

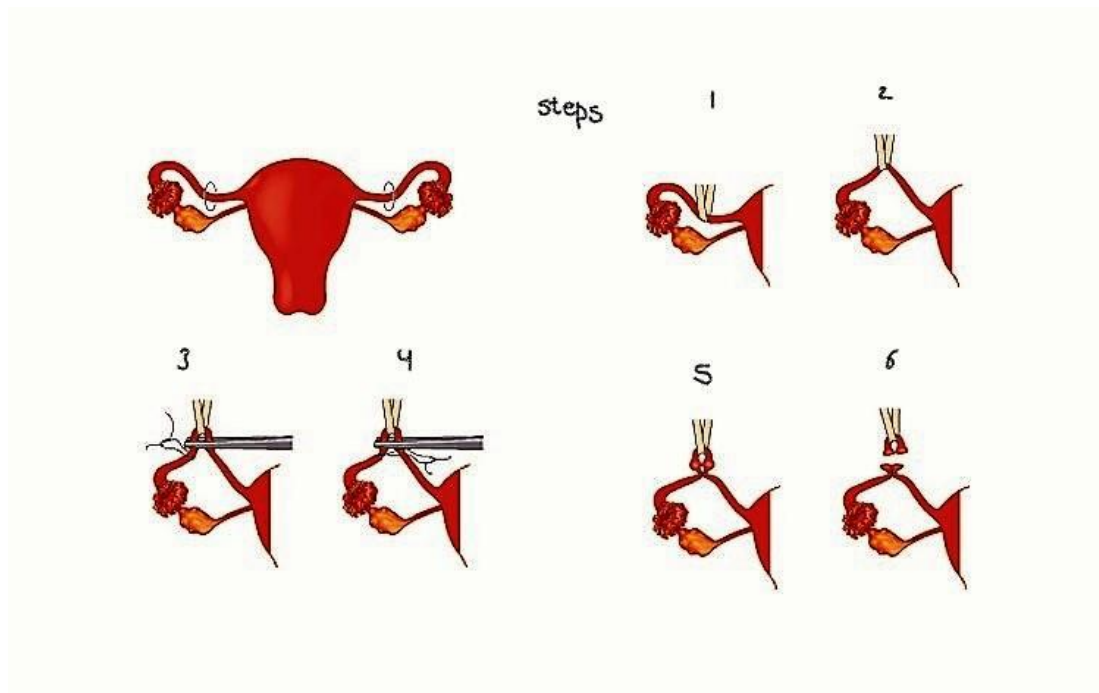
## **Sterilisation at the time of Caesarean section**

The aim of this information sheet is to help answer some of the questions you may have if you are considering sterilisation at the time of caesarean section. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

### **What is Female sterilisation?**

Firstly, it is important for you to realise that this is a permanent form of contraception. It usually involves having an operation.

The method used for women is called a tubal ligation. This is an operation which cuts and ties the fallopian tubes. This means that your eggs can no longer be fertilised by your partner's sperm through sexual intercourse. The egg dissolves inside you and your periods occur as usual.



## **When is this method of sterilisation effective?**

This method is immediately effective so you don't have to use contraception ever again.

## **How effective is sterilisation?**

Female Sterilisation is **more than 99% effective**, and only one woman in 200 will become pregnant in her lifetime after having it done. (This is similar to the contraceptive pill in effectiveness/ failure. The chance of a pregnancy if condoms are used is at least 5 per 500 -15 times less effective).

Failure is thought to be higher if done at the time of caesarean section. During pregnancy, your fallopian tubes are swollen in response to the normal pregnancy changes. Failure occur because of the possibility of re-joining of the swollen ends of tube. This can happen immediately or some years after the operation has been carried out.

## **What are the benefits of sterilisation at the time of caesarean section?**

- The main advantage of sterilisation during a Caesarean delivery is that it only takes an extra five minutes to do, and there is no extra stay in hospital. In addition, there is no need to worry about other contraception or pregnancy risk once you have recovered from the birth.

However, it is important for you to realise that this is a permanent form of contraception. You must have decided that you do not want more children even with a new partner in the future. Pregnancy is often a time of mixed emotions and if you are in any way ambivalent about your decision it is important not to go ahead.

