# 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 people are aware of all contraceptive options before making a decision.

## Vasectomy – sterilisation procedure

A vasectomy is a surgical procedure that involves blocking the path of sperm by dividing, or tying the vas deferens. This will prevent sperm from becoming part of the ejaculate (semen).

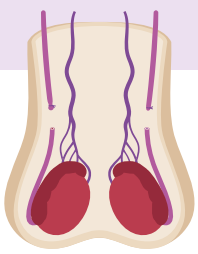
Following a vasectomy, sperm are still produced in the testicles but are absorbed by the body.

A vasectomy takes about 15–20 minutes and can usually be carried out with a local anaesthetic. Two small incisions 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 people whose partners have had a vasectomy, only 1 of them will become pregnant at some time in the future.

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



## 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

## Are there any long-term consequences of vasectomy?

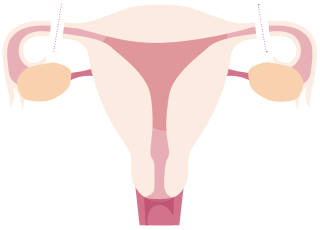
- Does not affect the appearance or function of the penis or testicles in any way
- Erections, orgasms and ejaculations will be the same as before the operation
- Concern has been raised about testicular and prostate cancer in men who have had a vasectomy. World Health Organisation expert committees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

## Tubal sterilisation

Tubal 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 tubal sterilisation include:

- Placement of Filshie clips
- Tubal ligation and resection
- Bilateral salpingectomy (removal of the Fallopian tubes)
- The method used will depend on a woman's wishes, general health and past surgical history.



The procedure is usually done under general anaesthetic by key hole surgery. Two or three 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 clipped, tied and cut or completely removed.

## 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 people 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 occurs there is an increased risk of an ectopic pregnancy (pregnancy in the Fallopian tube)
- This is considered a permanent change. Reversal is not always possible.

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