

PERMANENT CONTRACEPTIVE METHODS (STERILISATION)

FACT SHEET

What is sterilisation?

Sterilisation is a permanent form of contraception that is intended to be non-reversible. It involves blocking the reproductive tubes to stop the ova (eggs) and sperm coming together.

Who can have a sterilisation procedure?

If you are absolutely certain that you do not want children in future, sterilisation is an excellent option. However, some doctors may be reluctant to do the operation on younger people, especially those without children. It's important to make sure that you are certain before making such a big decision.

If you are considering sterilisation, ask yourself:

- Why do you want sterilisation?
- If you are in a current relationship and it ended, would your feelings change?
- How would you feel if something happened to the children you have now?

The decision to have permanent contraception is your choice alone. However, you may wish to have your partner involved and discuss their feelings about your choice.

VASECTOMY

What is a vasectomy?

It's a procedure that cuts the tube called the vas deferens so that sperm produced in the testes cannot get into the semen (cum). If there are no sperm in the semen then pregnancy cannot occur.

What happens during a vasectomy?

This procedure is usually done under local anaesthetic and doesn't require an overnight stay. A small incision is made in the front of the scrotum so that the vas deferens can be located, cut and the ends sealed. The procedure takes about 20 minutes.

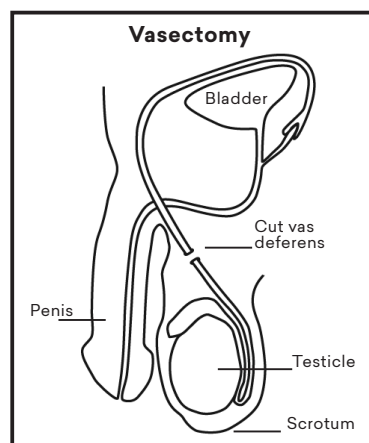
Vasectomy can be done under a general anaesthetic, but takes longer for the surgical preparation, procedure, and recovery time.

How will I feel after the operation?

When the anaesthetic wears off there will be some tenderness at the site of the operation. As with any procedure, complications can occur, but they are rare.

Discomfort and bruising can be reduced by simple pain-relieving medication, an ice pack and wearing underwear that supports the scrotum. Infection can usually be treated with oral antibiotics.

It's important to rest for 24 hours and avoid strenuous exercise for a few days.



Will I have any problems after the operation?

Longer-term complications can occur, such as pain lasting for more than 3 months; however, this is rarely severe. A sperm granuloma can develop as a hard lump at the site of the cut tubes. This is usually small, harmless and not painful. There is no increased risk of testicular cancer and no reduction in testosterone (the hormone that is produced by the testes).

Does it work immediately?

After the procedure sperm will still be present in the tubes for 2–3 months. After that time you'll need to have a semen test to see if all the sperm have gone.

Use another method of contraception until the semen tests have confirmed that there are no sperm in your ejaculate (cum). This is done at 12 weeks after the procedure, and after at least 20 ejaculations.

When can I have sex?

You can have sex as soon as you feel comfortable. The procedure will not change your sexual ability or enjoyment. Many couples enjoy sex more when they don't have to worry about pregnancy.

How effective is it?

About one in every 700–1000 vasectomies fail and you may stay fertile or become fertile again. If this happens, it is usually because the tubes are not fully blocked off or they grow back together. Most often this is picked up at the sperm test but can occur years after the procedure.

How can I arrange a vasectomy?

A vasectomy can be done in public hospitals, by private specialists and by some general practitioners. For information and referral see your doctor or SHINE SA.

How much does it cost?

There is no cost if you have a vasectomy in a public hospital; however, there is a waiting list. The cost of having this done privately is variable. Discuss this with your doctor.

TUBAL LIGATION

What is tubal ligation?

This is a procedure to block the fallopian tubes so that the sperm cannot reach the egg and begin a pregnancy.

How can I get the procedure?

You can discuss if this method is suitable for you with your doctor or SHINE SA. You will need a referral to a specialist.

What is the procedure for tubal ligation?

You will need a general anaesthetic for this operation. This can be done as a laparoscopy (keyhole surgery), where a small telescope is inserted to find the fallopian tubes. The tubes are then closed off by clips or rings. For most people this operation is performed as day surgery, although rest is needed the next day.

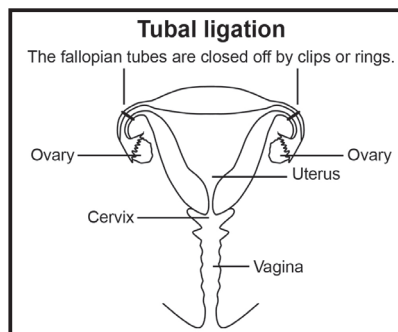
Sometimes an operation called a laparotomy may be done. A single longer cut is made above the pubic hair line. The fallopian tubes are then closed off. This operation usually requires a 1 or 2 day stay in hospital.

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 ligation 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).



In general vasectomy is a safer procedure with less complications and may be easier to access.

Long Acting Reversible Contraceptive methods, such as IUDs and implants, are also available and may be a good option for people who are not ready for permanent contraception.

What are the side effects?

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. Serious complications are rare but can include excessive bleeding, infection, and injuries to bowel and bladder.

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 may take longer to return to usual activities.

Will I have any problems after the operation?

Periods and menopause are not affected by tubal ligation. It also has no direct effect on sexual intercourse or sexual desire. If you were previously on hormonal contraception you may have irregular or heavy bleeding without hormonal control – this is not caused by the procedure.

How much does tubal ligation cost?

There is no charge in public hospitals; however, there is a waiting list. 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 sterilisation be reversed?

It is sometimes possible to restore the vas deferens or fallopian tubes but it involves complex surgery and is not always successful. The success rate depends on the type of procedure, the age at reversal and the amount of time since the sterilisation procedure occurred. It is not available in public hospitals and Medicare rebates don't apply for private reversal.

It is really important to think of sterilisation as permanent and discuss the consequences of sterilisation with your partner and health professionals before the procedure.

Sterilisation does not protect against sexually transmitted infections (STIs) or blood-borne viruses (BBVs). Practise safer sex. Condoms reduce the risk of STIs and BBVs.

CONTACT
SHINE SA

SHINE SA

© SHINE SA. Last updated December 2017

SHINE SA fact sheets are regularly reviewed and updated. To download the most recent version visit www.shinesa.org.au

Clinic & Counselling Appointments and General Enquiries

Tel 1300 794 584

Clinic locations and times are available at www.shinesa.org.au

Sexual Healthline

Tel 1300 883 793 Country callers (toll free) 1800 188 171

Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday

National Relay Service

www.relayservice.gov.au

133 677 (TTY/Voice) 1300 555 727 (Speak & Listen) 0423 677 767 (SMS Relay)