

Laparoscopic Sterilisation

An information guide



Laparoscopic Sterilisation

What is female sterilisation?

Each month, women's ovaries release an egg that moves down one of the fallopian tubes to the uterus (womb). If a man's sperm joins the egg, then the woman becomes pregnant.

During female sterilisation, the fallopian tubes are blocked so that the egg and sperm cannot meet. The operation usually takes about 30 minutes and is performed under general anaesthetic, which means you are asleep during the operation.

Sterilisation is a permanent method of birth control and although you do not need the consent of your partner to have this operation, it is a good idea for couples to make this important decision together.

Reasons for considering sterilisation:

- You have decided that your family is complete.
- You want to enjoy sex without worrying about unwanted pregnancy.
- You or your partner have concerns about the side effects of other methods.
- You or your partner find other methods inconvenient or unacceptable.
- Your health would be threatened by another pregnancy.

You may wish to consider other non-permanent methods if:

- Long-acting reversible contraceptives such as the Mirena coil, subdermal implant are at least as effective with lower risks and disadvantages.
- You may want another child in the future.
- You are being pressurised to make this decision by your partner, friends or family and feel this is not the appropriate choice for you.
- You are experiencing temporary problems in your life such as relationship or financial problems.
- You have not considered possible changes in your life such as divorce, remarriage or death of a child.
- You may wish to consider vasectomy (male sterilisation) for your partner. It is a much simpler procedure, with a lower failure rate of 1 in 2000.

What are the risks of sterilisation?

Although this is a simple and safe procedure, all operations carry some risk. These risks include:

- The risk of the sterilisation failing and you subsequently becoming pregnant can be as high as 1 in 200, for example sometimes the cut ends of the tube join together by themselves. Pregnancy can still occur several years after the operation.
- If the sterilisation fails, there is a risk of an ectopic pregnancy (outside the womb, usually in the fallopian tube). If you think you may be pregnant after you have had a sterilisation talk to your doctor right away because an ectopic pregnancy is dangerous and needs emergency medical care.
- Regret is common, and more frequent in women under the age of 30 or women who are childless, or if there is conflict between the woman and her partner.

What are the risks of the procedure?

Anaesthetic

The risks of anaesthesia for elective surgery under modern conditions are very small. You will be carefully monitored throughout the operation by a trained anaesthetist. However there are risks with all anaesthetics and if you wish to discuss them please feel free to do so when you meet your anaesthetist before the operation.

Surgical

The risk of surgery includes:

- Minor damage to blood vessels leading to bleeding that can usually be dealt with using laparoscopic surgical techniques. Damage to major blood vessels has been recorded (2 in a 1000, uncommon).
- Damage to the urinary tract - uncommon during diagnostic procedures, but can occasionally happen, particularly if the bladder is full prior to surgery. It can be repaired laparoscopically but may require a laparotomy (a cut is made in the abdomen). The risk is increased if there has been previous surgery.
- Bowel damage. If recognised and dealt with promptly there are few complications, but difficulties can arise if the damage is not quickly dealt with and laparotomy/colostomy may be required.
- Damage and scarring to gynaecological organs, which may cause chronic pelvic pain in the future. This includes damage to small nerves within the pelvis.
- Serious complications occur in about 2/3 in 1000 cases. The risk is increased in complex cases for example women who are obese or significantly underweight and women who have had previous abdominal surgery, Peritonitis, Inflammatory Bowel Disease or Endometriosis.

What are the potential benefits of female sterilisation?

Recent studies have shown that tubal occlusion and salpingectomy (removal of the fallopian tubes) offer a protective effect against developing ovarian cancer in the future, your doctor may discuss this with you before the operation.

What happens before the operation?

You will be asked to attend the pre-operative assessment clinic a few days before the operation for some blood tests and possibly other investigations. If you are **allergic to metal** you must say so before the operation.

You **must** continue to use effective contraception before and after your operation until after your next period. If you have an intrauterine contraceptive device (coil) this may be left in place until your next period in case there is a fertilised egg which has already passed through the tube and may implant if the coil is removed too soon.

On the day of admission you will not be able to eat or drink anything for six hours before your operation.

When you arrive on the ward, a nurse or doctor will examine you and give you the opportunity to ask any questions before asking you to sign a consent form.

You will be asked to remove or secure any jewellery, tell the nurse if you have any loose teeth, crowns, caps, or dentures, you will also need to remove contact lenses and any belly button jewellery. You will then be escorted to theatre by a member of staff.

What happens during the operation?

You will be given a general anaesthetic, which means you will be asleep during the whole procedure. The anaesthetist will give you an injection in the back of your hand and you will drift off to sleep.

