

your guide to
male and female
sterilisation

Helping you choose the method
of contraception that is best for you



Male and female sterilisation

Sterilisation works by stopping the egg and the sperm meeting. In female sterilisation (tubal occlusion) this is done by cutting, sealing or blocking the fallopian tubes (which carry an egg from the ovary to the uterus – womb). In male sterilisation this is done by cutting and sealing or tying the vas deferens (the tube that carries sperm from the testicles to the penis). It is sometimes called a vasectomy.

Sterilisation is a permanent method of contraception, suitable for people who are sure they never want children or do not want more children. You may want to find out about long-acting reversible contraception (LARC) which is as effective as sterilisation, but reversible. Ask your doctor or nurse or contact FPA (see back cover).



How effective is sterilisation?

Male sterilisation (vasectomy)

About one in 2,000 male sterilisations fail.

Female sterilisation (tubal occlusion)

The overall failure rate is about one in 200. Research suggests that when the sterilisation is done using a type of clip known as the Filshie clip, the failure rate in the ten years after the operation may be lower (one in 333–500).

There is a risk that sterilisation will not work. The tubes that carry the sperm in men and the eggs in women can rejoin after sterilisation. This can happen immediately or some years after the operation has been carried out. So if a sterilised woman ever thinks she might be pregnant, she should see a doctor or nurse as soon as possible.

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What are the advantages of sterilisation?

- It does not interrupt sex.
- After sterilisation has worked you don't have to use contraception ever again.



What are the disadvantages of sterilisation?

- The tubes may rejoin and you will be fertile again. This is not common.
- Sterilisation cannot be easily reversed.
- Sterilisation does not protect you against sexually transmitted infections.
- It takes between four weeks to at least three months for sterilisation to be effective.



Can anyone be sterilised?

Sterilisation is for people who are sure they do not want more children or any children. You should not decide to be sterilised if you or your partner are not completely sure or if you are under any stress, for example after a birth, miscarriage, abortion or family or relationship crisis.

Research shows that more women and men regret sterilisation if they were sterilised when they were under 30, had no children or were not in a relationship. Because of this, young or single people may receive extra counselling.



Where can I go for advice on sterilisation?

You can go to your general practice or to a contraception or sexual health clinic. If you prefer not to go to your own general practice, or they don't provide contraceptive services, they will refer you to another practice or clinic. All treatment is confidential and **free**. In some areas, NHS waiting lists for sterilisation can be quite long. You can pay to have the operation done privately.



What information should I receive before I decide to be sterilised?

You should get full information and counselling if you want to be sterilised. This gives you a chance to talk about the operation in detail and any concerns you may have. You should be told about:

- other highly effective LARC
- sterilisation failure rates, any possible complications and reversal difficulties.

Anyone being sterilised will have to sign a consent form.



Do I need my partner's permission?

By law you do not need your partner's permission but some doctors prefer both partners to agree to the operation after information and counselling.



Can sterilisation be reversed?

Sterilisation is meant to be permanent. There are reversal operations but they are not always successful. The success will depend upon how and when you were sterilised. Reversal is rarely available on the NHS and can be difficult and expensive to obtain privately.



Does sterilisation affect your sex drive?

Sterilisation does not affect hormones and there is no reason why you should not feel like sex after sterilisation. Your sex drive and enjoyment of sex should not be affected. For many men and women it is improved as they no longer fear an unplanned pregnancy.

Male sterilisation (vasectomy)

Q How is male sterilisation done?

A

You will be given a local anaesthetic. To reach the tubes, the doctor will make either a small cut or puncture, known as the no-scalpel method, in the skin of your scrotum. The doctor will then cut the tubes and close the ends by tying them or sealing them with heat. Sometimes a small piece of the tubes is removed when they are cut. The opening(s) in your scrotum will be very small and you may not need to have any stitches afterwards. If you do, dissolvable stitches or surgical tape will be used. The operation takes about 10–15 minutes and may be done in a clinic, hospital outpatient department or some general practice settings. Sometimes it is necessary to do the operation using a general anaesthetic, but this is not common.

Q How will I feel after the operation?

A

Your scrotum may become bruised, swollen and painful. Wearing tight-fitting underpants, to support your scrotum, day and night for a week may help. You should avoid strenuous exercise for at least a week. For most men pain is quite mild and they do not need any further help. The doctor or nurse should give you information about how to look after yourself.

Q Are there any serious risks or complications?

A

Research shows that there are no known serious long-term health risks caused by having a vasectomy. Occasionally, some men have bleeding, a large swelling, or an infection. In this case, see your doctor as soon as possible. Sometimes sperm may leak out of the tube and collect in the surrounding

tissue. This may cause inflammation and pain immediately, or a few weeks or months later. If this happens it can be treated.

Some men may experience ongoing pain in their testicles.

This is known as chronic pain.

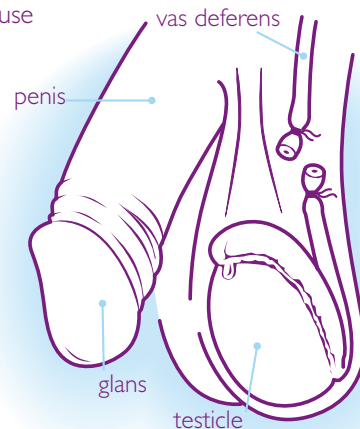
Treatment for this is often unsuccessful.

The large majority of men having a vasectomy will have a local anaesthetic but sometimes a general anaesthetic is used. All operations using a general anaesthetic carry some risks, but serious problems are rare. For more information on anaesthetics visit www.youranaesthetic.info.

