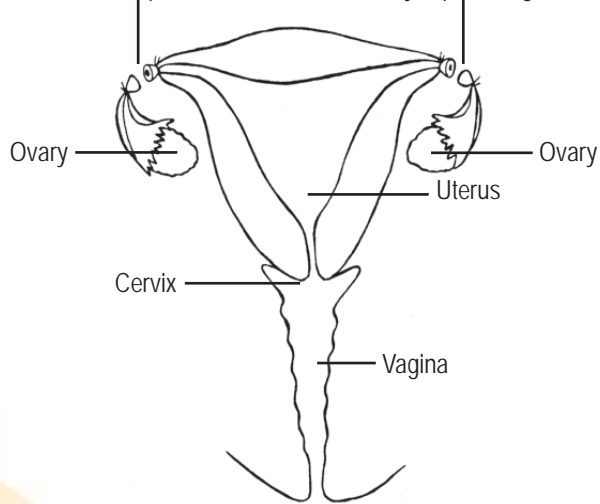


Female sterilisation procedures

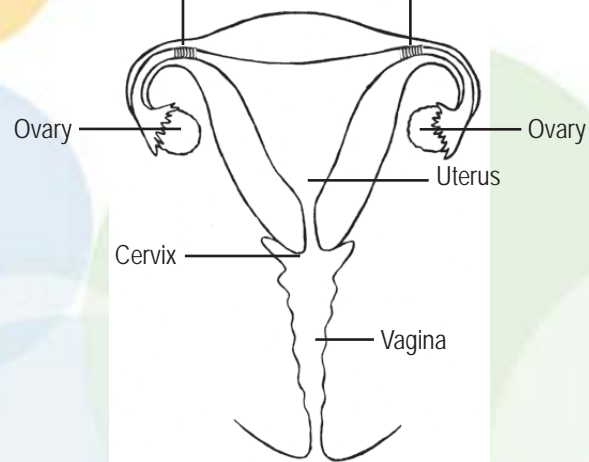
Tubal sterilisation

The Fallopian tubes are closed off by clips or rings.



Essure

Coils are placed in the Fallopian tubes



SHine SA contact details

East/West Primary Health Care Team

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Tel: 8300 5300
Clinic appointments: 8300 5301

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Southern Primary Health Care Team

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Workforce Development & Resources

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Email: SHineSACourses@health.sa.gov.au

Library & Resource Centre

64c Woodville Road, Woodville
Postal address: PO Box 76 Woodville SA 5011
Tel: 8300 5312
Email: SHineSALibrary@health.sa.gov.au

Sexual Healthline

Available 9 am – 1 pm, Monday – Friday
Tel: 1300 883 793
Country callers (toll free): 1800 188 171
Email: sexualhealthhotline@health.sa.gov.au

Website

www.shinesa.org.au

National Relay Service: www.relayservice.com.au
133 677 (TTY/Voice) 1300 555 727 (Speak & Listen)

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Female sterilisation



safety, pleasure, respect

What is female sterilisation?

Sterilisation is a permanent method of contraception. For women this is done by blocking the Fallopian tubes so that the sperm cannot reach the egg and begin a pregnancy. There are two main methods of female sterilisation. They are tubal sterilisation and Essure.

If you are considering sterilisation, ask yourself:

- Why do you want sterilisation?
- How does your partner feel?
- If your current relationship ended, would your feelings change?
- How would you feel if something happened to the children you have now?

If you are absolutely certain that you do not want children in future, sterilisation is an excellent option. It's important to make sure that you are certain before making such a big decision.

How can I get the procedure?

You can discuss which method is most suitable for you with your general practitioner or a SHine SA doctor and get a referral to a specialist.

If you want the Essure sterilisation you will need to see a specialist trained in this procedure. SHine SA has a list of these specialists.

What is the procedure for tubal sterilisation?

You will need a general anaesthetic for this operation. Two 1 cm cuts are made in the abdomen, one below the navel and the other to the side. A laparoscope (a small telescope) is inserted to find the Fallopian tubes. The tubes are then closed off by clips or rings. For most women this operation is performed as day surgery, although rest is needed the next day.

Sometimes an operation called a laparotomy or mini-laparotomy may be done. A single longer cut (usually a few centimetres for the mini-laparotomy) is made above the pubic hair line. The Fallopian tubes are then cut and tied off. The operation usually requires a 1 or 2 day stay in hospital.

How soon is the operation effective?

The operation is effective immediately after the procedure, but contraception should be used right up to the time of the operation.

How effective is it?

Tubal sterilisation is very effective (99.5%). If a pregnancy does occur there is an increased chance of ectopic pregnancy (a pregnancy forming within the Fallopian tube instead of the uterus), so missed periods should be investigated.

What are the side effects of tubal sterilisation?

The general anaesthetic can cause nausea or tiredness and the operation may cause some abdominal or shoulder pain. Painkillers can help but the pain can last for a couple of days. Sometimes it takes a week to feel completely well again. As with any operation, complications such as infection can occur, but they are uncommon.

After a laparoscopy you can return to work after 1–2 days and you can have sexual intercourse 2–3 days after the operation if you feel ready. If you have had a laparotomy you can return to work after 2 weeks and you can have sexual intercourse when you feel comfortable.

How much does tubal sterilisation cost?

There is no charge in public hospitals. Private hospitals charge a fee for hospital stay, surgery and anaesthetic. Most health funds cover these fees, but there may be a gap to pay.

Can tubal sterilisation be reversed?

It is sometimes possible to rejoin the Fallopian tubes but it involves complex surgery and is not always successful. It is really important to think of sterilisation as permanent.

What is the procedure for Essure?

This is a newer method of sterilisation which involves putting a fine wire coil into the Fallopian tubes.

The small coils are inserted while the woman is awake.

Local anaesthetic is used to numb the cervix and a hysteroscope (a fine flexible telescope) carrying the coil is put through the cervix. The coil is then directed towards the entrance of the Fallopian tubes and inserted into the tube.

As the hysteroscope is withdrawn the coil is released and fills the tube. Over the next 2 to 3 months the tube closes around the coil blocking the Fallopian tubes.

How soon is the operation effective?

Essure is effective 3 months after the operation. Contraception should be used until then.

How effective is it?

The operation is very effective (98.5%) and is checked with a special x-ray before the 3 month mark. There is limited information on the long-term effectiveness, but it appears to be very effective and permanent.

What are the side effects of Essure?

Some minor menstrual cramps may be experienced.

How much does Essure cost?

There is no charge in public hospitals. However, it is not available in all public hospitals. Private health funds cover the device and insertion, but there may be a gap to pay.

Can Essure be reversed?

This procedure cannot be reversed. Removing the coils destroys the tubes.

What can I expect after sterilisation?

Periods and menopause are not affected by tubal sterilisation and Essure. It also has no direct effect on sexual intercourse or sexual feelings.

Am I at risk of sexually transmitted infections?

Sterilisation *does not* protect you against sexually transmitted infections. Condoms are the only form of contraception that will help protect you from infection.