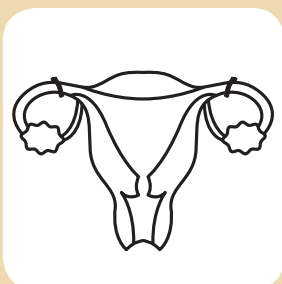


Sterilisation

This information is designed to be used in consultation with your health professional

Sterilisation for those with a uterus

What is it?



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

How effective is it?

**99%
Effective**

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 wanting permanent contraception, and don't want any more children, or any children at all.

Advantages

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

Disadvantages

- May have a long recovery period
- Involves hospital admission, either as day surgery or overnight
- Requires a general anaesthetic
- Not easily reversible
- May cause bruising or discomfort

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.

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.

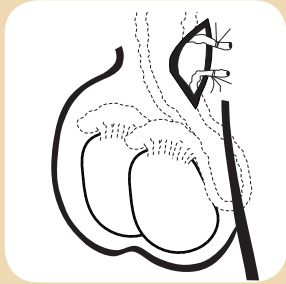
Sterilisation does not cause or prevent menopause.



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

Sterilisation for those with testicles

What is it?



Also known as vasectomy, sterilisation is considered a permanent method of contraception. It involves a procedure to block the vas deferens in the scrotum which carry sperm from the testes to the penis. Afterwards, 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?

It 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.

How effective is it?

99%
Effective

Sterilisation is over 99% effective when performed correctly and aftercare is correctly followed. 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.

Advantages

- Fewer risks than tubal sterilisation
- Can be done out of hospital
- May only need a few days off work to recovery (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

Is there anything else I need to know?

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

Couples considering sterilisation also need to look at who will have the procedure. When considering which partner this will be, 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.

Sterilisation does not increase the risk of cancer.



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