

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). This is called 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 for further information about LARC or visit www.fpa.org.uk

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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 is 2-3 per 1000 at 10 years. Available evidence suggests the failure rate of Essure (see page 8) is around one in 500 over five years.

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.

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What are the advantages of sterilisation?

- 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 and at least three months for sterilisation to be effective, depending on the method used.

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 can 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 a sterilisation 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 long-acting reversible contraception (LARC)
- sterilisation failure rates, any possible complications and reversal difficulties
- the need to use contraception until the sterilisation has been confirmed as a success.

You 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 a sterilisation after information and counselling.

Can sterilisation be reversed?

Sterilisation is meant to be permanent. There are reversal operations but they are not always successful. 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. Hysteroscopic sterilisation (Essure, see page 8) cannot be reversed.

Does sterilisation affect your sex drive?

Sterilisation does not affect your hormones. Therefore, your sex drive and enjoyment of sex should not be affected.

Male sterilisation (vasectomy)

How is vasectomy done?

You will be given a local anaesthetic. To reach the tubes, the doctor will make either a small puncture, known as the no-scalpel method, or a small cut on 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.

How will I feel after the operation?

Your scrotum may become bruised, swollen and painful. Taking pain relief and wearing tight fitting underpants or athletic support, to support your scrotum, day and night for the first few days will help to reduce any discomfort. The doctor or nurse should give you information about how to look after yourself in the weeks following your vasectomy.

Are there any serious risks or complications?

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.

A small number of men experience ongoing pain in their testicles, scrotum, penis or

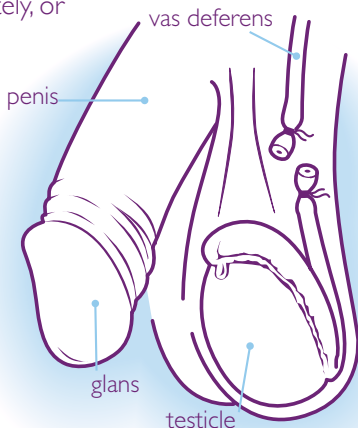
lower abdomen. This is known as chronic post-vasectomy pain or CPVP. Drug treatments may be effective in easing the pain and some men require further surgery. Permanent relief is not always achieved.

The majority of men having a vasectomy will have a local anaesthetic but very rarely a general anaesthetic is used. All operations using a general anaesthetic carry some risks, but serious problems are rare.

When will vasectomy be effective?

About 12 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 between two and seven days after the operation, but you can only rely on male sterilisation for contraception after you have been told that the semen test is negative.

Following the operation you need to use alternative contraception until the sperm left in the tubes have cleared. The time it takes for the sperm to clear the tubes varies from man to man.



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.

The time you stay in hospital after sterilisation depends on the anaesthetic and the method used. You may be given a general, local or regional anaesthetic.

For a laparoscopy, a doctor will make a tiny cut and 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.

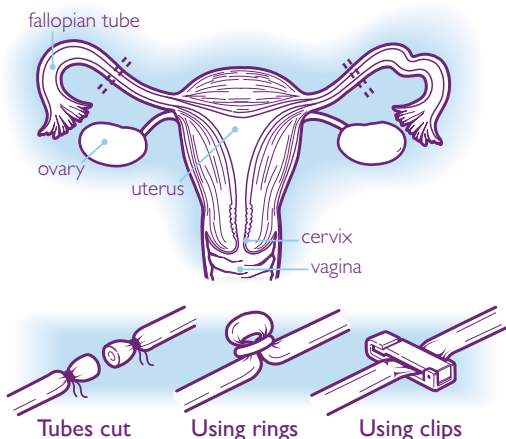
For a mini-laparotomy, a doctor will make a small cut in your abdomen, usually just below the bikini line, to reach your fallopian tubes. You will usually have a general anaesthetic and spend a couple of days in hospital.

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. The doctor should tell you which method of sterilisation was used, if there were any complications and how to look after yourself in the weeks following your sterilisation.

What is Essure?

Essure is a method of female sterilisation that doesn't involve any cuts. It is known as hysteroscopic sterilisation.



A hysteroscope is inserted into the vagina and cervix to allow a tiny titanium (metal) coil to be placed in both fallopian tubes. Body tissue grows around the coil and blocks the fallopian tube. This does not usually require anaesthetic and takes about 10 minutes. Most women are able to return to their normal activities the following day. Your general practice, contraception or sexual health clinic can refer you to a doctor specially trained to insert Essure. **This method is not reversible.** After three months you will need an x-ray or ultrasound to check that the fallopian tubes are blocked.

How will sterilisation affect my periods?

Your ovaries, uterus and cervix are left in place and your hormones are not affected 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. An ectopic pregnancy develops outside your uterus, usually in the fallopian tube. 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.

When is female sterilisation effective?

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

Where can I get more information and advice?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123 and the service is available from Monday to Friday from 9am - 8pm and at weekends from 11am - 4pm.

For additional information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To locate your closest clinic you can:

- Use Find a Clinic at www.fpa.org.uk/clinics
- Download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhs24.com and in Northern Ireland at www.hscni.net

Emergency contraception

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

- An emergency contraceptive pill containing levonorgestrel – can be taken up to three days (72 hours) after sex. More effective the earlier it is taken after sex. Available with a prescription or to buy from a pharmacy. There are different brands but they all work the same way.
- An emergency contraceptive pill containing ulipristal acetate – can be taken up to five days (120 hours) after sex. Available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An 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, nurse or pharmacist 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.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organisation and The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists.

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 sexual health clinic if you are worried or unsure about anything.



talking sense about sex



www.fpa.org.uk

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If you would like information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

