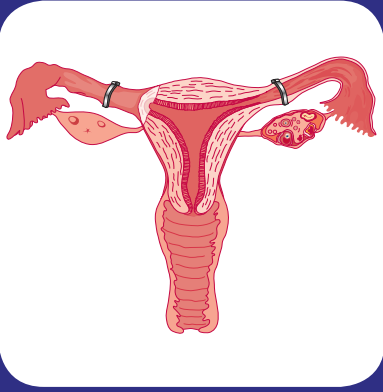


Sterilisation



Quick Facts

Method

Permanent

Effectiveness

More than 99%

Return to Fertility

Reversal of sterilisation is not always possible

Availability

Performed by a specially trained doctor

Sterilisation for those with a uterus

Also known as tubal occlusion or 'having your tubes tied', sterilisation is considered a permanent method of contraception.

What is it?

Sterilisation prevents the sperm from reaching the egg so that fertilisation does not occur.

How does it work?

There are several different methods of tubal sterilisation available in Australia. The final decision on the best method for you will be made in conjunction with the gynaecologist performing the procedure.

Laparoscopic

This is the most common method and is performed through small incisions in the abdomen under general anaesthetic. This enables the gynaecologist to see the fallopian tubes and block them. Sometimes people choose to have this done following caesarean section.

How effective is it?

Tubal sterilisation is over 99% effective when performed correctly. Very rarely the fallopian tubes can rejoin.

Who might consider sterilisation?

Sterilisation may be suitable for those who are looking for permanent contraception, and who are certain they don't want any more children, or any children at all.

Sterilisation is not suitable for those who think there is a possibility they may want to have children, or to have more children.

Advantages

- Reliable and permanent method of contraception.
- Does not affect the natural menstrual cycle.
- Effective immediately
- No ongoing costs.



Disadvantages

- Not easily reversible.
- Laparoscopic methods involve hospital admission, either as day surgery or sometimes overnight.
- Requires a general anaesthetic.
- May cause bruising or discomfort.
- Slight risk of complications.

Is there anything else I need to know?

As sterilisation is a permanent method of contraception, it is very important to look at all other long-term contraception options that are available before deciding on this method.

Decisions about sterilisation are best made in conjunction with a gynaecologist and your partner if you have one. There are many issues to think about. Consider any changes in your current circumstances that might result in you wanting a future pregnancy, such as:

- the death of a partner or child
- the possibility of divorce or remarriage.

Couples considering sterilisation also need to look at who will have the procedure. When considering which partner this will be, it is important to remember that sterilisation is a smaller procedure for those with testicles than sterilisation for those with a uterus.

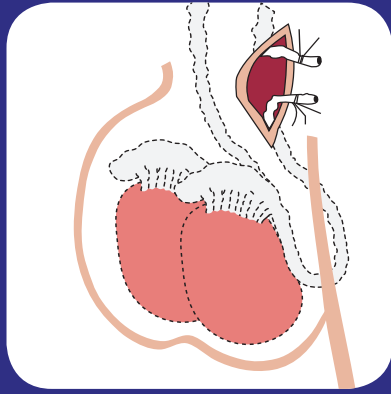
Although reversal of tubal sterilisation is possible in some cases, it involves major surgery to rejoin the fallopian tubes, and there is no guarantee it will be

successful. The chances of success depend on the method that was used to block the tubes and the length of the tube left intact after the procedure. The risk of ectopic pregnancy is increased by reversal of sterilisation.

Sterilisation does not cause or prevent menopause.

Sterilisation does not protect against sexually transmissible infections (STIs).

Sterilisation



Quick Facts

Method

Permanent

Effectiveness

More than 99%

Return to Fertility

Reversal of sterilisation is not always possible

Availability

Performed by a specially trained doctor

Sterilisation for those with testicles

Also known as vasectomy, sterilisation is considered a permanent method of contraception.

What is it?

Sterilisation involves a procedure to block the vas deferens in the scrotum which carry sperm from the testes to the penis. After the procedure, sperm produced in the testes can no longer travel through the vas deferens, with semen gradually becoming free of sperm so fertilisation does not occur. People will not notice any difference when ejaculating.

How does it work?

Sterilisation is a simple procedure which can be performed by a specially-trained doctor under local or general anaesthetic in private rooms or hospital. It usually involves a small incision in the front of the scrotum through which each tube is blocked.

A vasectomy is not effective immediately and it can take some time for the sperm stored in the vas deferens to be cleared from the ejaculate. It is highly recommended that people have a follow-up test around three months after the procedure to check that the operation has been successful and that all sperm are cleared from the ejaculate before ceasing other forms of contraception.

How effective is it?

Sterilisation is over 99% effective when performed correctly. Most failures occur early after the procedure and are due to the person having unprotected sex before the test has shown that the ejaculate is free from sperm. Very rarely the vas deferens can rejoin after the procedure.

Who might consider sterilisation?

Sterilisation may be suitable for those who are looking for permanent contraception, and who are certain they don't want any more children, or any children at all.

Sterilisation is not suitable for those who think there is a possibility they may want to have children, or to have more children.



Advantages

- Fewer risks than tubal sterilisation.
- Can be done out of hospital.
- Requires only a few days off work (depending on the level of physical activity).
- Does not interfere with sexual drive or performance.
- No ongoing costs.

Disadvantages

- Not easily reversible.
- May cause mild bruising or swelling.
- Slight risk of complications.

Is there anything else I need to know?

As sterilisation is a permanent method of contraception, it is very important to look at all other long-term contraception options that are available before deciding on this method.

Decisions about sterilisation are best made in conjunction with a doctor and your partner if you have one. There are many issues to think about. Consider any changes in your current circumstances that might result in you wanting a future pregnancy, such as:

- the death of a partner or child
- the possibility of divorce or remarriage.

Couples considering sterilisation also need to look at who will have the procedure. When considering which partner this will be, it is important to remember that sterilisation is a smaller procedure for those with testicles than sterilisation for those with a uterus.

Although reversal of sterilisation is possible in some cases, it involves a complex procedure to rejoin the cut ends of the vas deferens, and there is no guarantee it will be successful. In around half of cases, a vasectomy reversal doesn't allow a couple to conceive naturally. The chances of success depend on the method used, the length of vas deferens left intact after the procedure, and the length of time between the initial procedure and the reversal.

Sterilisation does not increase the risk of cancer.

Sterilisation does not protect against sexually transmissible infections (STIs).

SHQ is on Whadjuk land. We acknowledge the traditional owners of country across Western Australia.



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