

# Sterilisation

## What is it?

Sterilisation is an operation performed on the man (vasectomy) or woman (tubal ligation or tubal occlusion) to make sure they can **never** have any more children. It is considered a permanent operation.

## Who is suitable?

Couples - who have completed their families and are sure they will **never** want any more children, even if they separate and re-marry, or a child dies.

Single people and child-free couples - who are sure they will **never** want any children.

## Sterilisation for women

### Laparoscopic sterilisation (also called tubal ligation)

#### How is it done?

This is the most common form of female sterilisation. It is commonly called 'having your tubes tied'. The surgeon passes an instrument, (laparoscope, which has a small camera on the end), through the skin near the navel so the fallopian tubes and uterus can be seen. The fallopian tubes then have clips put over them to close the tubes. A general anaesthetic is needed but it is usually possible to leave hospital that day. The egg can now no longer move down the tubes to meet the sperm, so pregnancy cannot occur. This comes into effect immediately.

#### What are the side effects?

Most women take a few days to recover from the anaesthetic.

Some get pains under the diaphragm or at the shoulder and some minor abdominal discomfort immediately after the operation.

#### Can it be reversed?

It **may** be possible to rejoin the tubes. It is a very complicated operation with an overall success rate of only 50%. Tubal ligation must be regarded as a permanent operation. In Australia, the high costs of reversal are not covered by Medicare.

### Permanent tubal occlusion

#### How is it done?

This is the latest technique for sterilisation. A general anaesthetic is not required, although medication may be given to you to make you drowsy throughout the procedure. An instrument is passed through the cervix, (hysteroscope, which has a small camera on the end) and under visualisation, micro-coils are passed into each fallopian tube. Over a period of time, (approximately three months), tissue grows into the micro-coil to permanently block the fallopian tubes. Once the fallopian tube is blocked, the egg can no longer meet the sperm. Three months after the procedure, an X-ray is performed and the doctor advises as to whether the blockage is complete and pregnancy will be prevented. Sometimes a further test - an hysterosalpingogram - is also required. Until the doctor is confident of the successful blockage of the tubes, alternative contraception should be used.

#### What are the side effects?

There may be some cramping and pain after the procedure. Some women experience some bleeding or spotting for a few days after the insertion of the micro-coils. Most women recover in a few hours after the procedure, so have less time away from work or other duties, compared with a tubal ligation.

#### Can it be reversed?

No, once the micro-coils are inserted they can not be removed; it is definitely permanent.

**Is the operation always successful?**

Two micro-coils are unable to be placed in 5% of women. Alternative sterilisation or contraception would need to be sought.

**Do sterilisation operations change a woman's body?**

No. Ovulation and menstruation will continue as before, with no increase in menstrual flow. The female hormones will still be produced by the ovaries and a woman's sexual feelings will not be altered. Women may find sex more enjoyable when the fear of an unwanted pregnancy is removed. Menopause ('change of life') will occur at the usual time.

**How are the operations arranged?**

A referral to a public hospital or private gynaecologist is needed. This can be done through a local doctor or family planning clinic.

**What happens to the egg?**

The tiny egg is harmlessly absorbed in the body.

**What is the failure rate for female sterilisation?**

Both types of operation are very effective but there is a small failure rate of 0.2%, i.e. they are 99.8% effective.

**Sterilisation for men****Vasectomy****How is it done?**

Through a small incision in each side of the scrotum, the doctor cuts and ties the narrow tubes through which the sperm travel from the testicles to the penis. This tube, the Vas Deferens, gives the operation its name.

There are some vasectomies starting to be done without an incision. Ask the doctor performing the procedure which technique they use; it is still as effective without an incision. It is a minor 15 minute operation which can be performed under local anaesthetic in the doctor's rooms, at a clinic or at a hospital. Often sedation is used for the procedure, so the man feels drowsy for a little while and may not remember the procedure. If desired, a short general anaesthetic can be used.

**What are the side effects?**

Slight discomfort is experienced for a few days. Bruising and infection of the skin around the incision may occur. There should be no heavy lifting for a few days. A small percentage of men will experience persistent groin pain.

*A man is not sterile until all the sperm present in the man's semen before the operation is expelled through ejaculation.*

A sperm test will show that there are no longer any sperm left in the body. This usually occurs after about 15 ejaculations and can occasionally take up to 6 months. Couples should therefore use other contraception until a clear sperm test is received.

**What happens to the sperm?**

These tiny cells are still produced but are harmlessly re-absorbed by the man's body.

**Does the operation change a man's body?**

No, neither the penis nor the testicles are affected, and the male hormone testosterone is produced as usual. The man still produces the normal amount of ejaculate fluid but it contains no sperm. Sexual enjoyment is not impaired and, since the fear of an unwanted pregnancy is removed, many find that sexual pleasure is increased after sterilisation.

**What is the failure rate?**

The operation is very effective but there is a small failure rate of 0.2%. i.e. it is 99.8% effective.

**How is the operation arranged?**

Usually a referral to a public hospital or private surgeon is needed, which can be obtained through a local doctor or family planning clinic. Some general practitioners perform the procedure.

**Can the operation be reversed?**

It is usually technically possible to rejoin the cut ends of the Vas Deferens. However, reversal will only result in a pregnancy in 60% of cases. The longer the time since the vasectomy has been performed, the higher the chance the sperm will not function well.



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