



Female sterilisation

Gynaecology
department



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Yeovil Hospital
Healthcare

Female sterilisation

This is an operation which effectively ends the fertile period of your life. It is not a decision to be taken lightly and all other forms of contraception must be considered, including male sterilisation as that is a much easier and safer procedure. The failure rate of a vasectomy (male sterilisation) is 1 in 2,000.

Is the operation reversible?

The only reason to consider sterilisation is that you never want to become pregnant again under any circumstances. Some women may later regret the decision and seek to have the operation reversed. Reversal is not available on the NHS and is very rarely successful.

The operation

The operation requires a general anaesthetic and is usually performed with a "laparoscope". This is a telescope-like instrument that is inserted into the abdomen, which is gently inflated so that the tubes can be seen. A second small hole is made and clips are usually applied to seal the tubes. If this fails, an open surgery may be performed.

The operation can be performed at any time within the menstrual cycle.

Following the operation, you should use contraception until you have a period.

Most women will go home the same day and it is normal to have some abdominal and shoulder achiness due to the inflation of the abdomen during the surgery, but this settles quickly.

There is a one per cent risk of damaging the bowel or bladder when inserting the laparoscope and, in the event of this happening, an open operation may be necessary to repair the damage. This risk is higher and occurs more often in women who have had previous abdominal surgery or those who are overweight.

If there are complications, a longer hospital stay will be required to allow for your recovery.

Is the operation 100 per cent successful?

About one in 100 women who have been sterilised become pregnant. This can occur several years after the operation. The failure rate is higher if the operation is performed immediately at the end of a pregnancy.

This operation is the most effective form of contraception for women. However, there is no guarantee and no subsequent test of effectiveness. If the operation fails, the resulting pregnancy may be in the tube. Please seek medical advice if you think you are pregnant, have any abdominal pain or any vaginal bleeding.

There is a subsequent test of effectiveness for men following a vasectomy. These tests should take place at least eight weeks after the procedure with samples taken two to four weeks apart.

Will the operation alter my periods?

No. Many women feel the operation causes problem periods. This is NOT true. Clip sterilisation does not alter periods. However, many women who have been on the “pill” as a contraceptive for many years find their periods unacceptable when they stop the pill after sterilisation.

Discharge advice

- The small plasters on your abdomen can be removed the day after your operation. You may bath or shower but carefully dry the areas. Do not cover them over afterward
- If you have stitches to be removed, you will be advised by the nursing staff to make an appointment with the practice nurse at your GP’s surgery for approximately five days after your operation.
- You may experience some slight vaginal bleeding. This should settle after a few days. Use sanitary pads, not tampons, until the bleeding stops.
- Once the general tiredness and discomfort wears off, you may return to work (usually in the next two to three days).

You have been advised of the following:

- You need to be accompanied home by an adult after your operation.
- There will be somebody with you for 24 hours after your operation.
- You live within one hour's drive of the hospital.
- You should not cook or operate kitchen appliances for 24 hours after your operation.
- You should not drive a car, ride a bike, operate heavy machinery, or make important legal or business decisions for 48 hours after your operation.

If you have any further questions
or concerns please contact:

Jasmine Ward
01935 384 385 (direct line)

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in another format, eg.
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language, please ask a
member of staff.**

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