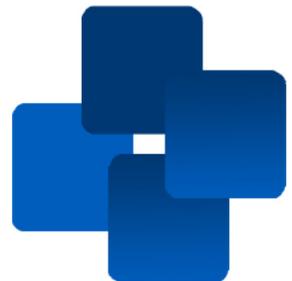


# **Patient Information**

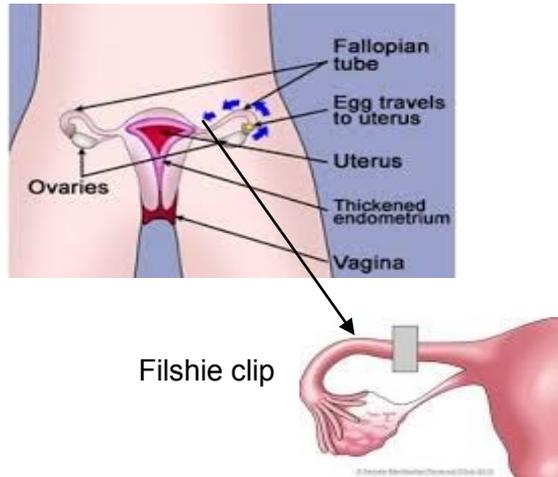
## **Female Laparoscopic Sterilisation**

Women's Services



## What is laparoscopic sterilisation?

Sterilisation is a permanent way of preventing pregnancy. It involves an operation under a short general anaesthetic where the fallopian tubes are blocked by the application of one small clip to each side.



The surgeon will make tiny openings in your abdomen to reach the fallopian tubes around your navel, and another lower down. Once the surgeon has access to the fallopian tubes, a **Filshie clip** is put on to each fallopian tube to seal it off.

The chances of reversal vary; there is no guarantee of success. Even though sterilisation is free, to have the operation reversed you will have to pay as this is not available under the NHS.

## What do I need to consider?

If you are sure that your family is complete and you do not want to have any more children, you can consider laparoscopic sterilisation.

Research has shown that you are more likely to have regrets later on if you are under 30 or if you do not have children already. You need to be very sure about your decision and that you fully understand what it will mean.

## Are there any alternatives?

You must make sure that you have considered the alternatives. If you have a partner, we advise you to discuss this decision with them.

### Alternatives include:

- **Intrauterine contraceptive devices** (reversible), which are put into the womb. The Mirena coil lasts five years, the copper coil lasts up to eight years or up to menopause if you have it fitted after age 40. Failure rate <1%
- **Hormonal** - This includes tablets (combined pill and mini pill), and progesterone implants/injections. Failure rate <1%
- **Male sterilisation** (irreversible). This is called a vasectomy and has a 1:2000 failure rate.

For more information regarding alternatives, please refer to the RCOG leaflet on contraception.

## What happens after my operation?

- You can go home on the day of your operation but avoid driving for at least 48 hours.
- Some abdominal discomfort is expected from this type of surgery. You will be given pain relief to take home on discharge.
- Shoulder tip pain is common to experience. This is due to trapped gas from the operation and will resolve once you start moving around.
- You may have some vaginal bleeding. **Do not** use tampons, as there is increased risk of infection post operation - sanitary pads are preferable. If you have persistent or heavy bleeding please contact your GP and they will contact the gynaecologist on call for advice.

## **What should I do afterwards?**

- A fit note (a Statement of Fitness for Work) can be issued at the time of the operation if required. Fit notes may also be known as a medical statement, a doctor's note or sick note.
- Keep your wounds clean. The stitches are dissolvable and you may find this can take up to 14 days.
- It is not usual for a follow-up appointment to be required after this procedure.
- If you were previously taking the oral contraceptive pill, your periods may be similar to what they were before starting the pill. Sterilisation does not make your periods heavy.
- Sexual intercourse can be resumed when you feel ready to do so. To avoid getting pregnant you must keep using effective contraception that you were taking prior to the operation, until your first period after the operation.

## **What are the potential complications?**

Most complications are minor and can be dealt with during the operation:

- You are most at risk of complications if you have had abdominal surgery before or if you are very overweight.
- Injury to bowel, bladder and blood vessels is rare (1 in 1000) but can be very serious and may result in a laparotomy, which is a larger cut into the abdomen.
- There is a 1:200 lifetime risk of failure resulting in unplanned pregnancy. If the procedure fails the resulting pregnancy has an increased risk of being ectopic (a pregnancy developing in the fallopian tube).

## **What happens first?**

Your GP may refer you to a family planning clinic, directly to your hospital or to an outpatient clinic. The doctor you see there to begin with may not necessarily be the surgeon who carries out the operation.

You will be asked about your medical history and whether you have had any operations before.

You may need to have an internal examination. The doctor will check for any conditions that might mean you would need to consider other alternatives.

The doctor should tell you more about what the operation involves and give you written information before you make a final decision.

You should have a chance to talk about the operation in detail, to raise any questions or worries you may have, and to think about what it means for you.

## **Is there anything else I should know?**

You have the right to be fully informed about your healthcare and to share in making decisions about it. Your healthcare team should respect and take your wishes into account. You will need to sign a consent form to show that you understand and agree to have the operation.

## **Any further questions?**

If you have any questions or concerns regarding the operation, or the alternatives, please contact the Gynaecology Ward (contact details on the back cover of this leaflet) or your GP.

**Please use this space to write down any questions you may like to ask:**

## **Additional information**

NHS Choices

[www.nhs.uk/conditions/contraception/female-sterilisation/](http://www.nhs.uk/conditions/contraception/female-sterilisation/)

Royal College of Obstetricians & Gynaecologists

[www.rcog.org.uk](http://www.rcog.org.uk)

## **Other organisations**

Family Planning Association (FPA) offers support:

23-28 Penn Street

London N1 5DL

Telephone: 020 7608 5240

[www.fpa.org.uk](http://www.fpa.org.uk)

## Useful contact telephone number

Gynaecology Ward 10AN, Lister Hospital

☎ 01438 286193

## Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline **Male and Female Sterilisation** (2003). The guideline contains a full list of the sources of evidence we have used: [www.rcog.org.uk/files/rcog-corp/uploaded-files/EBSterilisationFull060607](http://www.rcog.org.uk/files/rcog-corp/uploaded-files/EBSterilisationFull060607)

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