

permanent methods vasectomy & tubal occlusion



STERILISATION: THE PERMANENT METHOD

Sterilisation is a permanent way of preventing pregnancy. It involves having an operation. The method used for women is called tubal ligation or occlusion. For men it is called vasectomy.

Anyone having a sterilisation **must** see it as a **permanent step**. Reversal operations are difficult to do and there is **no guarantee** of success. In other words, do not have the operation if you think you may come to regret it.

HOW DOES IT WORK?

Tubal occlusion is an operation that blocks, seals or cuts the fallopian tubes; this means that your eggs can no longer be fertilised by your partner's sperm through sexual intercourse.

Vasectomy is an operation that blocks, seals or cuts the tubes (known as the vas deferens) which carry sperm from your testicles to your penis. Although you will still be able to ejaculate, your semen will no longer contain any sperm, so you cannot make your partner pregnant. The sperm in your testicles are naturally reabsorbed back into the body and do not build up.

HOW EFFECTIVE IS IT?

There is a slight risk that the operation will not work. Although it is rare for fertility to return, the tubes do sometimes rejoin. You can get pregnant immediately or at any time (even several years) after a failed operation.

There is less chance of a pregnancy after a vasectomy than after a tubal occlusion. The failure rate is about one in 2,000 who have been given the all-clear after their vasectomy (that is, after tests have confirmed there are no sperm in their semen).

The main risk after a vasectomy is that your partner gets pregnant because you stop using contraception too soon after the operation, that is, before you have been told that it is safe to do so or before you have had a negative sperm test.

The failure rate for female sterilisation is about three in 1,000 procedures carried out, depending on the procedure used.

WHAT ARE THE ADVANTAGES?

- » It does not interrupt sex.
- » After sterilisation has worked you don't have to do anything about contraception ever again.

WHAT ARE THE DISADVANTAGES?

- » 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 at least two months for a vasectomy to be effective.

WHO IS IT SUITABLE FOR?

Sterilisation is for people who have completed their families or who are sure that they never want to have children.

If you are in a long-term relationship you need to consider both methods and decide which one is best for you as a couple.

IT SHOULD NOT BE UNDERTAKEN AT A TIME OF STRESS OR CRISIS. YOU SHOULD CONSIDER IF THERE MAY BE A PREFERABLE LONG-TERM METHOD OF CONTRACEPTION.

WHAT HAPPENS FIRST?

Your GP may refer you to a family planning clinic, directly to hospital or to an outpatient clinic. The doctor you see there to begin with may not necessarily be the surgeon who carries out the operation.

You will be asked about your medical history and whether you have had any operations before. If you are a woman you will have an internal examination and if you are a man the doctor will examine your genitals. The doctor will check for any conditions that might mean you would need to consider other alternatives.

The doctor should tell you more about what the operation involves and give you written information before you make a final decision. You should have a chance to talk about the operation in detail, to raise any questions or worries you may have and to think about what it will mean for you.

You will need to sign a consent form to show that you understand and agree to have the operation.

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WHAT IS THE PROCEDURE FOR VASECTOMY?

You will be given an anaesthetic, probably a local one. This is an injection which numbs the area being operated on. A small cut is made in the skin, either in the middle or on each side of the scrotum, which is the bag that holds the testicles. The sperm-carrying tubes can be reached easily as they are only just below the skin. The tubes are cut, a piece removed and the two ends sealed. The skin is usually closed with dissolvable stitches or the incision may be so small that these may not be needed. The operation usually takes about 15 minutes to complete.

POST OPERATION

You should rest for a few days after the operation. Wearing tight fitting underpants will help to avoid bruising which could be uncomfortable. Take no heavy exercise for a week or so. Occasionally there may be bleeding or major swelling, so see the doctor if anything worries you.

WHAT IS THE PROCEDURE FOR FEMALE STERILISATION?

There are several ways in which the operation can be done. The two main methods are by mini-laparotomy and laparoscopy.

Mini-laparotomy usually involves a general anaesthetic and a couple of days in hospital. A small cut is made in the abdomen, usually just below the bikini line. The fallopian tubes are reached and blocked, either by tying (ligation) and removing a small piece (excision) or sealing (cauterisation), or by applying clips or rings.

