Patient

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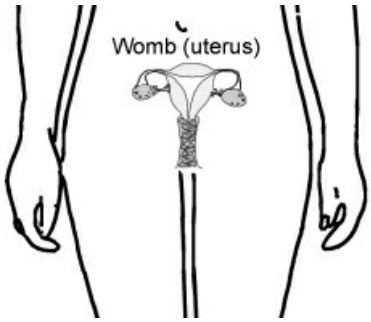
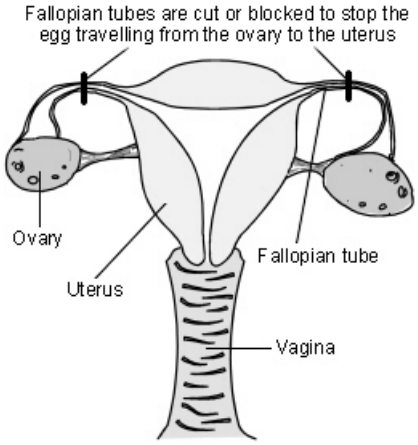
Female Sterilisation

Female sterilisation is an effective and permanent form of contraception. There is a very small failure rate. Sterilisation is only for people who have decided they do not want any children, or further children in the future. It is considered a permanent method of contraception. Reversal is a complicated operation which is not always successful. Reversal is not usually available on the NHS.

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 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 egg meeting sperm.

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

A newer procedure is available in clinic under local anaesthetic. This is called hysteroscopic sterilisation. You will be awake and the doctor places an instrument in the vagina, similar to having a cervical screening test. A small camera and tube (hysteroscope) are then passed through the vagina and neck of the womb (cervix). A very small implant (called a micro-insert) is placed into each Fallopian tube, using specialised narrow surgical instruments that are passed through the hysteroscope. The presence of the micro-inserts causes scar tissue to form in the Fallopian tubes. This eventually blocks them. The micro-inserts used are called Essure®. This procedure is not reversible.

How reliable is female sterilisation?

Around 2-5 women out of 1,000 will become pregnant after laparoscopic sterilisation. (When no contraception is used, more than 800 out of 1,000 sexually active women will become pregnant within one year.) Woman become pregnant because the tubes can, rarely, 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.

Hysteroscopic sterilisation is as effective as laparoscopic sterilisation, and possibly more so. So far it looks as if 2 women out of 1,000 will get pregnant after having this kind of procedure. The woman should use an additional form of contraception until the implants have been shown to be in the correct place. This is usually done by X-ray or ultrasound.

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?

As it is permanent, some people 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 risk from the insertion of the laparoscope which is done "blind". This means the surgeon cannot see exactly where they are putting the instrument and it may damage things inside the abdomen. This sounds worrying; however, the surgeon will take other precautions to try to avoid causing any harm and, in most cases, this does not happen.

As with any operation there is a risk of a wound infection and the slight risk from a general anaesthetic. There may be some discomfort or bloating, or some mild bleeding after the operation, but it is unusual for this to last more than a few days.

In hysteroscopic sterilisation there is no cut. The surgeon can also see what they are doing more easily. However, this is a newer procedure and quite fiddly. There may not be surgeons available yet at your local hospital who are trained to do this procedure.

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 for at least seven days. (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.)

Hysteroscopic sterilisation is not effective immediately. The consultant will need to check the microstents are in the correct place and working well. This may take up to three months. You will have a special test to check at this time, usually an X-ray or ultrasound scan. You should use additional contraception until you know that the microstents are in the correct place.

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 more effective.

Further reading & references

- Male and female sterilisation; Faculty of Sexual and Reproductive Healthcare (September 2014)
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