

Female Sterilisation

Female sterilisation is an effective and permanent form of contraception. There is a small failure rate.

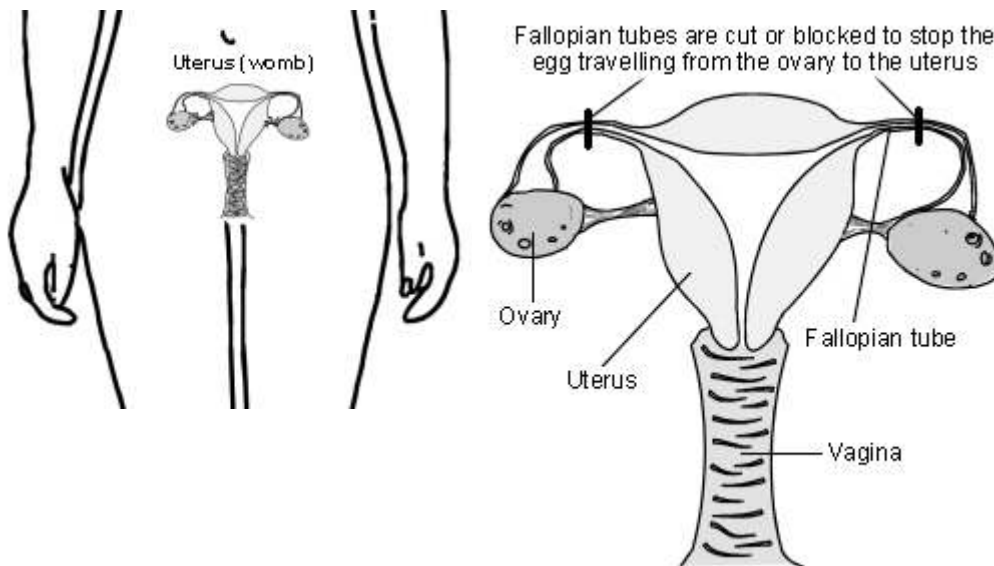
Sterilisation is only for people who have decided they do not want children, or further children in the future. It is considered a permanent method of contraception as reversal is a complicated operation which is not always successful. In addition, reversal is not usually available on the NHS.

How reliable is female sterilisation?

It is more than 99% effective. About 1 in 200 women will become pregnant after sterilisation. This is because the tubes can, rarely, come back together again after being cut or blocked.

How is it done?

The tubes between the ovary and the uterus (the fallopian tubes) are cut or blocked with rings or clips. This stops the eggs which are released by the ovary from reaching the sperm.



The operation is usually done under general anaesthetic. In many women it is done with the help of a special telescope called a laparoscope. This is pushed through a small cut (incision) in the abdomen and the uterus and fallopian tubes can be seen. Instruments pushed through another small cut then cut or block the fallopian tubes. A larger cut may have to be made, and a more traditional operation done, in some women. This is more likely if you are overweight, or have had previous operations.

What are the advantages of female sterilisation?

It is permanent and you don't have to think of contraception again.

What are the disadvantages of female sterilisation?

As it is permanent some people may regret having the operation in future years, particularly if their circumstances change. It is also not as easy to do, or as effective, as male sterilisation (vasectomy). There is a slight risk from the anaesthetic. As with any operation, there is a small risk of a wound infection.

How soon is it effective?

You must continue to use other forms of contraception until your next period after the operation.

Will it reduce my sex drive?

No. Sex may be more enjoyable as the worry or inconvenience of other forms of contraception is removed.

Some points to consider

Don't consider having the operation unless you and your partner are sure you do not want children, or further children. It is wise not to make the decision at times of crisis or change. For example, after a new baby or termination of pregnancy. Don't make the decision if there are any major problems in your relationship with your partner. It will not solve any sexual problems.

Doctors normally like to be sure that both partners are happy with the decision before doing this permanent procedure. However, it is not a legal requirement to get your partner's permission. If you have any doubts and questions make sure you discuss these with your doctor or practice nurse.

Have you considered the alternatives? Female sterilisation is not 100% effective. Other *reversible* methods of contraception are more effective such as the intrauterine system (IUS), contraceptive implants and injections. Also, male sterilisation is easier to do and more effective.

Further information

Your GP and practice nurse are good sources of information if you have any queries.

The fpa (formerly the family planning association) also provide information and advice.

fpa's Helpline: 0845 310 1334 or visit their website www.fpa.org.uk

Further reading

1. [Contraception](#) Anne Szarewski and John Guillebaud
252 pages 3rd Ed 2000 Oxford University Press; ISBN: 0192632566
2. [Contraception: Your Questions Answered](#) John Guillebaud
552 pages 3rd Ed 1999 Churchill Livingstone; ISBN: 044306153X