The most common method used is laparoscopy. This means reaching the fallopian tubes via one or two tiny cuts, one just below the navel, the other in the bikini line. A laparoscope is then inserted. This is a thin, telescope-like instrument, the size of a pencil, with magnifying lenses which let the surgeon see the reproductive organs clearly. The fallopian tubes are sealed or blocked, usually with rings or clips.

Sometimes this may be done under local anaesthetic. Occasionally the tubes are reached through a cut in the vagina. The operation is done in a specialist hospital or clinic.

A new method of blocking the tubes using a small titanium (metal) insert is being researched. Known as Essure, it is not widely available. It is not reversible.

POST OPERATION

If you have a general anaesthetic you may feel unwell for a couple of days. The cut in your abdomen may feel uncomfortable. This is all quite normal but you may have to take things easy for a week or so. Slight bleeding or pain may occur. If they are severe, see the doctor.

WHEN CAN YOU HAVE INTERCOURSE WITHOUT FEAR OF PREGNANCY?

Female Sterilisation: You will need to use contraception until your operation **and** for four weeks afterwards or wait until your next period after the procedure. You can have sex as soon as it is comfortable.

Male Sterilisation: You need to use an extra method of contraception after the operation because sperm are left in the tubes that lead to the penis. The rate these sperm are used up varies from man to man. About eight 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 as soon as it is comfortable, but **you can only rely on a vasectomy for contraception after you have been told that the semen test is negative.**

CAN IT BE REVERSED?

All sterilisation operations are meant to be permanent. The chances of an operation to reverse it being successful vary a great deal. There is no guarantee of success.

ARE THERE ANY RISKS?

All operations carry some risk, but the risk of serious complications is low. If you have special concerns about certain kinds of risk, let your doctors know so that they can tell you more.

If you get pregnant after a tubal occlusion there is a chance that the pregnancy will develop in the fallopian tube rather than in the womb. This is called an ectopic pregnancy.

Having a vasectomy does not increase the risk of getting testicular cancer or heart disease. Current research suggests that having a vasectomy does not increase the risk of getting prostate cancer. Some men get pain in one or both of the testicles after a vasectomy. It can happen immediately or some time (even a few months) after the operation. It may be occasional or it may be quite frequent. Some men find the pain continues over time; this is known as chronic pain. For most men, however, any pain is quite mild and they do not need further help for it.

WILL STERILISATION AFFECT MY SEX LIFE?

There is no evidence that sterilisation will affect your sex life. On the contrary, by removing the fear of pregnancy it often makes for a happier sex life. In the case of male sterilisation the testicles continue to produce hormones, and fluid comes out in intercourse as before. Sperm are still produced but they are reabsorbed and do not get into the semen. The operation in no way affects a man's masculinity. In the case of female sterilisation the ovaries continue to produce female hormones which enter the bloodstream as before. Periods may become heavy. Orgasm and sexual enjoyment are not affected.

WILL STERILISATION AFFECT MY PERIODS?

If you were on the contraceptive pill before your tubal occlusion your periods may become heavier again, compared to the withdrawal bleed you had while taking the pill. This is quite normal. Research shows that if you are over 30 years old when you have a tubal occlusion, it is not linked to getting heavier or irregular periods. There is little evidence about how having a tubal occlusion affects your periods if you have the operation when you are under 30. You should contact your nurse or doctor as soon as possible if you have any unusual vaginal bleeding or a light or delayed period.

TO MAKE AN APPOINTMENT AT AN IFPA MEDICAL CENTRE OR FIND OUT MORE ABOUT OUR SERVICES PLEASE CALL:

IFPA, 5-7 Cathal Brugha Street, Dublin 1
T: +353 (1) 872 7088

IFPA, The Square, Tallaght, Dublin
T: +353 (1) 459 7685

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E: post@ifpa.ie

DON'T FORGET – THIS LEAFLET CAN ONLY OUTLINE BASIC INFORMATION ON PERMANENT METHODS OF CONTRACEPTION. INFORMATION IS BASED ON EVIDENCE AND MEDICAL OPINION AT THE TIME OF PUBLICATION HOWEVER YOU MAY COME ACROSS CONFLICTING ADVICE ON CERTAIN POINTS. RING OR VISIT YOUR DOCTOR IF YOU ARE WORRIED OR UNSURE ABOUT ANYTHING.

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