

Fact Sheet

Permanent Contraception for Women

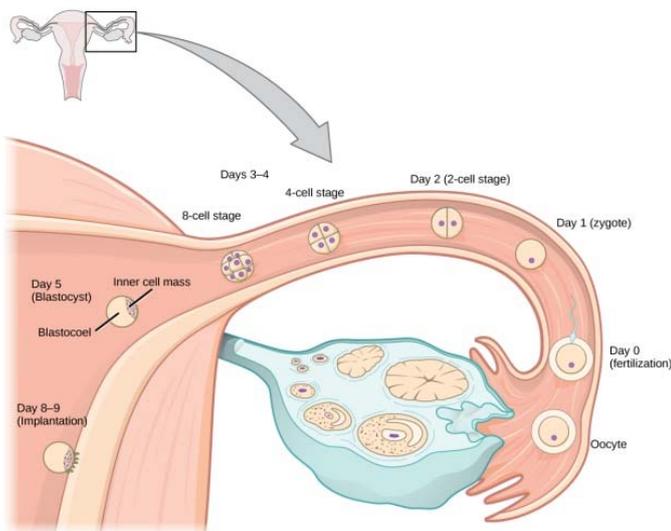
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Permanent contraception (also called sterilisation) means birth control that stops you ever having more children. Permanent contraception is done by tying, or removing, the fallopian tubes so that the sperm and the egg can no longer get together to form a baby (called fertilisation).

Permanent contraception for women includes:

- Laparoscopic Tubal Ligation (tying the tubes)
- Salpingectomy (removing the tubes)

Diagram showing fertilisation in the fallopian tube:



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Who should consider permanent contraception or sterilisation?

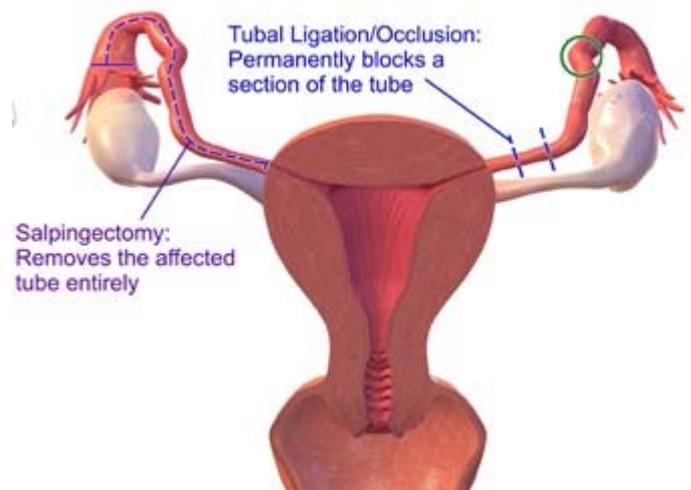
You should understand that permanent contraception is considered non-reversible. Although an attempt can be made to reverse (undo) the tubal ligation, it is seldom successful. If you want a pregnancy after tubal ligation you would most likely require IVF treatment. IVF does not guarantee success.

Before having a sterilisation procedure you should think about your answers to the following questions:

- Why do I want sterilisation?
- What would I think if, after permanent contraception, something happened to one of my children? Would I want more children?
- What would I think if my current relationship ended or changed? Would I want more children?

Laparoscopic tubal ligation

This form of permanent contraception is done by tying or clipping off the tubes from inside the abdomen. A fine telescope called a laparoscope is placed into the abdomen through a cut in the belly button. A small cut is also made just above the pubic bone and a clip (made of non-absorbable titanium and a very small amount of silicone rubber) is placed on each tube. Some surgeons tie off each tube with sutures (stitches) and then cut it. Neither technique is considered better than the other.



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How well does Laparoscopic Tubal Ligation work?

- This procedure is 99.5% effective.
- Please be aware that you must use contraception until the day of the procedure so that you are not pregnant when you have the surgery. All patients will have a pregnancy test prior to the procedure, however this does not rule out a very early pregnancy. If there is any concern you may be pregnant on the day of the procedure, it may be rescheduled for a later date once a pregnancy has been confirmed or ruled out.
- If you fall pregnant any time after a laparoscopic tubal ligation there is a chance that the pregnancy is ectopic, meaning it is in the tube instead of the uterus. Ectopic pregnancy is a serious and sometimes life threatening condition if not treated quickly. Seek medical attention early to rule an ectopic pregnancy out if you become pregnant.
- Some women find their periods are heavier after tubal ligation. This is not due to the procedure but may be caused by stopping your previous contraception, like the contraceptive pill, or Mirena™ IUCD, which make periods lighter and less painful.

Should I have a salpingectomy rather than a tubal ligation?

Salpingectomy for permanent contraception is less likely to fail than tubal ligation and so you may be offered this option.

There is also some evidence that the fallopian tube may be important in the development of certain types of ovarian cancers and that removing the tubes could decrease your risk of ovarian cancer. This cancer remains the fifth commonest cause of cancer death for women and unfortunately we do not, as yet, have a test to screen for this type of cancer.

We do not believe that salpingectomy will increase your risk of premature menopause as the only job the tube does is carry the sperm and egg to each other. Salpingectomy does not seem to increase complications at surgery, but does increase the time taken to do the procedure.

Discuss this option with your doctor, remembering that salpingectomy can never be reversed and that there is not yet conclusive evidence that salpingectomy for contraception will definitely reducing the risk of ovarian cancer.

Are there risks associated with the surgery?

This procedure is done under general anaesthetic as a day surgical procedure, meaning you can usually go home on the day of the procedure. It is considered to be a low risk procedure. However, all surgical procedures carry some risk :

General risks of surgery

- Problems with anaesthetic – discuss any concerns you may have with your anaesthetist.
- Bleeding (very rarely needing blood transfusion for treatment).
- Clots blocking blood vessels in the legs (deep vein thrombosis, DVT) and lungs (pulmonary embolism, PE).
- Infection of the incisions (cuts on the tummy), bladder or uterus which would require antibiotic treatment.

Risks specific to laparoscopy

- Sometimes the operation cannot be done through the telescope and a larger cut in the tummy wall (called a laparotomy) may be needed to finish the operation.
- Extremely rarely (less than 1% of operations) - damage to the internal organs such as bladder, bowel, ureters (which connect the kidneys to the bladder) or large blood vessels can happen. In these situations your surgeon may have to make a larger cut (laparotomy) to repair the problem.

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Laparoscopic tubal ligation and salpingectomy are effective permanent contraceptive options which allow you the freedom of not remembering to take pills or worry about the side effects of medications. This form of contraception should only be considered if you feel you have completed your family.

How do I make an appointment?

Laparoscopic permanent contraception can be arranged through the Westmead Hospital Contraception Clinic. Appointments can be made by phoning (02) 8890-6508.

You will need a referral from your GP to attend the clinic.

Please be aware that:

- In the time leading up to your contraception clinic appointment, you must use some form of contraception.
- There is a waiting list for surgery if you are considering having your tubes tied.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au