Information Leaflet

Liverpool Women's NHS Foundation Trust

Female Sterilisation

This information sheet may be available in different formats. It is a brief outline of this problem and is not intended to replace verbal communication with medical or nursing staff.

NB: Before considering sterilisation, both you and your partner should be absolutely certain you do not want any more children as this is a permanent method of contraception and reversal is not available on the NHS.

What is Female Sterilisation?

Surgical female sterilisation is permanent contraception for women who do not want more children. Usually this procedure is carried out through the laparoscope, typically as a day case. The surgical objective is to block, or on occasion remove, the fallopian tubes, that carry the sperm to the egg.

On rare occasion, the procedure may have to be carried out/completed by open surgery which would mean staying in for longer as inpatient and not day case.

What is a laparoscopy?

It is a procedure by which an instrument called a laparoscope is passed into the abdomen to enable to doctor to look inside. It is performed under general anaesthetic. Two tiny cuts, measuring about one centimetre each, are made just below the belly button and by the bikini line. A needle is inserted through the cut to put carbon dioxide gas into the abdomen to swell out the abdominal cavity. This separates the bowel from the abdominal wall so that the laparoscope can be inserted safely. The laparoscope has a powerful light attached with allows the doctor to look inside the abdomen and visualise the fallopian tubes. The whole procedure takes about 15 to 30 minutes.

If the operation cannot be performed through the laparoscopy a mini laparotomy (small cut in the abdomen above the pubic hair line) would be required to reach the fallopian tubes.

What are the risks involved?

As with all operations there are always some possible risks; please remember they occur rarely. Some will occur during the operation and others may not happen until you have gone home.

There is a risk of the womb being punctured. The risk of injuries to the bowel, bladder or blood vessels is uncommon. These risks are serious but infrequent. In these circumstances an immediate operation may be necessary to repair the damage, however, this is uncommon. This will involve a bigger wound to the abdomen and you will have to stay longer in hospital. We may advise prophylactic anticoagulation treatment to reduce risk of blood clots.

There is a small risk of bowel injury only being apparent after discharge from the hospital. If you develop increasing pain, abdominal distension, fever or worsening nausea and vomiting within the week following the operation, it could mean that there is a problem following surgery. If this happens, we would ask you to come back to the hospital for review. If you have any concerns about the risks mentioned here, please speak to your doctor.

It is possible that a wound infection may develop after discharge. Any inflammation or discharge at the wound site should be reported to your GP.

Risk of failure

The lifetime failure rate for laparoscopic tubal occlusion with clips is up to 2 – 5 in 1000 procedures at 10 years (uncommon), which is much better than the pill, a standard coil or condoms. In the 1st year after tubal sterilization, the estimated failure rate is 0.1-0.8%.

Will I need to continue with contraception after surgery?

It is advisable to continue with your current contraception until your next period, this includes finishing your current pill packet. If you were using a contraceptive device that was removed during or immediately after the procedure it would be advisable to use temporary alternative contraception (e.g. condoms) until the following period. Different contraceptive methods work in different ways so having some overlap until your next period minimises the risk of a pregnancy.

What alternatives do I have?

There are many other methods of contraception available, which do not require surgery. Please discuss this with your GP or Contraception and Sexual Health Clinic.

For details of your local Contraception and Sexual Health Clinic, please ask a member of nursing staff or visit: www.fpa.org.uk

Alternatively, your partner may consider methods of contraception available to him, e,g, condoms or a vasectomy, which involves surgery as a day case. This too can be discussed with your GP, or Contraception and Sexual Health Clinic.

Information leaflets detailing contraception methods are available on request from a member of staff.

Will I still have periods?

Yes, you will continue to have periods until such time as you start the menopause naturally you will continue to have periods. Women who have been on the pill prior to the surgery may find their periods slightly heavier.

When can I have sex again?

Whenever you feel comfortable to resume normal sexual activity. Remember to use contraception until your next period.

Will I have pain following the sterilisation procedure?

You may experience abdominal bloating with pain. This is due to insertion of gas at the time of the procedure. Sometimes the pain will be felt in your shoulders and neck. This is not serious and should east off within 12 hours. Simple painkillers can control the discomfort.

What happens when I go home?

- **What happens to the stitches?**

Dissolving stitches are put into the tiny cuts. These are usually absorbed and the remnants drop out. This process can take a couple or so weeks. Keep the wound clean by having daily baths and dry the area thoroughly. If you find the stitches irritating they can be taken out at your GPs surgery.