- It is advantageous to consider sterilization at the time of caesarean, if this is your > 3 caesarean. You should consider the size of the family you want, as the risks increase with the number of caesarean sections you have, which include the following:
  - o Risk of opening of scar in your womb (uterine rupture).
  - o Adhesions may also make the operation more difficult and can result in damage to the bowel or bladder.

- o More scar tissue occurs with each caesarean birth. This increases the possibility of the placenta growing into the scar making it difficult to remove at caesarean (placenta accreta or percreta). This can result in life threatening bleeding and may require a hysterectomy.

So, these risks can be avoided by sterilization at the time of caesarean section.

- Recent research suggests a protective effect of tubal occlusion and salpingectomy on ovarian cancer, and this is therefore a potential benefit of sterilisation.

### **What are the disadvantages of sterilisation at the time of caesarean section?**

The main disadvantage of immediate sterilisation is that the baby is less than five minutes old when its mother has the fallopian tubes cut and about 1cm removed. If it is found later that the baby has a serious, possibly life-threatening condition, there is no turning back the clock. We would not recommend sterilisation after a premature delivery, or if there is any concern about the baby's health.

### **What are the risks or complications of sterilisation?**

- Research has shown that the incidence of **regret and dissatisfaction** is particularly high in women who decide to have a sterilisation at the time of caesarean section.
- The **failure rate** of the procedure is also thought to be increased when done at time of caesarean section.
- Also, if you get pregnant after sterilisation it is more likely that the pregnancy will develop in the fallopian tube rather than in the womb. This is called an **ectopic pregnancy**. Risk is 3 in 100 compared to 1 in 100, had there been no surgery on the tube. Ectopic pregnancy can be life-threatening if the tube ruptures, as there can be heavy internal bleeding. So, you should contact your GP as soon as possible if:
  - o you miss your period or you think you might be pregnant; or
  - o you have sudden or unusual pain in your abdomen; or
  - o you have any unusual vaginal bleeding; or
  - o you have a light or delayed period

### **Can sterilisation be reversed?**

Whenever and however the procedure is done, it has to be seen as permanent. There are reversal operations but they are not always successful. Reversal operations or IVF are extremely unlikely to be covered by the NHS, and privately will cost several thousand pounds with no guarantee of a future baby.

### **Will sterilisation cause problems that require hysterectomy later?**

There is no evidence that having a tubal ligation causes problems that would mean you need a hysterectomy later in your life.

### **Does sterilisation affect your sex drive?**

There is no evidence that having a tubal ligation affects your sex drive.

### **Will sterilisation affect my periods?**

Your ovaries, uterus and cervix are left in place and your hormones are not affected so you will still ovulate (release an egg each month), but it is absorbed naturally by your body.

Your periods will continue to be as regular as they were before Sterilisation. Some women find that their periods become heavier because they have stopped using hormonal contraception, which may have lightened their periods previously.

### **Will it protect against sexually transmitted infections?**

Sterilisation does not protect you against sexually transmitted infections. So always use a condom to protect yourself and your partner against them.

### **Are there any other long acting alternatives to female sterilisation?**

There are several options to consider:

1. Male vasectomy (1:2000 lifetime failure risk) – safer and more effective than female sterilisation. It is often undertaken under local anaesthesia.
2. Copper coil – may need to be replaced after 5-10yr.
3. Mirena coil – will need to be replaced after 5yr.
4. Contraceptive implants (Implanon) - just under skin in upper arm; lasts for 3 yr.

Options 2-4 are comparably effective to sterilisation (implants being the most effective) but are reversible if you decide you want further children.

### **What happens after the procedure?**

After the procedure, you will receive the same care as other women who have had a caesarean. For more information on what happens after a caesarean and what to do when you go home, please ask us for a leaflet.

### **Will I have a follow-up appointment?**

You will have the usual post-natal follow up appointments, although you will not have a separate follow-up appointment for the sterilisation procedure.

### **A final note**

It is best to give yourself time to think about what you want to do – don't rush into anything. If you do decide you want a tubal ligation at the same time as a caesarean, your doctor or nurse should make sure that you have been given counselling and that you make the decision well before your caesarean.

**Contact us** If you have any questions or concerns about sterilisation performed at the same time as caesarean section, please do not hesitate to speak to your CMW, or a doctor when you see in the hospital.

### **References:**

- Female Sterilisation. RCOG. Consent advice no 3. Feb 2016
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- David W. Cromer. Postpartum Sterilisation procedures. Lippincott Williams & Wilkins. Vol 2, 2004