Q

When will male sterilisation be effective?

You need to use an extra method of contraception after the operation because sperm are left in the tubes that lead to the penis. The rate these sperm are used up varies from man to man. About eight weeks after the operation, you should have a semen test to see if the sperm have gone. Sometimes more than one test is needed. You can have sex as soon as it is comfortable, but **you can only rely on male sterilisation for contraception after you have been told that the semen test is negative.**



Female sterilisation (tubal occlusion)



How is female sterilisation done?

There are several ways of blocking the fallopian tubes: tying, cutting and removing a small piece of the tube, sealing, or applying clips or rings. There are two main ways of reaching the fallopian tubes – laparoscopy or mini-laparotomy.

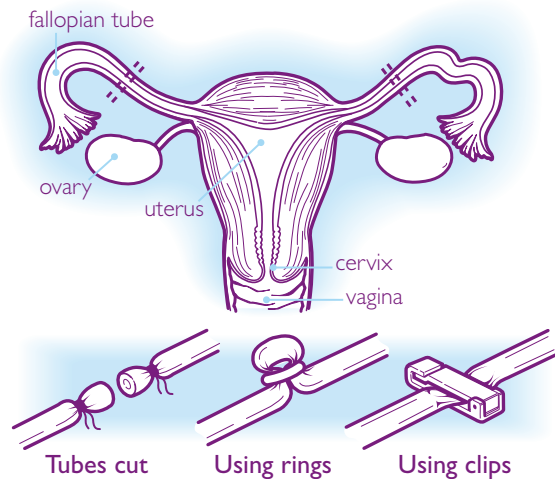
Laparoscopy is the most common method. You should be told which method is being used and why it has been chosen.

You will be given a general or local anaesthetic. A doctor will make two tiny cuts, one just below your navel and the other just above the bikini line. They will then insert a laparoscope, which lets the doctor clearly see your reproductive organs. The doctor will seal or block your fallopian tubes, usually with clips or occasionally with rings.

For a mini-laparotomy you will usually have a general anaesthetic and spend a couple of days in hospital. The doctor will make a small cut in your abdomen, usually just below the bikini line, to reach your fallopian tubes.

The time you stay in hospital after sterilisation depends on the anaesthetic and the method used. It can be as little as one day.

Hysteroscopic sterilisation is a new method and does not involve making any cuts. A tiny titanium (metal) coil is inserted into the fallopian tubes through the vagina and cervix. Body tissue grows around the coil and blocks the fallopian tube. This can be done under local anaesthetic or heavy sedation. This method is not reversible. Alternative contraception needs to be used after this procedure for at least three months. You will then need a test



to check that the fallopian tubes are blocked. This method may not yet be widely available. The doctor will discuss your options with you.



How will I feel after the operation?

If you have a general anaesthetic you may feel unwell and a little uncomfortable for a few days. This is not unusual, and you may have to take things easy for a week or so. You may have some slight bleeding from your vagina, and pain. If this gets worse, see your doctor. Your doctor should tell you which method of sterilisation was used, if there were any complications and how to look after yourself.



How will sterilisation affect my periods?

Your ovaries, uterus and cervix are left in place so you will still ovulate (release an egg each month), but it is absorbed naturally by your body.

Your periods will continue to be as regular as they were before sterilisation. Occasionally, some women find that their periods become heavier. This is usually because they have stopped using hormonal contraception, which may have lightened their periods previously.



Are there any serious risks or complications?

If female sterilisation fails, and you do become pregnant, there is a small increased risk of ectopic pregnancy. This develops outside your uterus, usually in the fallopian tube. Although this is not common, it is dangerous. You should seek advice straight away if you think you might be pregnant or have a light or delayed period, unusual vaginal bleeding, or if you have sudden or unusual pain in your lower abdomen.

All operations carry some risk, but the risk of serious complications is low. For information on anaesthetics see www.youranaesthetic.info.



When is female sterilisation effective?

You will need to use contraception until your operation **and** for four weeks afterwards. After hysteroscopic sterilisation you will need to use contraception for at least three months.



How do I find out about contraception services?

Contraception is **free** for women and men of **all** ages through the National Health Service.

- You can find out about all sexual health services from **sexual health direct**, the helpline run by FPA, on 0845 122 8690 or at www.fpa.org.uk.
- You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.wales.nhs.uk. In Scotland you can find details of general practices at www.show.scot.nhs.uk. In England and Wales you can also call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 08454 24 24 24. In Northern Ireland call the FPA helpline on 0845 122 8687 or for details of general practices see www.n-i.nhs.uk.
- You can also get details of your nearest

contraception, genitourinary medicine (GUM) or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.

- You can get details of young people's services from Brook on 0808 802 1234, www.brook.org.uk.

Emergency contraception

If you have had sex without using contraception, or think your method might have failed there are different types of emergency contraception you can use.

- The emergency contraceptive pill, Levonelle – can be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne – can be taken up to five days (120 hours) after sex. It is only available with a prescription.
- An emergency IUD – can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor or nurse about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

How FPA can help you

Call **sexual health direct**, the helpline run by FPA. It provides:

- confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

FPA helplines

England

helpline 0845 122 8690 – 9am to 6pm, Monday to Friday

Northern Ireland

helpline 0845 122 8687 – 9am to 5pm, Monday to Friday

www.fpa.org.uk – visit for confidential information and advice or send your enquiry to Ask WES.

A final word

This booklet can only give you basic information about male and female sterilisation. The information in this booklet is based on evidence-guided research from the World Health Organization and the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Different people may give you different advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.



talking sense about sex



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