- **How long will it take me to recover?**

You will probably need 2-3 days to recover from the procedure and the anaesthetic. Most people will need a few days off work but you can return to work as soon as you feel able.

- **Will I be able to drive?**

Please arrange to be collected from the hospital when you are ready to be discharged. It is a legal requirement that you do not drive for 24 hours after an anaesthetic. Following this you are able to drive once you have move about freely.

Retained Tissue

Routine laparoscopic tubal sterilisation procedure does not normally involve retaining any tissue. In case of removal of the tubes or tissue obtained for other reason at the time of your operation, this would be sent for examination and you would be informed if this has occurred and of any results. Following investigation the tissue will be disposed of in accordance with health and safety. Only with your prior permission, would tissue be used for research or teaching purposes as part of an ethically approved study.

Is there anything else I should know?

It is very important that you consider your actions carefully before agreeing to sterilisation as it is a permanent procedure and reversal is not always possible and carries a low success rate. Reversal will have to be self-funded privately.

Significant risks:

1. Failure resulting in unplanned pregnancy: the lifetime failure rate for laparoscopic tubal occlusion with clips is up to 2–5 in 1000 procedures at 10 years (uncommon).
2. Sterilisation failure may result in a greater risk of an ectopic pregnancy.
3. Visceral or blood vessel injury at the time of laparoscopy (2 in 1000; uncommon).
4. Death as a result of the procedure (1 in 12 000; very rare).
5. Regret, leading to a request for reversal of female sterilisation, which is usually unavailable on the National Health Service. Regret is common, especially if sterilisation was is undertaken below 30 years of age, if the woman is childless, or if there is conflict between the woman and her partner. Regret is also more common when sterilisation is undertaken at the time of an abortion.
6. Failure to complete the procedure. (This is a recognised risk but there is no robust data to quantify the risk).
   Other possible risks:
7. Changes in menstruation may occur following discontinuation of reversible hormonal contraception, especially with the combined oral contraceptive or levonorgestrel-releasing intrauterine system (LNGIUS) such as Mirena IUS or Levosert system. Female sterilisation itself does not adversely affect menstrual function.
8. Infection
9. DVT/PE especially if laparotomy was necessary
10. Any extra procedures which may become necessary during the procedure. The risk of laparotomy following laparoscopic tubal occlusion is up to 3 in 1000.

Advantages of female sterilisation

- Sterilisation does not interfere with the act of intercourse.
- There is nothing to remember like taking tablets.
- It is extremely unlikely that you will ever get pregnant again.

Disadvantages of female sterilisation

- Difficult to reverse if you change your mind.
- Complications involved related to surgical procedures and anaesthetic.
- Although rare, there is a risk of failure.
- If you do get pregnant, there is a significant risk of an ectopic pregnancy (a pregnancy which develops outside the womb)
- Following sterilisation, if you think you may be pregnant or have a period that is lighter than normal, or delayed, sudden or unexplained lower abdominal pain or unexpected vaginal bleeding, you must see medical advice.

Don’t forget there is always someone to talk to if you have any concerns following this procedure. If you need advice please contact your discharging ward area via the main switchboard numbers as follows

Gynaecology Ward Nurses Station 0151 708 9988 - Extension 1180 or 1183
Gynaecology Day Case Recovery 0151 708 9988 - Extension 1767

Or call your own GP or 111 for advice. Please attend the Gynaecology Emergency Department (GED) at Liverpool Women's or your nearest Accident and emergency Service if your concerns are urgent.
For further information visit:

http://www.2womenshealth.com

References
Guillebaud, J. Contraception. Your questions answered (2009) Elsevier

RCOG Laparoscopic Tubal Occlusion consent advice number 3, October 2004.

Kovacs GT,Krins AJ. Female sterilisation with Filshie clips: what is the risk of failure? A retrospective survey of 30,000 applications. J Fam Plann Reprod Health Care 2001;28:34–5.
Royal College of Obstetricians and Gynaecologists: Female Sterilisation Consent Advice No. 3; February 2016

Equal Opportunities
The hospital is committed to promoting an environment which provides equal opportunities for all patients, visitors and staff. If you have any special requirements such as dietary needs, interpreter services, disability needs or a preference for a female doctor, do not hesitate to discuss this with a member of staff who will try to help you.

Please note that Liverpool Women's NHS Foundation Trust is a smoke free site. Smoking is not allowed inside the hospital building or within the hospital grounds, car parks and gardens. Staff are available to give advice about stopping smoking, please ask your nurse about this.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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