Gloucestershire Hospitals
NHS Foundation Trust

Patient Information

Female sterilisation

Introduction

This leaflet will help to answer some of the commonly asked questions about female sterilisation; including information about your hospital stay, the operation and what to expect after your discharge home.

Important information

This operation is permanent. You should not have this procedure if there is a chance that you may want children in the future, even if it means changing your mind at the last minute.

Risks

The main risk of sterilisation is that some people later regret having the operation. If you are under 30 years of age or the relationship you are in at the time of surgery is not long-term, there is a high risk of regret. You may be happier in the long-term using a different, safer method of contraception.

Many women request sterilisation because they believe it is the safest way of avoiding an unwanted pregnancy. This is no longer true. Female sterilisation fails in about
5 in every 1000 women.

Other contraceptive options

- **Mirena Coil** - this is a small T-shaped plastic device placed in the uterus (womb). Research has shown that the failure rate is only 2 in every 1000 women. It has the added benefit of easing period problems such as heavy bleeding.
- **Implanon** - is an implant which is placed in your arm and is almost unknown to fail.

These methods are safer than sterilisation, they are easy to fit and a general anaesthetic is not needed. They are suitable for most women.

If you would like more information about these options, please ask your GP or make an appointment at your local Family Planning Clinic.

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What to expect before a sterilisation operation

The procedure is carried out as a day case and we expect most patients to go home the same day. Some women may have to stay in hospital overnight if they require pain relief or feel dizzy from the anaesthetic.

Contraception around the time of the operation

It is important that you do not have unprotected intercourse in the month before your operation. This is so that we can be sure that you are not pregnant. The procedure will not stop a pregnancy which has already been conceived. In some cases, there can be a very small risk that you may be in the early stages of pregnancy (when it cannot be detected) at the time of your operation.

To avoid this, you must continue using your usual contraception until the operation date.

If you are taking the contraceptive pill, it is important that you do not stop taking it before your operation. If you have a coil in place or a contraceptive implant in your arm, then the doctor performing your operation will discuss with you the best time for it to be removed. If you are using a barrier method or the 'safe period' it is vital that you do not have unprotected intercourse for 4 weeks before your admission.

On the day of your operation

Bring any medication you are currently taking with you. Do not wear make-up, nail varnish or bring any valuables. A wedding ring can be taped to your finger, but please do not wear any other jewellery.

When you arrive at the ward, please let the ward receptionist know that you are there. A doctor will come and talk with you before your operation and ask you to sign a consent form. The anaesthetist will also talk with you before your operation. This will give you the opportunity to ask any questions that you may have.

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About the operation

This operation is carried out under general anaesthetic (while you are asleep). A narrow telescope (laparascope) will be inserted into your abdomen, just below your navel (belly button). Medical gas is put into your tummy to make space so the gynaecologist has a good view of your womb and fallopian tubes.

A second instrument is inserted just above the pubic hairline. This instrument will be used to place a clip onto each fallopian tube.

A thin instrument called a uterine manipulator will be inserted into your womb. This is so that the womb can be gently lifted up to make visualization of your tubes easier and the sterilization clips can be applied on the tubes safely.

What are the possible complications?

Most laparascopic or 'key-hole' surgery is problem-free and you can return to work after 3 to 4 days. Serious complications are rare, but these include:

- Your bowel or bladder being injured by the instruments.
- Injury to blood vessels, causing bleeding and the need for a blood transfusion.

The risk of these complications is higher if you have had previous abdominal surgery or if you are overweight. If there is a complication, you may need a bigger cut in your tummy to repair any damage caused. If this happens, you may need to stay in hospital for a few days. If a complication occurs, you may also be off work for about 6 weeks.

Sometimes the gynaecologist may not be able to put the telescope into your abdomen. If this happens, the procedure will be abandoned. The doctor will discuss this and other contraceptive options when you have recovered from the anaesthetic.

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After your operation

You will normally only have 2 small scars following the operation. Your abdomen may feel bloated and you may have some discomfort. You may also have some discomfort in your shoulders; this is caused by the medical gas rising through your body and will settle in a day or two.

You will be given pain relief for any discomfort you may have and medication via an injection if you feel sick. We advise you to rest for the remainder of the day after your procedure. Avoid strenuous activity for a week. You can carry on with your normal everyday life or work, when you feel comfortable.

You may have some spotting or bleeding after the procedure due to the instrument inserted into your uterus. This will however settle within a few days.

Discharge from hospital

Usually, you will be able to go home on the day of your operation. If you go home the same day, you will need a responsible person to take you home and stay with you overnight. You will be given pain relief to take home.

You should not drive a car, ride a bicycle, operate machinery or drink alcohol for at least 48 hours after your operation.

The stitches will dissolve but may be removed in 1 week. If the stitches become sore, please contact your GP's practice nurse. You may bath or shower the next day.

What will happen to my periods?

The operation does not normally have any effect on your periods. If you were taking the oral contraceptive pill before the sterilisation your periods may become heavier after you have stopped taking them.

Will the operation affect my sex life?

The operation should not affect your sex life in a negative way; you may even feel more at ease because you do not have to worry about contraception. Sexual relations can start again as soon as you feel comfortable to do so.

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What happens if the operation fails?

It is important to remember that there is a small failure rate with this operation. If the sterilisation fails, a pregnancy could start in the fallopian tube so it is important that you have a pregnancy test if you feel that you may be pregnant.

If you feel that your sterilisation has failed, please make an appointment to see your GP as soon as possible.

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Making a choice