

## STERILISATION

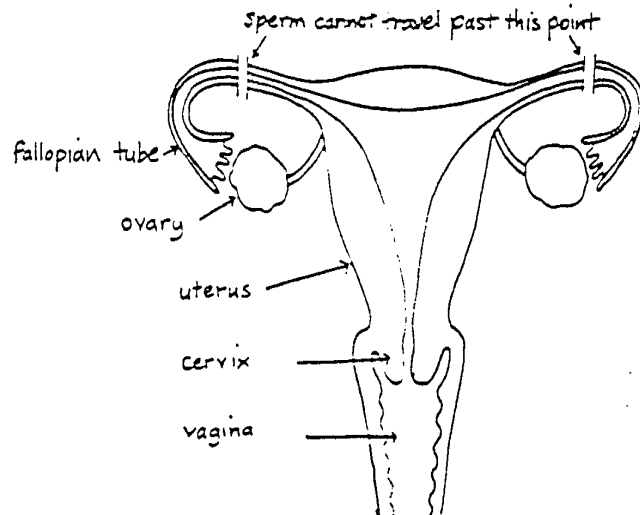
Tubal sterilisation is a permanent form of birth control for women. It is an operation to block the Fallopian tubes so that the sperm cannot travel up to meet the ovum (egg) and begin a pregnancy.

### The operation...

The most common method is called laparoscopic sterilisation. For this you usually have a general anaesthetic but stay just six hours in hospital.

Two 1cm incisions are made in the abdomen, one at the navel and one below in the pubic hair line. A laparoscope (a type of tiny telescope), is inserted so that the doctor can see to close the tubes. The tubes are closed off by clips, rings, cautery (heat) or simply cutting and tying. There are no stitches.

Some people are not able to have a laparoscopy - they may need a laparotomy. This involves a larger incision so you need to stay in hospital for a few days for the incision to heal.



### What to expect...

Periods and menopause (change of life) are not affected by the operation. It also has no direct effect on sexual intercourse or sexual feelings. Some women enjoy love-making more when they are not afraid of getting pregnant.

### How soon is the operation effective?...

Immediately, but birth control should be used right up to the time of the operation. In fact you may consider continuing to use condoms, as sterilisation does not protect against sexually transmitted infections.

### Where does the egg go?...

The egg still comes out of the ovary, but is harmlessly absorbed by the body.

### Complications...

The general anaesthetic may cause nausea or tiredness. There may be some abdominal or shoulder pain which lasts a day or two, usually relieved by Panadol. Infection of the wound is most unusual.

### Could the operation fail?...

Pregnancy occurs after approximately 1-2 per thousand operations. If a pregnancy does occur there is an increased chance of it being ectopic (in the fallopian tube).

### Reversal...

Although it is sometimes possible to repair the tubes, only 50% of women can get pregnant. There is also a higher risk of ectopic pregnancy. Sterilisation should only be done if you are absolutely sure that you want no more children whatever may happen in the future.

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