterilisation?

Around 2-5 women out of 1,000 will become pregnant after laparoscopic sterilisation. As a comparison, when no contraception is used, more than 800 out of 1,000 sexually active women will become pregnant within one year.

After sterilisation, women can (but rarely) become pregnant if the tubes come back together again after being cut. If clips were used to block the tubes, the clips can occasionally work their way off - even when they have been put on correctly.

What are the advantages of female sterilisation?

It is permanent and you (and your partner) don't have to think about contraception again. There are no hormones involved, so you do not have the side-effects of many other types of contraception. It does not affect your periods.

What are the disadvantages of female sterilisation?

Sterilisation is permanent and very difficult to reverse. Some women may regret having the operation in future years, particularly if their circumstances change.

In the rare event that the procedure fails and you become pregnant, you are more likely to have an [ectopic pregnancy](#). This occurs when the pregnancy develops outside of the womb, usually in the Fallopian tube. You would need emergency treatment if this were to happen. If you think you are pregnant after a sterilisation, or have unexplained bleeding or pain in your tummy (abdomen), then see a doctor quickly.

Laparoscopic sterilisation is also not as easy to do or as effective as [male sterilisation \(vasectomy\)](#). There is a small risk from the insertion of the laparoscope which has to be done 'blind' (ie without any image guidance). This means the surgeon cannot see exactly where they are putting the instrument in the tummy to gain access to the tubes. It may at times damage organs like bowel or a blood vessel inside the abdomen. This sounds worrying. However, the surgeon takes many precautions to make the procedure safe and to avoid causing damage to any other organ and, in most cases, this does not happen.

Sterilisation doesn't protect against [sexually transmitted infection \(STIs\)](#) so you may need to use condoms if you think you may be at risk of STI.

As with any operation there is a risk of a wound infection and the slight risk from a general anaesthetic. There may be some tummy discomfort or bloating, or mild discomfort or pain at the site of the cut.

How soon is it effective?

For laparoscopic sterilisation it depends on when you have it done in your menstrual cycle. If it is done whilst you have your period, you will not have produced an egg yet. In this case the procedure is effective immediately.

At any other time in your cycle, you will usually be advised to continue your previous method of contraception until your next period.

(The procedure is only done after checking you are not pregnant. That is, a pregnancy test would be done. If you have had sex without using contraception in the previous three weeks it is not possible to be sure you will not be pregnant. In this case, the operation would be delayed.)

Will it reduce my sex drive?

No. Sex may seem more enjoyable, as the worry of pregnancy and contraception is removed.

Some points to consider

Don't consider having the operation unless you and your partner are sure you do not want children, or further children. It is wise not to make the decision at times of crisis or change - for example, after a new baby or termination of pregnancy. Don't make the decision if there are any major problems in your relationship with your partner. It will not solve any sexual problems.

Doctors normally like to be sure that both partners are happy with the decision before doing this permanent procedure. However, it is not a legal requirement to get your partner's permission. If you have any doubts and questions, make sure you discuss these with your doctor or practice nurse.

Have you considered the alternatives? Female sterilisation is not 100% effective. Other **reversible** methods of contraception are just as effective, such as the [intrauterine system \(IUS\)](#), [contraceptive implants](#) and [contraceptive injections](#). Also, male sterilisation is easier and safer to do and is more effective.

Further reading & references

- [Male and female sterilisation](#); Faculty of Sexual and Reproductive Healthcare (September 2014)
- [Trussell J](#); Contraceptive failure in the United States, *Contraception*, 2011
- [Povedano B, Arjona J, Velasco E, et al](#); Complications of hysteroscopic Essure((R)) sterilisation: report on 4306 procedures performed in a single centre. *BJOG*. 2012 Feb 23. doi: 10.1111/j.1471-0528.2012.03292.x
- [Contraception - sterilization - NICE CKS](#); June 2016 (UK access only)

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