

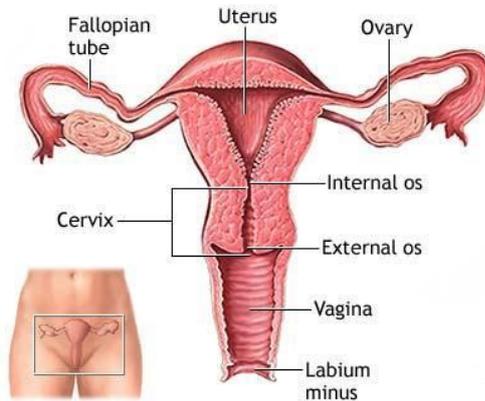
# Male & Female Sterilisation Fact Sheet

## MALE & FEMALE STERILISATION

Sterilisation is a safe and permanent method of contraception involving a surgical procedure. It frees a woman from the risk of pregnancy and from possible side effects of other forms of contraception.

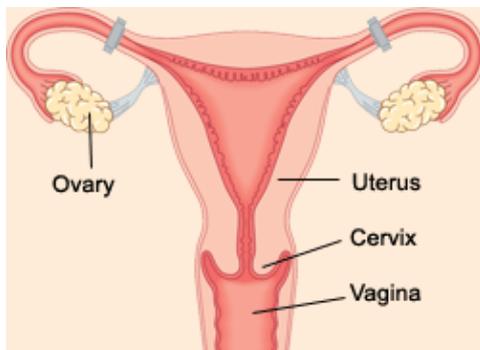
## FEMALE STERILISATION

The procedures involve preventing the sperm and the egg from meeting by blocking the fallopian tubes.



## METHODS

**Laparoscopic sterilisation** is the most common method and is usually performed under general anaesthetic. A small incision is made near the navel and the abdomen inflated with carbon dioxide gas. A laparoscope is then inserted to locate the fallopian tubes which are then blocked by applying clips. **It is more than 99.9% effective immediately after the procedure if Filshie clips are used.** Occasionally laparoscopy is not advisable and a small incision is made instead to perform the operation. The complication rate is low (1-3%) although some post-operative discomfort is common.



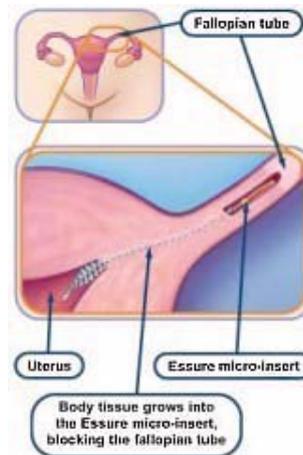
This method of female sterilisation should be considered permanent. Even though some women have had their fertility restored, there is no guarantee that a reversal procedure will be successful and there will be an increased risk of ectopic (tubal) pregnancy.

The **Essure™ pbc procedure** involves placing a micro coil or spiral into each fallopian tube. On release in the tube, the insert expands to fill the tube and hold the device in place.

During the following 3 months, tissue grows into the device, blocking the fallopian tube and preventing sperm from reaching the egg. This procedure is not as widely available as laparoscopic sterilisation.



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The complication rate is low although some discomfort and vaginal bleeding are common.

This method requires the woman to use another method of contraception for 3 months after the device is inserted. **It is more than 99.5% effective.**

The method should be regarded as permanent.

Following female sterilisation, in the majority of cases there is no change to the woman's menstrual cycle. Women who have previously used hormonal contraception may notice a change in bleeding patterns. The ovaries will continue to produce eggs but these will be absorbed by the body.

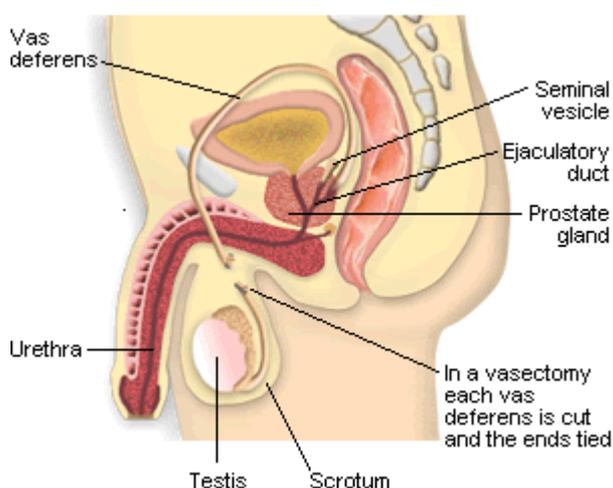
Female sterilisation does not affect sexual arousal, response or orgasm.

It is important for a woman (on her own or with her partner) to discuss the procedure with her medical practitioner to ensure she is making an informed decision.

## MALE STERILISATION

The procedure for male sterilisation is called a vasectomy and it involves cutting or blocking the vas deferens (sperm ducts) to prevent sperm from mixing with semen and being released through the urethra and penis.

Sperm are produced in the testes. They pass into the epididymis and travel through the vas deferens until they mix with the seminal fluid which is produced by the seminal vesicles, prostate gland and Cowpers' gland. This mixture is semen, which is released through the penis during ejaculation.



The vasectomy blocks the vas deferens on both sides so the sperm cannot travel and mix with the semen. After the vasectomy, the man's sexual arousal, response and orgasm will be the same and he will still ejaculate but the ejaculation will be semen that does not contain sperm.

### Disclaimer:

FPT has taken every responsibility to ensure that the information contained in this fact sheet is up-to-date and accurate. As information and knowledge constantly changes, readers are advised to confirm that the information contained complies with present research, legislation and policy guidelines. FPT accepts no responsibility for difficulties that may arise as a result of an individual acting on advice and

*\*FPT acknowledges the contribution of Family Planning Queensland in the development of this fact sheet.*

The complication rate is low, although discomfort and bruising after the procedure is to be expected. Pain relief, cold compresses and a scrotal support should be organised before the procedure.

Vasectomy is one of the most effective methods of contraception but it is not immediately effective. Viable sperm may remain in the vas deferens for 2 months or more. A semen analysis to detect any remaining live sperm should be done 8-12 weeks after the procedure. Other forms of contraception should be used until the semen analysis is clear. **Once this has happened the method can be considered 99.85-99.9% effective.**

It is important to consider vasectomy as permanent. Even though some men have had their fertility restored, there is no guarantee that a reversal procedure will be successful.

It is important for a man (on his own or with his partner) to discuss the procedure with his medical practitioner to ensure he is making an informed decision.



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