

## Fact Sheet

# Sterilisation



## Female sterilisation

### What is female sterilisation?

Female sterilisation is a permanent form of contraception for women. It is a procedure to block the fallopian tubes so that the sperm cannot travel up to meet the ovum (egg) and begin a pregnancy.

### The procedure

The most common method is called laparoscopic sterilisation. This usually means a general anaesthetic, and a possible overnight stay in hospital.

One or two 1cm incisions are made in the abdomen, one at the navel and one below the pubic hairline. Some doctors only make one incision. A laparoscope (a tiny telescope) is inserted so that the doctor can see the tubes. The tubes are closed off by clips, rings, or simply cutting and tying. Some people are not able to have a laparoscopy - they may require a laparotomy. This involves a larger incision in the abdomen, and most women need to stay in hospital for a few days for the incision to heal.

A newer alternative called Essure® allows small flexible micro-inserts to be inserted into each fallopian tube via the vagina, cervix and uterus. The micro-inserts cause scar tissue to form in the fallopian tubes, which blocks

them. No incisions are necessary and it can be done under local anaesthetic. The procedure takes about 30 minutes and most women are able to go home two or three hours later.

### What to expect

Periods and menopause (change of life) are not affected by the procedure. It also has no direct effect on sexual intercourse or sexual feelings. Some women enjoy lovemaking more when they are not afraid of getting pregnant.

### How soon is the procedure effective?

For laparoscopic methods the procedure is effective immediately but contraception should be used right up to the time of the procedure. You should consider continuing to use condoms (male or female), as sterilisation does not protect against sexually transmissible infections.

The Essure® procedure usually takes three months to become effective but may sometimes take longer. You should continue to use another method of contraception until the tubes are shown to be completely blocked. This is usually done by a pelvic x-ray or ultrasound.

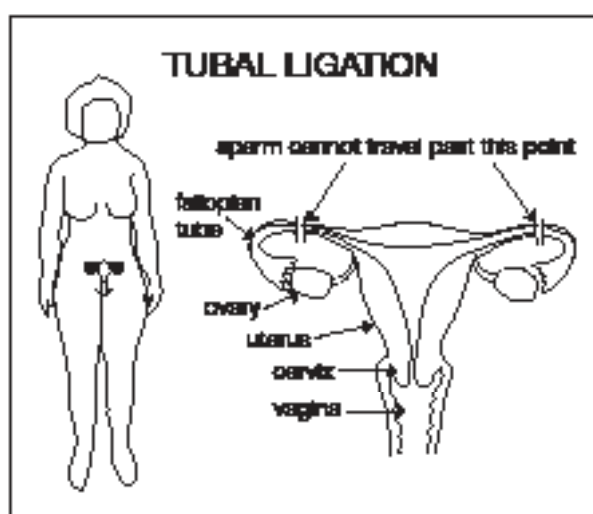
### Where does the egg go?

The egg is still released from the ovary but it is harmlessly absorbed by the body.

### Complications

Procedures involving a general anaesthetic may cause nausea or tiredness over a couple of days. After laparoscopy, there may be some abdominal or shoulder pain which also improves over a day or two. It is usually about seven days before a woman feels completely well again. Women who have the Essure® procedure under local anaesthetic usually need to only take one day off work afterwards.

As with any operation, complications such as bleeding and infections can occur but they are not common.



[www.fpnsw.org.au](http://www.fpnsw.org.au) | talkline 1300 658 886 | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

The information in this Fact Sheet has been provided for educational purposes only. FPNPNSW has taken every care to ensure that the information is accurate and up-to-date at the time of publication. Individuals concerned about any personal reproductive or sexual health issue are encouraged to seek advice and assistance from their health care provider or visit a Family Planning Clinic. Reviewed May 2013/FPNSW 05/13

## Could the procedure fail?

The efficacy of female sterilisation by laparoscopy/ laparotomy is more than 99.5%. In other words, fewer than one woman in every hundred who has a sterilisation will become pregnant over one year. The efficacy of the Essure® procedure appears to be similar to, or better than, other methods of sterilisation. Failures can occur even many years after the procedure. If a pregnancy does occur there is an increased chance of it being ectopic (outside the uterus) which can cause dangerous internal bleeding.

## Reversal

Although it is sometimes possible to repair the fallopian tubes after laparoscopic sterilisation only about 50% of women fall pregnant after the reversal. There is also a higher risk of ectopic pregnancy after reversal.

The Essure® method is permanent and cannot be reversed. Sterilisation should only be done if a woman feels absolutely sure she does not want any more children and would be prepared to accept that decision even if her life changed unexpectedly, for example, if she lost a child or began a new relationship.

The decision needs to be your decision - it is probably best not to make such an important decision at times of increased stress or pressure, such as just after childbirth or a miscarriage, or when there are financial or relationship problems.

## Arranging female sterilisation

Seek advice from a GP or Family Planning clinic who can refer you to a private gynaecologist or public hospital. For information on Essure® go to [www.essure.com](http://www.essure.com). You can also contact Talkline on 1300 658 886 to discuss your options.

## Vasectomy (male sterilisation)

### What is a vasectomy?

Vasectomy is the name given to surgical sterilisation of the male. The procedure prevents sperm travelling out of the testes (balls) and into the semen (the fluid ejaculated). If there are no sperm in the semen it is impossible to make a woman pregnant. The procedure does not involve removing the testicles and will not affect a man's ability to produce semen. It will not change a man's sexual function or male characteristics. A man should still be able to enjoy sex and ejaculation should feel the same. The only difference will be that the semen will not contain sperm (only a small part of semen).

