your guide to male and female sterilisation

Helping you choose the method of contraception that's best for you

Male and female sterilisation

Sterilisation is a permanent method of contraception, for people who don't want more children, or any children. It works by stopping sperm from meeting an egg.

Male sterilisation (vasectomy) is done by cutting and sealing or tying the vas deferens (the tube that carries sperm from the testicles to the penis).

Female sterilisation (tubal occlusion) is done by cutting, sealing or blocking the fallopian tubes which carry an egg from the ovary to the uterus (womb).

An effective and reversible alternative is long-acting reversible contraception (LARC). Ask your doctor or nurse for information or visit www.sexwise.org.uk

A note on gender

Not everyone with a male body is a man and not everyone with a female body is a woman. This information is for people of all genders including trans and non-binary people.

How effective is sterilisation?

Sterilisation is more than 99% effective at preventing pregnancy. It's rare for a vasectomy to fail and uncommon for a tubal occlusion to fail. Sterilisation may fail because the tubes that carry the sperm or eggs rejoin, straight away or some years later.

About one in 2,000 vasectomies fail.

About one in 200 tubal occlusions fail.

What are the advantages?

- After the sterilisation has worked, you don't have to use contraception ever again.

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What are the disadvantages?

- The tubes may rejoin and you'll be fertile again. This isn't common and you may not notice it.
- Sterilisation can't be easily reversed.
- It doesn't protect against sexually transmitted infections.
- You need to use contraception until semen tests have confirmed that vasectomy has been effective. This takes at least 12 weeks.
- It requires a surgical procedure.

Can anyone be sterilised?

Sterilisation is for people who don't want more or any children. Sterilisation may not be the best choice for you if you or a partner are unsure or under stress, for example, after a birth, miscarriage, abortion or during family or relationship difficulties.

More people regret sterilisation if they were sterilised when they were under 30, had no children, weren't in a relationship, changed relationships or had relationship difficulties. Young or single people may receive extra counselling. If you have any doubts, long-acting reversible contraception (LARC) may be a good option.

Where can I go for advice?

You can go to your general practice or to a contraception or sexual health clinic. If you prefer not to go to your own general practice, or they don't provide contraceptive services, they can refer you to another general practice or clinic. You can get sterilisation on the NHS in most areas, but waiting lists can be long. You can pay to have a sterilisation done privately. All treatment is confidential.

What information should I get before I decide to be sterilised?

Before sterilisation, you should get information, counselling and a chance to talk about the operation and any concerns you have. You should be told about:

- different methods of highly effective long-acting reversible contraception (LARC)
- sterilisation failure rates, any possible complications and reversal difficulties
- the need to use contraception until the sterilisation has been confirmed as a success.

You'll be asked about your medical history. Before tubal occlusion, you'll have an internal pelvic examination. Before a vasectomy, your scrotum will be examined. You'll sign a consent form and be given written information to take away.

Do I need my partner's permission?

By law you don't need a partner's permission. If you have a partner, it's recommended that you go for counselling together. Some doctors prefer both partners to agree to a sterilisation after information and counselling.

Can sterilisation be reversed?

Sterilisation is meant to be permanent. Reversal operations aren't always successful, are rarely available on the NHS and are difficult and expensive to get privately. Success depends on how and when you were sterilised.

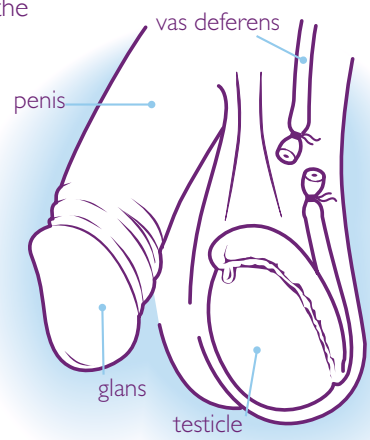
Will sterilisation affect my sex drive?

Sterilisation shouldn't affect your sex drive or your enjoyment of sex.

Male sterilisation (vasectomy)

How's vasectomy done?

You'll be given a local anaesthetic. To reach the tubes, the doctor makes a small puncture, known as the no-scalpel method, or small cuts on the skin of your scrotum. The doctor cuts and closes the tubes by tying them or sealing them with heat, stitches or plugs. Sometimes a small piece of each tube is removed.



The opening(s) in your scrotum will be very small. You may not need stitches. If you do, dissolvable stitches or surgical tape will be used. The operation takes about 10–15 minutes and may be done in a clinic, hospital outpatient department or some general practices.

How will I feel after the operation?

Your scrotum may be bruised, swollen and painful. Taking pain relief and wearing tight underpants or athletic support, day and night for the first few days will help reduce discomfort. It's important to rest and avoid strenuous activity or exercise. The doctor or nurse should give you information on how to look after yourself after your vasectomy.

How soon can I have sex again?

You can usually have sex between 2 and 7 days after the vasectomy, if you feel comfortable. Use another method of contraception until a semen test confirms the vasectomy has been successful.

When will it be effective?

About 12 weeks after the operation, you'll have a semen test to see if the sperm have gone. Sometimes you'll need another test. Use another form of contraception until the semen test is negative. The amount of time this takes varies.

