

Tubal Sterilisation

Patient Information – Gynaecology Outpatients

*Sterilisation is a permanent method of contraception that prevents sperm and eggs meeting
Surgical sterilisation is carried out at Christchurch Women's Hospital*

Making your decision

- Surgical sterilisation is a permanent type of contraception and should not be considered if there is a possibility that you may want further children in the future.
- If you are unsure if permanent sterilisation is the right method of contraception for you, you should discuss other options with your doctor.
- Long acting (5 years plus) reversible methods of contraception are available, including Mirena, Jadelle implants and copper IUD that are effective at preventing pregnancy.
- Having a sterilisation operation does not make your periods worse or better.

Risks of sterilisation failing

- Sterilisation operations can fail, and you could get pregnant again.
- The failure rate for removal of both fallopian tubes (Salpingectomy) is close to zero. However, sometimes the whole fallopian tube is not able to be removed, so a section of each tube is removed and each end is sutured. In this case the failure rate is 1 in 200, ie. 1 out of 200 become pregnant.
- In comparison the failure rate after male sterilisation (vasectomy) is 1 in 2000, ie. 1 out of 2000 become pregnant.

Surgical sterilisation

- Surgical sterilisation is an operation to remove the fallopian tubes (Salpingectomy). If the whole fallopian tube cannot be removed, a section of each tube is removed .
- Your doctor will discuss the procedure with you.
- A general anaesthetic is required (ie. you are not awake) and the operation takes about 40 minutes if it is able to be performed as a keyhole (laparoscopic) procedure .
- You are usually able to go home on the same day.
- Two to three small cuts are made, one within your belly button, through which a small telescope is placed. Small instruments are used to cut out the fallopian tubes. These small cuts are closed with a stitch.
- There are risks with having an operation, these are usually rare and your doctor will discuss them with you.
- Afterwards you may have discomfort around the small cuts and pain around your shoulder. After a general anaesthetic some women feel unwell.
- You may need to rest for 2-3 days following this surgery.
- It is important to know this surgery cannot be reversed in the future.

Having a sterilisation at the same time as a caesarean delivery

- If you are booked to have a caesarean delivery it is possible to have a surgical sterilisation operation at the same time. A caesarean is not carried out for this reason alone.
- Sterilisation will be discussed when you see the midwife or hospital doctor prior to your caesarean.
- The risks of sterilisation at caesarean are the same as for all sterilisation procedures. It can occasionally cause some extra bleeding, however in most cases the recovery is the same as for a caesarean alone.
- As your baby will be newborn you need to be certain this is the right decision for you at this time. Your doctor will discuss this with you and answer any questions.
- If the sterilisation is carried out at the time of a caesarean the operation is done through the same incision as the caesarean (no additional cuts are required). The same anaesthetic will be used as for the caesarean, this is most likely to be a spinal or epidural anaesthetic, so you will be awake but will not feel the operation happening.
- Having a sterilisation will not increase the length of time you need to stay in hospital after a caesarean delivery.

Notes

For more information about:

hospital and specialist services, go to www.cdhb.health.nz | your health and medication, go to www.healthinfo.org.nz