NHS Ayrshire & Arran Patient Information

Sterilisation: making a decision

This leaflet is about laparoscopic sterilisation

Key points:

Sterilisation is a life-long form of contraception which cannot be undone easily. You need to think carefully before deciding to be sterilised.

It involves a physical examination and an operation

There are no long term side effects.

This leaflet explains what is involved in sterilisation and tries to answer the common questions asked by people who are thinking about being sterilised.

You should read this carefully before making a final decision. You may have questions which are not covered by this leaflet. Make a note of these and discuss them with your doctor or gynaecologist before you proceed with sterilisation.

Is sterilisation right for me? Questions to ask yourself:

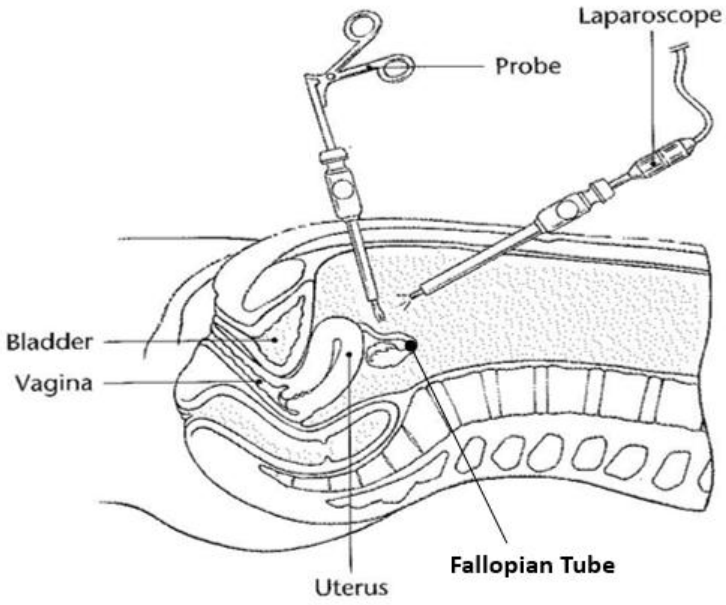
- Why am I choosing sterilisation?
- What are my alternatives?
- Might I want any more children?
- Am I making this decision or is someone pressurising me?
- Am I making this decision at a time of stress?
- Have I taken enough time to make this decision?
- Would anything change my mind – such as losing my partner or one of my children?
- Do I understand what is done at the operation?
- Are there risks or complications associated with the operation?
- Have I had all the information I need?

How is sterilisation carried out?

Sterilisation works by blocking or removing the tubes between the ovaries and the womb. After sterilisation eggs and sperm cannot meet and fertilise to start a pregnancy.

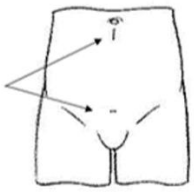
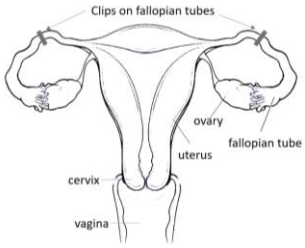
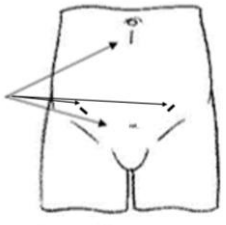
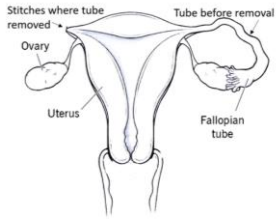
Most sterilisations are carried out under general anaesthetic by laparoscopy (also called keyhole surgery). While you are asleep under the anaesthetic a vaginal examination is done to help position the womb. A telescope is put through a small cut just below the tummy button so that the doctor can see the womb, tubes and ovaries. An instrument is put in through a second cut (which may be to one side). You may have a stitch in these afterwards.

Laparoscopy (keyhole surgery to tummy):



The operation takes 20-40 minutes. Removing the tubes takes longer than applying clips. You may need 1-2 extra small cuts if both tubes are removed

Sterilisation is usually done as a day case. Occasionally you may need to stay in hospital for one or two nights. We will discuss this with you.