Are there any serious risks or complications?

Vasectomy usually doesn't cause long-term health risks. Occasionally, some people have bleeding, a large swelling, or an infection. In this case, see your doctor as soon as possible. Sometimes fluid leaks out of the tube into the surrounding tissue. This may cause inflammation and pain immediately, or a few weeks or months later. This can be treated.

A small number of people experience ongoing pain in their testicles, scrotum, penis or lower abdomen. This is called chronic post-vasectomy pain (CPVP). Drug treatments or further surgery may help ease the pain. This doesn't always work and some people have long-term pain.

Vasectomy is nearly always done under a local anaesthetic but very rarely a general anaesthetic is used. All operations using a general anaesthetic carry some risks, but serious problems are rare.

Female sterilisation (tubal occlusion)

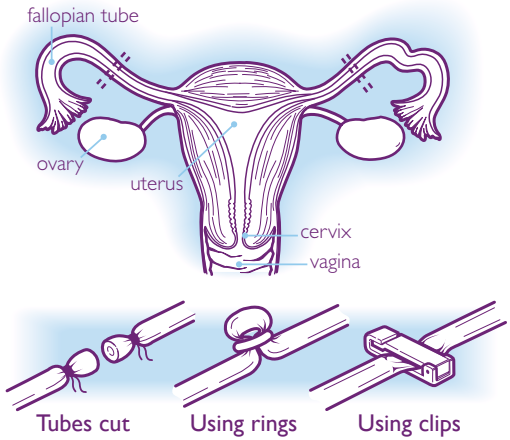
How's female sterilisation done?

The fallopian tubes are blocked. This may be done by applying clips or rings, sealing, or tying, cutting and removing a small piece of each tube.

You may be given a general, local or regional anaesthetic. The time you stay in hospital depends

on the anaesthetic and the method used.

There are two ways of reaching the fallopian tubes – laparoscopy or mini-laparotomy.



A laparoscopy is the most common method. A doctor makes a tiny cut and inserts a laparoscope (a long thin tube with a light and camera on it), so they can clearly see your reproductive organs. The doctor then seals or blocks your fallopian tubes.

For a mini-laparotomy, a doctor makes a small cut in your abdomen, usually just below the bikini line, to reach your fallopian tubes. You'll usually have a general anaesthetic and spend a few days in hospital.

How will I feel after the operation?

If you have a general anaesthetic you may feel unwell or uncomfortable for a few days and have to take it easy for a week or so. This is normal. You may have some pain and slight bleeding from your vagina. If this gets worse, see your doctor. The doctor or nurse should tell you which method of sterilisation was used, and give you information on wound care, stitches, activity following the procedure, pain relief, and looking after yourself after your sterilisation. They should tell you if there were complications (see below). If there were complications you'll usually be offered a follow up appointment and your GP will be informed.

How soon can I have sex again?

You can have sex as soon as it's comfortable, but use another method of contraception until the sterilisation is effective (see below).

When will it be effective?

You'll need to use contraception until your operation and for at least seven days afterwards.

Will it affect my periods?

Your ovaries, uterus and cervix are left in place and your hormones aren't affected so you'll still ovulate (release an egg each month), but the egg is absorbed naturally by your body.

If you weren't using hormonal contraception before sterilisation your periods shouldn't change. Occasionally, some people find that their periods become heavier or the pattern of bleeding changes. This is usually because they've stopped using hormonal contraception, which may have lightened their periods previously.

Are there any serious risks or complications?

If tubal occlusion fails, and you become pregnant, there's a small increased risk of ectopic pregnancy. An ectopic pregnancy develops outside your uterus, usually in the fallopian tube. Seek advice straight away if you think you might be pregnant or have a light or delayed period, unusual vaginal bleeding, a sudden or unusual pain in your lower abdomen or shoulder tip. These could be signs of ectopic pregnancy.

All operations carry some risk, but the risk of serious complications is low. If you feel generally unwell and/or develop a fever and abdominal pain within 3-14 days of the procedure get advice from your GP.

A note on Essure

Essure is a non-surgical method of female sterilisation (hysteroscopic sterilisation) that's no longer available in the UK. If you've been sterilised using Essure, be reassured that it's still safe. If you have questions or worries, ask your GP.

Where can I get more information and advice?

The National Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123. It's open Monday to Friday from 9am-8pm.

For more information on sexual health visit www.sexwise.org.uk. Information for young people can be found at www.brook.org.uk

Clinics

To find your closest clinic you can:

- use Find a Clinic at www.fpa.org.uk/clinics
- download FPA's Find a Clinic app for iPhone or Android.

Details of general practices and pharmacies in England are at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland, details of general practices are at www.nhsinform.scot and in Northern Ireland at www.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might've failed, there are different types of emergency contraception you can use.

- An IUD is the most effective option. It can be fitted up to five days after sex, or up to five days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with levonorgestrel can be taken up to three days (72 hours) after sex. It's available with a prescription or to buy from a pharmacy. There are different brands.

Try and get emergency contraception pills as soon as possible after unprotected sex. Emergency pills are available for free from some pharmacies. Age restrictions may apply.

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections.

External (male) and internal (female) condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and the World Health Organization.

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method.

Contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.

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