

# Sterilisation

*Sterilisation should be considered a permanent method of contraception (prevention of pregnancy). It involves a medical procedure that results in sterility (inability to have children).*

*- When a man is sterilised it is called a vasectomy.*

*- When a woman is sterilised it is called female sterilisation.*

As it is a permanent method, sterilisation is suitable only for people who have completed their families or have decided not to have children, and feel certain of their decision. It is not usually recommended for young people, people who think they may want children in the future, or people who feel unsure about the procedure.

Sterilisation is available to anyone who is able to give informed consent. For couples, partner consent is not required. Where a person has impaired decision-making capacity and cannot give informed consent, under Queensland law the Guardianship and Administration Tribunal can be appointed to give consent if the procedure is shown to be medically necessary.

It is important that people are aware of all contraceptive options before making a decision.

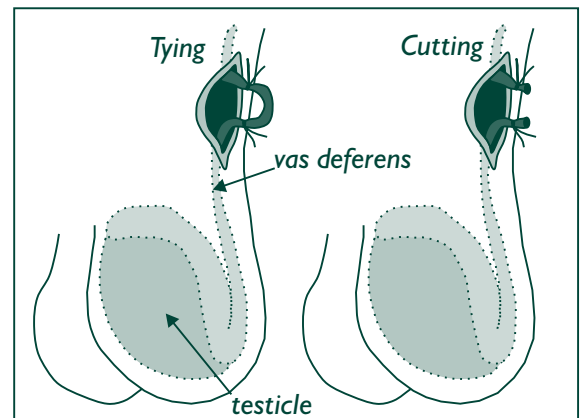
## VASECTOMY

### *What is a vasectomy?*

A vasectomy is a surgical procedure that involves blocking the path of sperm by cutting, tying or blocking a man's vas deferens. This will prevent sperm from becoming part of the ejaculate (semen), and makes the man sterile.

Following a vasectomy, sperm are still produced in the testicles but are absorbed by the body.

A vasectomy takes about 15-20 minutes and can usually be carried out with a local anaesthetic. Two small cuts are made in the scrotum, then the vas deferens is cauterised (sealed), blocked, or cut and tied.



### *How effective is vasectomy?*

Vasectomy is not immediately effective because live sperm remain in the vas deferens until they are 'used up'. After at least two months a semen analysis **must** be taken to check that there are **no live sperm** in the ejaculate. Once this is established, vasectomy is 99.85-99.9% effective. This means that, on average, of 1000 women whose partners have had a vasectomy, only 1 of them will become pregnant at some time in the future.

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### **What are the advantages of vasectomy?**

- a highly effective method of contraception
- a simple, quick and safe operation
- it does not interfere with sexual intercourse or sexual function (erectations)
- long-term complications are rare

### **What are the disadvantages of vasectomy?**

- temporary discomfort may be experienced following the operation, such as pain, bruising, bleeding, swelling or inflammation
- vasectomy is not immediately effective
- reversal is not always possible

### **Are there any long-term consequences of vasectomy?**

Having a vasectomy does not affect the appearance or function of the penis or testicles in any way. Erections, orgasms and ejaculations will be the same as before the operation.

Concern has been raised about testicular and prostate cancer in men who have had a vasectomy. World Health Organisation expert committees have reviewed the research and found no proven association exists between vasectomy and cancer.

## **FEMALE STERILISATION**

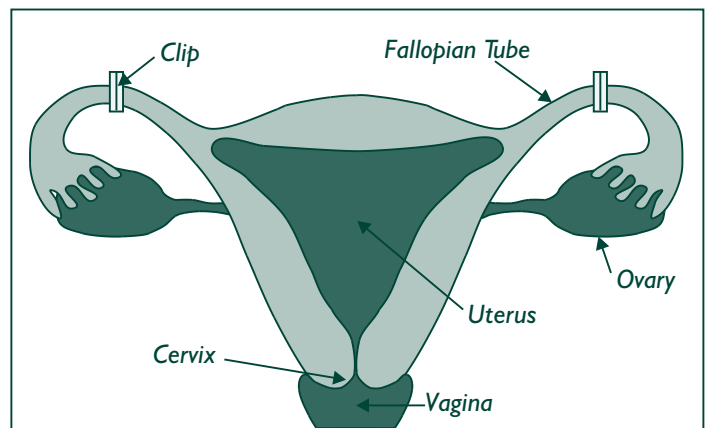
### **What is female sterilisation?**

Female sterilisation is often known as tubal ligation or 'having your tubes tied'. It involves blocking or cutting the Fallopian tubes (where eggs travel from the ovaries to the uterus) to prevent the ova (eggs) from coming in contact with sperm. After sterilisation, an ovum (egg) is still released each month but is absorbed by the body.

The most common methods used in female sterilisation are laparoscopic sterilisation and mini-laparotomy. There is now another method, using the Essure™ pbc procedure. The method used will depend on a woman's general health and past surgical history.