### What having a vasectomy means

Vasectomy is a permanent form of contraception, which is not easily reversed if a man changes his mind. A man thinking about vasectomy should feel sure that he does not want to father a child in the future, even if circumstances change. He should ask himself if he would still feel the same if he lost a child or began a new relationship. Although it is sometimes possible to reverse a vasectomy, there is no guarantee that a man will be able to father a child after a reversal.

### The procedure

Vasectomy is a simple and straightforward procedure. The surgeon usually makes one small opening, or sometimes two, in the front of the scrotum, picks up the vas deferens (the tube that carries the sperm) on each side in turn, and cuts and seals the ends of the divided vas. Sometimes a small part of each vas deferens is removed. The opening in the scrotum is closed with a stitch or by pressing the skin edges together. An alternative method is the 'no-scalpel vasectomy', where one or two small punctures are made in the scrotal skin, and each vas deferens is cut as in the open procedure. No stitches are required for this method. The procedure takes about 20-40 minutes and is usually carried out under a local anaesthetic. Sometimes the procedure is performed under sedation (light anaesthetic) or even a general anaesthetic.

### What to expect

Even though the procedure only takes about 20-40 minutes, the man may be asked to spend up to two hours at the centre where he has the vasectomy. When the anaesthetic wears off, he will probably feel some pain in the groin or scrotum and have some bruising. Pain-killing medication, ice packs and tight-fitting supportive underpants should relieve most of the soreness or discomfort. After the vasectomy, the man should rest for a few days and avoid any strenuous physical activity or heavy lifting that puts pressure on the groin or scrotum for one week. Normal day-to-day activity is not harmful, but if a man's work is physically strenuous he may need to take some time off work. The doctor performing the vasectomy will give instructions as to when the man can shower or bathe, when to remove the dressing, and when he can have sexual intercourse again.

### How soon is the procedure effective?

A man will still have sperm in his vas tubes for some time after the procedure. It may take as many as 20 ejaculations to clear. Three months after the vasectomy, he should take a sample of his semen to a pathology

[www.fpnsw.org.au](http://www.fpnsw.org.au) | [talkline 1300 658 886](tel:1300658886) | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

Family Planning QLD 07 3250 0240 | Family Planning TAS 03 6273 9117 | Family Planning VIC 03 9257 0121

Family Planning WA 08 9227 6177 | Family Planning Welfare Association of NT 08 8948 0144

Sexual Health and Family Planning ACT 02 6247 3077 | SHine SA 08 8300 5300

laboratory for testing. He will need to use another form of contraception such as condoms until these pathology tests show his semen has no sperm in it.

### Where do the sperm go?

Sperm continue to be produced in the testicles after the procedure but the body harmlessly absorbs them.

### Side effects

Apart from slight soreness, swelling and bruising immediately after the procedure, which last a few days, serious side effects are rare. Some men form antibodies to their own sperm after the procedure, but these do not appear to affect any other part of the body or cause any disease or discomfort. However, these antibodies may be one of the reasons that men sometimes cannot father a child following a reversal operation. There is no evidence that vasectomy increases the possibility of men developing cancer of the testis or the prostate gland. It is rare, but some men have persisting discomfort in the scrotum following vasectomy. While this usually settles with time, very occasionally it does not, and further treatment or surgery may be needed to relieve this discomfort.

### Complications

A small number of men experience bleeding or infection after a vasectomy. Rest, support for the scrotum, pain relief and antibiotics resolve most problems quickly. Occasionally sperm can leak from the ends of the cut tubes and produce small, hard lumps at the site of the procedure. With time, this can occasionally lead to spontaneous rejoining of the tubes.

### Could the procedure fail?

The efficacy of vasectomy is 99.85-99.9%. This means that about one in every 700-1,000 vasectomies fail and the man may stay fertile or become fertile again. This can happen if the tubes are not fully blocked off, if they grow back together or if a third vas deferens exists. Normally this is picked up when the sperm count is done three months after the procedure, but it can occur at any time, even years after the vasectomy.

### Reversal

Some surgeons have been reasonably successful at rejoining cut vas tubes. However, these surgeons normally only take on cases they consider to be straightforward, and even if the operation is successful, there is no guarantee that the man will then be able to father a child. The chance of successful vasectomy reversal decreases with time since the procedure. An alternative procedure involves retrieval of sperm directly from the testis followed by in-vitro fertilisation (IVF) with intracytoplasmic sperm injection (ICSI).

If a man is considering a vasectomy, he should regard it as a permanent decision. If he thinks there is any possibility he may want to father children in the future he should definitely not have a vasectomy.

### Arranging a vasectomy

Seek advice from a GP or Family Planning clinic who can refer you to a private urologist or public hospital. Some GPs and private health clinics also perform vasectomies.

### For further information

- Contact the Family Planning NSW Talkline on 1300 658 886 or go to [www.fpsnw.org.au/talkline](http://www.fpsnw.org.au/talkline)
- NRS (for deaf) 133 677

*The information in this Factsheet has been provided for educational purposes only. Family Planning NSW has taken every care to ensure that the information is accurate and up-to-date at the time of publication. Individuals concerned about any personal reproductive or sexual health issue are encouraged to seek advice and assistance from their health care provider or visit a Family Planning clinic.*

[www.fpsnw.org.au](http://www.fpsnw.org.au) | [talkline 1300 658 886](tel:1300658886) | [bookshop](#)

clinical services & information | education & training | research | international development

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health

The information in this Fact Sheet has been provided for educational purposes only. FNPNSW has taken every care to ensure that the information is accurate and up-to-date at the time of publication. Individuals concerned about any personal reproductive or sexual health issue are encouraged to seek advice and assistance from their health care provider or visit a Family Planning Clinic.  
Reviewed May 2013/FPNSW 05/13