Treatment Option	Main Advantages	Main Disadvantages
Keyhole Filshie Clip Sterilisation One or two clips made of silicone/titanium device is applied to permanently block the tubes  Typical incision sites 	• Most common tubal sterilisation procedure • 99.5% success rate (1:200 Pregnancy Rate) • Can be reversed by surgical re-attachment of the tube in case of future regret. • Slightly quicker operating time • Estimated reduction of ovarian cancer risk by 13-41%	• Long-term complications such as clip migration and foreign body reaction causing chronic pain (uncommon) • Not suitable for patients with previous tubal ectopic pregnancy or tubal surgery. • Risk of ectopic pregnancy if procedure fails
Keyhole Total Removal of the Fallopian Tubes Both tubes are totally removed (Salpingectomy)  Typical incision sites 	• Expected 100% success rate (0% pregnancy rate) • Removes the risk of tubal cancer • Estimated reduction of ovarian cancer risk by 42-78% • Lowest risk of tubal ectopic pregnancy • More suitable for people with previous tubal ectopic pregnancy, tubal surgery or failure of other methods of tubal occlusion	• Reversal procedure is not possible • Slightly increased operative time) • May need 1-2 additional cuts in abdomen for additional instruments • Possible risk of internal bleeding where tube removed • Possible risk of earlier menopause

Recovery

Most people recover in 5 days and can go back to work/ normal activities.
You should not do activities which require a lot of concentration (including driving and cooking) for at least 24 hours.
Don't sign legal documents or drink alcohol for 24 hours
Don't do any heavy lifting for 7 days

Sometimes the surgeon has to open up the abdomen (tummy) to carry out the sterilisation. This takes longer to recover from.

What is the failure rate of sterilisation?

This depends on the method. It is thought that removing the fallopian tubes has a 0% failure rate. If clips are used up to 1 in 200 people become pregnant at some time after being sterilised. Younger people have a slightly higher risk of pregnancy after sterilisation with clips, older people a slightly lower risk. If you are sterilised immediately after a pregnancy, the failure rate is slightly higher than 1 in 200.

If you become pregnant after sterilisation with clips, one in 3 of the pregnancies starts in a fallopian tube. This is called an ectopic pregnancy. If left untreated it can be dangerous as it leads to internal bleeding.

If you are sterilised and think you are pregnant, or you have abnormal tummy pain and bleeding, see your doctor as soon as possible.

Preparing for sterilisation

occasionally someone is already pregnant when they come in for a sterilisation operation. A pregnancy test is done on the day you come to theatre but a pregnancy may be so early that a normal pregnancy test can't detect it. This is why you must keep using contraception until after the operation. Discus with your clinician when you can stop using contraception.

Advantages of sterilisation

- A very reliable form of contraception.
- It does not make periods any heavier or more painful.
- It does not have any long term side effects

Disadvantages of sterilisation

- It is permanent –don't go ahead if you have even the slightest doubt that you may wish a child in the future.
- Reversal of sterilisation not possible of the tubes are removed
- If the tubes are clipped reversal is a major operation with low success rates- as low as 10 per cent.
- It does not help period problems.
- It does not protect against sexually transmitted infections.

Alternatives to sterilisation

Many people want to be sterilised because they do not realise that there are other alternatives available which are just as good at preventing pregnancy

IUCD ("copper coil") lasts up to 10 years. No hormones.
IUS ("hormone coil") lasts up to 8 years, can help heavy periods.
Implant ("the rod") lasts 3 years.
Depo Provera /Sayana Press ("the jag", "the injection") given every 13 weeks. Often stops periods

Alternatives for partners:
Vasectomy
-generally carried out under a local anaesthetic
-lower complication rate than sterilisation.

These are available from GPs and sexual health clinics. Make sure you consider other forms of contraception before making a final decision about sterilisation. Apart from vasectomy these methods are reversible, so if you stop using them, you can try for a baby.

Can anyone be sterilised?

Anyone can be sterilised, provided that they make the request themselves, are of sound mind and are not acting under pressure from family, friends or others to be sterilised. This must be your decision.

Experience shows that people are more likely to regret sterilisation if they

- have just lost a baby,
- have had relationship breakdown,
- are feeling stressed at work or home,
- are aged less than 30

If you are in one of these groups, it is advisable to use a long lasting method for a few years to make sure you will not want children at a later time.

Some health conditions or previous operations can make sterilisation a less safe option. We ask about your past health and discuss with you if you have personal risk factors that make sterilisation a less safe option or prevent you from being offered this operation.