A small cut is made near the belly button and a laparoscope (a thin, rod-like instrument with a viewing lens) is inserted and a harmless gas is used to inflate your tummy, allowing the organs to be seen more clearly.

A second small cut is made to insert the instruments used to close the tubes. The tubes are usually closed with titanium or similar clips.

Sometimes tubes are closed by tying or cutting, or by applying an electric current which blocks the tubes by causing scarring. Another alternative is having both tubes completely removed (salpingectomy).

You will have an opportunity to discuss the method used before your operation. Finally the gas is released and stitches or glue are used to close the small wounds.

Occasionally the doctor may find it difficult to apply clips to the tubes using the laparoscope and a small cut along the bikini line (mini laparotomy) will be made to gain access to the tubes.

The doctor reaches and closes the tubes through this small cut in the lower part of the belly just above the pubic hair. In this case you will may need to stay in hospital overnight.

What happens after the operation?

A nurse will observe your breathing, blood pressure and pulse until you recover from the effects of the anaesthetic. Some women feel sickly after the operation, but you will be able to have something to eat and drink quite soon after the operation if you wish.

Your tummy may feel swollen and sore, and you may develop pain in your shoulders, neck, and tops of your legs. This is quite normal and is caused by gas trapped in your tummy and should subside in a few days.

You may also experience a period-type pain and a small amount of vaginal bleeding; sanitary pads should be used rather than a tampon. You may be prescribed drugs to relieve any pain.

You will be able to go home with your partner or friend when you have eaten, passed urine, and recovered from the anaesthetic. If you are prescribed any medicines you may be charged for your prescription.

Your GP will be informed that you have had the operation. The ward staff will provide you with a medical certificate to cover your sickness if necessary.

It is quite normal to feel tired for a few days after the operation and you should rest for 24 to 48 hours with a little gentle activity. We advise you to take painkillers regularly, but follow advice on the label. You may remove the wound dressing the following day and you may bath or shower as normal.

Following anaesthetic:

- Do not drive for 48 hours after a general anaesthetic. This may be longer depending upon the type of surgery/ operation you have had. Contact your insurance company for further advice.
- After a general anaesthetic there is a period of time when your judgement and reaction times are impaired, even though you may feel normal.
- It is important that for 24 to 36 hours after surgery you remain in the company of a responsible adult.
- Do not drink alcohol.
- Do not make any important decisions or sign any important documents.
- Do not operate any machines, cookers or ride a bicycle.

What should I do if I am worried about anything?

Your recovery should be quite uneventful, but you should contact the ward or seek medical advice if any of the following happen:

- If the wound continues to bleed excessively.
- If your wound discharges pus or becomes red and very tender.
- If you have severe stomach pain which is not relieved by painkillers.
- If you continue vomiting after 24 hours.
- If you develop a high temperature.
- If you have difficulty passing urine.

Here are some frequently asked questions and answers:

Will sterilisation cause the menopause?

No. Sterilisation does not cause the menopause or any of its symptoms and your body will continue to produce female hormones.

Will it prevent the menopause?

No. The timing of your menopause will not be affected.

Will I still produce eggs?

Yes. The eggs will dissolve and be absorbed by your body.

Will I still have a period?

Yes. If you have been using the combined oral contraceptive pill you may find that your periods are heavier. This is not due to the operation, but to stopping the pill and your body returning to its natural state.

Will I gain weight?

No. Sterilisation does not cause weight gain.

Will it prevent sexually transmitted diseases?

No. Only barrier contraception (eg condoms) can prevent sexually transmitted infections.

How soon can I have sexual intercourse?

When you feel comfortable about it. Ask your doctor if in doubt. You should continue to use other contraception until after your next period.

How soon can I go back to work?

This would depend on your general health and the type of job you have. You should be fit to resume work after five days, but avoid any heavy lifting for about a week.

Can sterilisation be reversed?

If you are thinking about reversal you should not have a tubal sterilisation. Reversal procedures require complicated surgery without a guarantee of success. This is not funded on the NHS. In some cases reversal is not possible at all.

If you would like any further information, please contact:
Oldham Ward F1 0161 627 8857

References

Royal College of Obstetricians and Gynaecologists. Female Sterilisation, Consent Advice No.3 February 2016

For further information on the source of evidence used in this publication, please visit www.pat.nhs.uk, then click on health information/patient information leaflet/reference section.

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 www.facebook.com/NorthernCareAllianceNHSGroup

 www.linkedin.com/company/northern-care-alliance-nhs-group

 Northern Care Alliance NHS Group (NCA) @NCAlliance_NHS

Date of publication: May 2009

Date of review: November 2021

Date of next review: November 2023

Ref: PI(WC)561

© The Northern Care Alliance NHS Group

www.pat.nhs.uk

www.northernalliance.nhs.uk

