

## Contraception - female sterilisation

Sterilisation is a permanent form of contraception which a woman might choose if she's certain she doesn't want children in the future. The most common method of sterilisation is tubal occlusion, which is the surgical blocking of the fallopian tubes.

Female sterilisation is also called tubal ligation (tying) or 'getting your tubes tied'. Less invasive procedures, available as the Essure and Adiana methods, involve putting a tiny, flexible device (micro-insert) into each fallopian tube.

### How sterilisation prevents pregnancy

When a woman ovulates, an egg is shed from the ovary and moves down the fallopian tube. If the egg meets a sperm, conception takes place. Sterilisation blocks the path of the sperm through the tube. Eggs are still released by the ovaries, but are broken down and safely reabsorbed by the body.

As the ovaries aren't affected by this procedure, periods will continue as normal, with the ovaries continuing to release the same hormones. Tubal occlusion doesn't cause menopause or affect a woman's sexual desire or pleasure.

Although tubal occlusion can often be reversed, it's considered a permanent form of contraception. The Essure and Adiana methods, however, aren't reversible.

### Sterilisation issues

If you're thinking about sterilisation, issues to talk with a doctor about include:

- **Your age** – doctors are generally hesitant to perform sterilisation procedures for women who are aged less than 30 years, don't have children or who might feel pressured into the decision by their partners.
- **Your family situation** – if you've completed your family, you might prefer to be surgically sterilised rather than use contraceptives for the rest of your reproductive years.
- **Medical issues** – you might choose to have the procedure because you have a medical condition that would be affected by pregnancy.
- **Operation procedure** – you should find out about the procedure, including any possible side effects, risks and complications.

### Tubal ligation

Tubal ligation is an operation usually performed under general anaesthetic using a technique called laparoscopy. Between one and three small incisions (cuts) are made around the navel (belly button). A telescopic device (laparoscope) is inserted through one of the incisions and a small camera at the tip of the laparoscope transmits an image to a screen for the surgeon to see the internal organs. The surgeon works through these small holes and places clips on the tubes.

### Immediately after the operation

After the operation, you can expect:

- Some pain and nausea in the first four to eight hours (you might need painkillers for a short time)
- Some abdominal discomfort for 24 to 36 hours from the gas used during laparoscopy
- To go home the same day

- Your surgeon to remove non-dissolvable stitches seven to 10 days after surgery
- To see your surgeon for a check-up in six weeks.

## Possible risks and complications

Some of the possible risks and complications include:

- An allergic reaction to the anaesthetic
- Damage to nearby organs such as the bowel or ureters
- Infection, inflammation and pain, which can occasionally be caused by a clip used in the tubal ligation procedure
- Haemorrhage
- Infection of the wound or a fallopian tube
- Pregnancy (the method is more than 99 per cent effective, but there is a very small chance of the tubes becoming unblocked)
- Ectopic pregnancy in women who become pregnant after having the tubal occlusion procedure. An ectopic pregnancy is a pregnancy that develops in the fallopian tubes rather than in the uterus (womb).

## Taking care of yourself

You should follow the advice of your doctor or surgeon. General suggestions include:

- You should avoid strenuous exercise for several days.
- You can take painkillers to manage the pain, but should see your doctor if you have severe pain.
- You can usually go back to work in a few days.
- You can start having sex again as soon as you feel ready, as tubal occlusion is effective straight away.
- Your periods should quickly return to normal.

## Reversing the operation

A woman usually opts for sterilisation if she is certain she doesn't want children in the future. However, a new relationship might cause her to want a reversal. Tubal occlusion can be reversed, but it's not always successful. Success rates depend on the woman's age, the length of the tubes when repaired and the type of sterilisation procedure used.

To reverse the procedure, the fallopian tubes are reached through an abdominal incision (cut) and the surgeon rejoins the severed tubes using microscopic stitches. Generally, the odds of becoming pregnant after reversal of a tubal occlusion are about 60 per cent, with about 50 per cent of women having a baby after a reversal procedure. The risk of ectopic pregnancy after a successful reversal is quite high, as scar tissue might block the fertilised egg from moving down the fallopian tube.

## The Essure and Adiana procedures

Essure and Adiana are female sterilisation procedures that are less invasive than other methods. Both involve putting a tiny, flexible device (micro-insert) into each fallopian tube. The Essure device is a tiny coil of titanium and the Adiana device is small silicone plug about the size of a grain of rice. They make the body grow scar tissue around the inserts, blocking the fallopian tubes.

Some facts about the procedure include:

- A gynaecologist who has had specialised further training can perform the procedure.
- General anaesthetic isn't needed, but can be used.
- A flexible device called a hysteroscope is inserted through the cervix (entrance to the womb) and threaded along a fallopian tube. Once the hysteroscope is in place, the micro-insert is released. This is then repeated for the other fallopian tube.
- The procedure usually takes less than 30 minutes.
- Essure and Adiana are more than 99 per cent effective in preventing pregnancy.

## Issues to consider

The Essure and Adiana methods are permanent and can't be reversed. Issues to consider include the following:

- About one in 10 patients can't have the micro-inserts successfully put into both fallopian tubes because their tubes are slightly different to normal. There is no way of knowing which women this will apply to before the procedure starts. Some surgeons can perform a tubal occlusion using laparoscopy on the same day if they're not able to put both the inserts in the fallopian tubes.
- Possible complications include tearing the fallopian tube during the procedure and the micro-insert moving out of place.
- There are no known life-threatening complications.
- It can take three months before the fallopian tubes become blocked. Other contraception will be needed during this time.
- After Essure, an x-ray is needed to check if the tubes are blocked. Some women will need another procedure (hysterosalpingogram) to find out if their tubes are blocked. This involves putting dye into the uterus and fallopian tubes and taking x-rays. All women undergoing the Adiana procedure will need a hysterosalpingogram.

## Other forms of contraception

Alternatives to tubal occlusion include:

- Barrier methods of contraception, such as male and female condoms and dams
- Oral contraceptive pills
- Hormonal injections, rings and implants
- Hormonal and copper intrauterine devices (IUDs)
- Vasectomy, which is a relatively simple form of permanent contraception for men.

## Protection against sexually transmissible infections

Tubal occlusion doesn't give protection against sexually transmissible infections (STIs). It's important to practice safer sex. The best way to reduce the risk of STIs is to use barrier protection such as male and female condoms and dams (a thin piece of latex placed over the anal or vulval area during oral sex). Condoms can be used for oral, vaginal and anal sex to help prevent the spread of infections.

## Where to get help

- Your doctor
- Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100
- Melbourne Sexual Health Centre Tel. (03) 9341 6200 or 1800 032 017 or TTY (for the hearing impaired) (03) 9347 8619
- Community health centre
- Reproductive specialist
- Pharmacist

## Things to remember

- Tubal occlusion is the surgical blocking of the fallopian tubes.
- The tubes might be clipped, removed or have small sections taken out.
- Sterilisation doesn't give protection against sexually transmissible infections.
- Successfully reversing a tubal occlusion depends on the woman's age, the type of sterilisation procedure used and the length of the tubes when repaired.

**This page has been produced in consultation with, and approved by:**

Family Planning Victoria

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