

Sterilisation

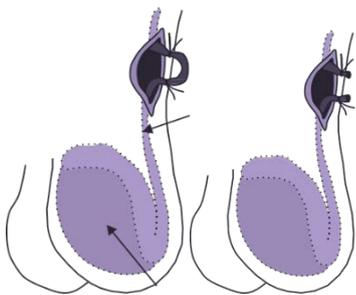
Sterilisation is a permanent method of contraception. It is suitable only for people who have completed their families or have decided not to have children, and feel certain of their decision. It is not usually recommended for young people, people who think they may want children in the future, or people who feel unsure about the procedure.

It is important that men and women are aware of all contraceptive options before making a decision.

Vasectomy – male sterilisation

A vasectomy is a surgical procedure that involves blocking the path of sperm by cutting, or tying a man's vas deferens. This will prevent sperm from becoming part of the ejaculate (semen), and makes the man sterile.

Following a vasectomy, sperm are still produced in the testicles but are absorbed by the body.



A vasectomy takes about 15-20 minutes and can usually be carried out with a local anaesthetic. Two small cuts are made in the scrotum, then the vas deferens is cut and tied.

How effective is a vasectomy?

Vasectomy is not immediately effective because live sperm remain in the vas deferens until they are ejaculated in the semen. After three months a semen analysis must be taken to check that there are no live sperm in the ejaculate. Once this is established, vasectomy is 99.85-99.9% effective. This means that, on average, of 1000 women whose partners have had a vasectomy, only 1 of them will become pregnant at some time in the future.

What are the advantages of vasectomy?

- Highly effective method of contraception
- Simple, quick and safe operation

- It does not interfere with sexual intercourse or sexual function (erections)
- Long-term complications are rare

What are the disadvantages of vasectomy?

- Temporary discomfort may be experienced following the operation, such as pain, bruising, bleeding, swelling or inflammation
- Vasectomy is not immediately effective
- Reversal is not always possible

Remember - Sterilisation does not protect against STIs. Use a condom for every sexual encounter

Are there any long-term consequences of vasectomy?

- Does not affect the appearance or function of the penis or testicles in any way
- Erections, orgasms and ejaculations will be the same as before the operation
- Concern has been raised about testicular and prostate cancer in men who have had a vasectomy. World Health Organisation expert committees have reviewed the research and found no proven association exists between vasectomy and cancer

Female sterilisation

Female sterilisation involves blocking or cutting the Fallopian tubes (where eggs travel from the ovaries to the uterus) to prevent the ova (eggs) from coming in contact with sperm. After sterilisation, an ovum (egg) is still released each month but is absorbed by the body. The methods

used for female sterilisation are:

- Laparoscopic sterilisation
- Mini-laparotomy
- Essure™ (hysteroscopic sterilisation)

The method used will depend on a woman's wishes, general health and past surgical history.

Laparoscopic sterilisation

This is a common method of female sterilisation and is usually done under general anaesthetic. Two or three very small cuts are made in the abdomen. The abdomen is filled with a carbon dioxide gas, which allows the organs inside to be seen clearly. A laparoscope (medical telescope) is inserted through one small opening to locate the Fallopian tubes. The tubes are then blocked by heat sealing, clips, clamps or rings.

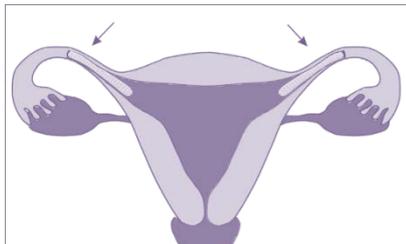
Mini-laparotomy

The mini-laparotomy, also performed with a general anaesthetic, involves a small cut in the lower abdomen, giving access to the Fallopian tubes. Heat sealing, clips, clamps or rings are used to block the tubes.

Hysteroscopic sterilisation

The Essure™ method of permanent birth control uses very small coils, which are inserted through the cervix and uterus into the fallopian tubes. After the coils are placed, scar tissue develops around them, causing the tubes to become sealed shut. This process happens gradually over time, and the woman must therefore use another form of birth control for three months after the coils are placed. At this time, an x-ray test called a hysterosalpingogram (HSG) is performed to confirm that the tubes are blocked. Hysteroscopic

sterilisation costs less, allows the woman to spend less time in the hospital, is well tolerated, and causes less severe post-operative pain.



The disadvantages of hysteroscopic sterilisation include the:

- possibility that the coils cannot be successfully placed in both tubes (<2 percent),
- need for another method of birth control for three months after the coils are placed
- need for a test to confirm that the procedure has been successful
- some women may report persistent pelvic pain
- spotting from 2 weeks to 6 months while the IUD settles in.
- A follow up visit will be made for 3-4 weeks to check on the placement and the bleeding pattern.

How effective is female sterilisation?

These methods of female sterilisation are 99.5% effective as a form of contraception, starting immediately after the operation. This means that, on average, of 1000 women who have been sterilised, 2-5 of them may become pregnant at some time in the future.

What are the advantages of female sterilisation?

- A highly effective method of contraception
- Effective immediately
- Does not interfere with sexual function
 - Long-term complications are rare

What are the disadvantages of female sterilisation?

Usually requires a general anaesthetic

- The general risks for a surgical procedure are bleeding and

infection; specific for this procedure would be damage to other structures inside the abdomen.

- Periods may become heavier if the woman has previously been on the COCP
- If pregnancy does occur there is an increased risk of this being an ectopic pregnancy (pregnancy in the Fallopian tube)

Disclaimer

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