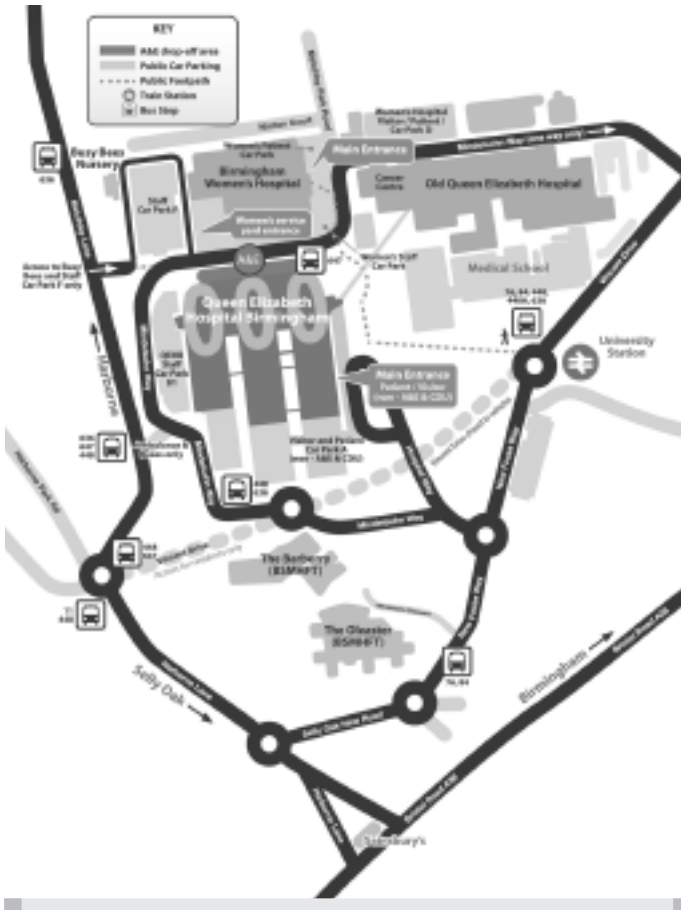


Female Sterilisation

What is it?



Ref 88/01/2012 Review 12/2013

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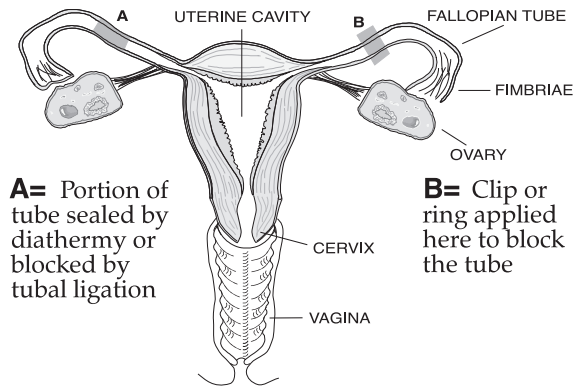
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Printed by Kall Kwik Walsall. Tel: 01922 722022

Patient Information

Female Sterilisation is an operation where the tubes, which carry the sperm to the egg, are blocked. After a sterilisation operation intercourse can be enjoyed without the fear of unwanted pregnancy.

The Fallopian Tubes (see diagram below)



There are two fallopian tubes; one attached to each side of the uterus (womb). They do two things:

1. Carry the sperm from the uterus towards the ovary. Fertilization usually takes place at the end of the tube.
2. Carry the fertilized egg back down the tube to the uterus.

Ovaries: The way in which your ovaries work is not affected by this operation.

Female Sterilisation must be regarded as permanent.

It is extremely important that you are certain that you do not ever want anymore children before you have this operation.

What happens next?

Before the operation one of our doctors will discuss your request for sterilisation with you.

Information about the anaesthetic can be found in the leaflet "You and your anaesthetic". You will also be able to discuss this with your anaesthetist before your operation.

If you miss a period or are late with a period, please perform a pregnancy test and see your GP for advice.

This would involve a longer stay in hospital - approximately 3-5 days and you may require 2-6 weeks off work.

If stitches are used to close the cut they will dissolve and fall out 7-10 days after the operation. If the stitches irritate ask your practice nurse to remove them. You should keep the operation site clean and dry. If necessary cover the cut with a plaster, but change it every day.