#### *Laparoscopic sterilisation*

This is a common method of female sterilisation. A very small cut is made near the umbilicus (navel). The abdomen is filled with a carbon dioxide gas, which allows the organs inside to be seen clearly. A laparoscope (medical telescope) is inserted through a second small opening to locate the Fallopian tubes. The tubes are then blocked by cautery (sealing), clips, clamps or rings. This procedure is usually performed under a general anaesthetic.



#### *Mini-laparotomy*

The mini-laparotomy is a procedure involving a small cut in the lower abdomen, giving access to the Fallopian tubes, which are then blocked by cautery (sealing), clips, clamps or rings. A general anaesthetic is required for this procedure.

### **How effective is female sterilisation?**

#### *Laparoscopic sterilisation and mini-laparotomy*

These methods of female sterilisation are 99.5% effective as a form of contraception, starting immediately after the operation. This means that, on average, of 1000 women who have been sterilised, 2-5 of them may become pregnant at some time in the future.

### **What are the advantages of female sterilisation?**

- a highly effective method of contraception
- effective immediately
- does not interfere with sexual function
- long-term complications are rare

### **What are the disadvantages of female sterilisation?**

- usually requires a general anaesthetic
- involves an abdominal operation which carries a risk of internal bleeding, infection or damage to other organs
- period changes for women who were using hormonal contraception that may have led to lighter periods
- if pregnancy does occur there is an increased risk of this being an ectopic pregnancy (pregnancy in the Fallopian tube)

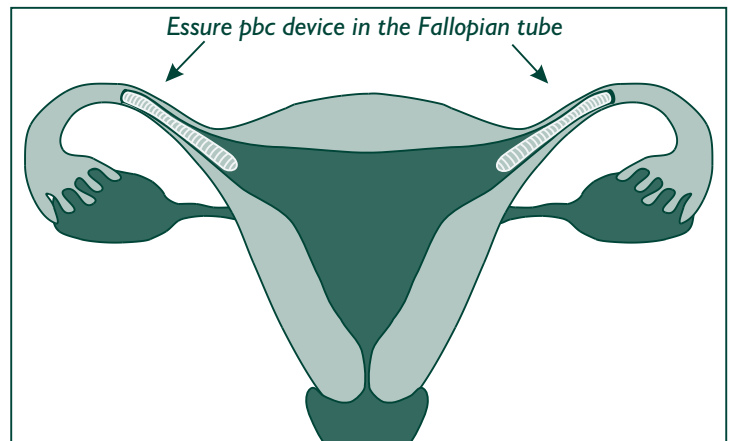
### **What other methods of female sterilisation are available?**

#### *Essure™ pbc procedure*

The Essure™ pbc (permanent birth control) procedure uses a soft, small micro-insert, which is placed into each of the two Fallopian tubes. With time, body tissue grows into the

device, blocking the Fallopian tubes. Blocking the tubes is intended to prevent sperm from fertilising the egg and so prevent pregnancy.

This method of sterilisation is done without general anaesthetic and without cutting through the skin. A hysteroscope (a small telescope) is first inserted through the vagina and cervix into the uterus (womb) to locate the Fallopian tubes. An Essure™ micro-insert is placed into each of the Fallopian tubes using a narrow inserter (catheter).



The device is not immediately effective as contraception. Women who have had this procedure must wait at least 3 months before the device can be relied on for permanent contraception.

As the Essure™ pbc is one of the newest methods of sterilisation, research into its effectiveness is not as extensive as other methods of female sterilisation. Small clinical studies using statistics to calculate effectiveness show that the first year effectiveness rate of the device is 97%. This means that, on average, of 100 women who have been sterilised with Essure™ pbc, 3 of them may become pregnant at some time in the future.

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**Are there any long-term consequences of female sterilisation?**

Female sterilisation does not affect sexual function. The uterus is not affected by sterilisation so periods continue as usual.

Concern has been raised about the possibility of female sterilisation causing problems that may result in the need for a hysterectomy. A number of studies have found there is no direct relationship between female sterilisation and problems that may result in hysterectomy or early menopause.

**Are vasectomy and female sterilisation reversible?**

There are many variables that influence the reversibility of both male and female sterilisation. In some cases it may be possible to rejoin the tubes, but reversal is a complicated and expensive operation and success is not guaranteed. Pregnancy may not occur even following a successful reversal. There is an increased risk of ectopic pregnancy after reversal of female sterilisation.

If future reversal is a concern for people considering sterilisation, this may not be the most suitable method of contraception for them.

**Where is more information on vasectomy and female sterilisation available?**

Counselling about male and female sterilisation is available from Family Planning Queensland (FPQ) clinics and general practitioners.

**Family Planning Queensland**  
For your nearest FPQ office, call FPQ Brisbane  
Ph: 07 3250 0240  
or visit us on the Internet at [www.fpq.com.au](http://www.fpq.com.au)

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