What are the complications?

Sterilisation carried out by laparoscopy is a common procedure. Complications are rare (more detail below) but may not be detected until after the operation.

If a complication is detected during the operation the operating doctor would take steps to put this right immediately. If there is a bowel injury the surgeon will have to open up your tummy with a large cut. This is called a laparotomy. The recovery time is several weeks.

General complications of any surgery and anaesthetic

Pain- you will be given pain killers. Local anaesthetic is also often used to help pain.

Feeling or being sick- this usually settles quickly. Anti-sickness medicine is available.

Bleeding during and after the operation. You may need a blood transfusion

Wound infection

Bruising

Unsightly scars

Risks of laparoscopic sterilisation

Risks of this operation include:

- The operation cannot be completed because of unexpected findings or difficulties such as not being able to get into the abdomen (tummy) or not being able to find the fallopian tubes. The surgeon may make a larger cut in the abdomen to complete the operation (risk 5-6 in 1000 procedures).
- Perforation (making a hole) in the uterus by one of the instruments (6 in 1000 procedures);
- Injuries to the bowel, bladder or blood vessels (3 in1000 procedures). Up to 15 in 100 injuries are not diagnosed at the time of the procedure;
- regret about being sterilised;
- Hernia at the site of incision. This is a bulge in the skin where the operation was done and there may be bowel in the bulge (10 in 1000 keyhole procedures)
- Shoulder tip pain due to the carbon dioxide put into the abdomen during the procedure to help see the fallopian tubes (up to 100 in 1000).
- Death as a result of complications (1 in every 12 000 procedures);

Weight

Being overweight can make it impossible to get the telescope into the right place and to see the fallopian tubes well enough to do the operation safely. Being underweight increases the risk of accidental internal damage.

I am due to have a Caesarean section - can I ask to be sterilised at the same time?

Sterilisation can be carried out at the same time as a Caesarean section, but some additional factors need to be taken into consideration. Last minute decisions to be sterilised are often regretted at a later date. It will only be done if you have discussed it with your doctor early in the pregnancy.

If the Caesarean section is being done as an emergency or if the baby is premature, you may have to face the possibility that the baby is ill after delivery and may not survive. In these circumstances, it is better to wait and have a sterilisation carried out at a later date.

The failure rate for a sterilisation carried out at the time of a Caesarean section usually uses a technique where the middle part of the tube is removed. The failure rate is slightly higher than 1 in 200.

You should think very carefully and be certain that your family is complete before asking for the procedure.

What if I change my mind and want more children at some point in the future?

Sterilisation is designed to be permanent and you may not have the opportunity to change your mind if you decide later that you would like to have children. If you have the slightest doubt, don’t go ahead.

Relationships can break down and sadly, some parents have to cope with the tragedy of their children dying at a young age. If either of these happen to you, you may want to have more children and regret that you were sterilised. You should think carefully about this before making the decision to be sterilised. It is better to use another form of contraception which allows you to have more children in the future than to be sterilised and regret it later.

Reversal of sterilisation is a specialised major procedure and not all doctors perform it. **It is not available on the NHS**. You need to have your abdomen opened up. There is also a recovery time when you get home. Certain types of sterilisation, such as those carried out by removing a piece of tube, are less easy to reverse. If the tubes are removed it cannot be reversed. The surgeon may wish to check on details of your sterilisation or look at the tubes by keyhole surgery before making a final decision regarding reversal. Many surgeons also require evidence of a normal sperm count from your partner before putting you through such a big operation. Success rates of reversal vary according to your age and state of the tubes, but can be as low as 10 per cent. IVF may be a better option. **This will not be paid for by the NHS.**

After reversal of sterilisation, any pregnancies which do occur have an increased chance of starting in a fallopian tube (an ectopic pregnancy). This is dangerous. Anyone who has had a reversal of sterilisation and thinks they may be pregnant, or who has any abnormal abdominal pain and bleeding, should see their doctor as soon as possible.

Consent for sterilisation

Before the operation is carried out you will be asked to sign a consent form. You should read the form carefully before consenting to the operation. If you have any questions, please ask staff. You can make a note of any questions in the space at the end.

Cervical Screening

We strongly recommend that you have up to date cervical screening before being sterilised as it saves lives! We can do your test at the clinic if you are due for it.

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