What preparations will I have to make?

Usually the operation is performed as a day case.

Day Case

You will be admitted to the hospital on the day of your operation and go home on the same day if you feel well enough. It is not possible for all patients to do this and this will be discussed with you by a nurse at your pre-operative assessment.

2. Essure Hysteroscopic Procedure

This is a new procedure. You will be admitted to the daycase ward on the day of your surgery. The sterilisation will be carried out in a specialised out patient clinic. You will not be asleep for the procedure. However, a local anaesthetic may be used.

The procedure involves placing a small flexible device into each of the tubes. This is achieved by using a hysteroscope (telescope) which goes through the neck of the womb (cervix) and does not involve any cuts.

3. Tubal ligation

This operation is rarely performed unless there is a good reason; your surgeon will discuss this. This method involves a cut in the skin (laparotomy) just above the pubic hair. The tubes are cut and tied, while you are asleep.

How long will I need to be here?

The procedure takes approximately 30 minutes. You will need to be in hospital for about 4 hours following your sterilisation. You may need 3-7 days off work.

Will I have any pain?

Although we can't say exactly how you will feel after your operation it is only natural to have some aches and pains, but there are of course painkillers we can give to make you more comfortable. There is a separate leaflet available that explains specifically about pain control.

Contraception

If you are having **laparoscopic sterilisation** or **tubal ligation** you should continue to use contraception until your next period. If you have a coil your GP or Family Planning Clinic can remove this. If using the pill (oral contraceptive) finish the packet and then stop. Your periods will return to their normal cycle.

If you are having **Essure Hysteroscopic Procedure** you need to continue to use contraceptives for three months as it takes this long to block the tubes. (See Failure Rate on next page). If you have a coil, this will be removed at the time of your operation so you need to think about an alternative method. You will then have a pelvic ultrasound or a hystersalpingogram (x-ray dye test) to confirm that the sterilisation is adequate.

If you have any doubts or need advice about contraception please ask the doctor at the time of your appointment or the nurse in pre-operative assessment.

Failure Rate

All methods of sterilisation carry a failure rate.

Laparoscopic Sterilisation and **Tubal Ligation** have a failure rate of 1:200 (RCOG Guidelines 2002).

Essure Hysteroscopic Sterilisation is a newer procedure and considered to be similar to Laparoscopic Sterilisation up to 1:200.

In all the procedures failure after the first 18 months is rare but can occur up to several years after the sterilisation. However, if it does occur a tubal pregnancy (ectopic) may result.

Risks associated with Laparoscopic Sterilisation are:

- Injury to adjacent organs or blood vessels in pelvis such as bladder, bowel or womb.
- More extensive surgery to treat such an injury which may require making a cut to open the abdomen known as a laparotomy. This may be necessary at the time of the operation or may require a second operation at a later date.
- Failure rate of 1 : 200.
- If the sterilisation should fail and you become pregnant, there is an increased risk of the pregnancy implanting in the tube, known as an ectopic pregnancy.
- Pain or discomfort across the shoulders due to the collection of gas used during the operation to distend your abdomen.
- Infection requiring antibiotics
- This procedure is irreversible and must be considered to be a permanent form of contraception.

What is the Procedure?

The operation and the method will be described; any questions you may have will be discussed. At the end of the discussion either:

- The doctor will agree to your request. You will be asked to sign the consent form, the doctor will examine you to see that you are suitable for the operation. We will then book a date that is convenient for you to have the surgery

Or

- You may be advised to think about it again and asked to return for further discussion.

Or

- An alternative to female sterilisation may be recommended.

How is the Operation Done?

There are 3 methods:

1. Laparoscopic Sterilisation

The tubes are blocked by a small plastic clip or ring.

Once you are asleep the surgeon will put some gas (carbon dioxide) into your tummy through a needle. This creates a space, which enables the surgeon to carry out the operation. The telescope (laparoscope) is introduced through a small cut just below the belly button (navel).

It is possible that occasionally the needle or instrument used to introduce the gas or telescope might damage another organ. This is rare but may mean that your tummy would have to be opened up and the damage repaired.

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