

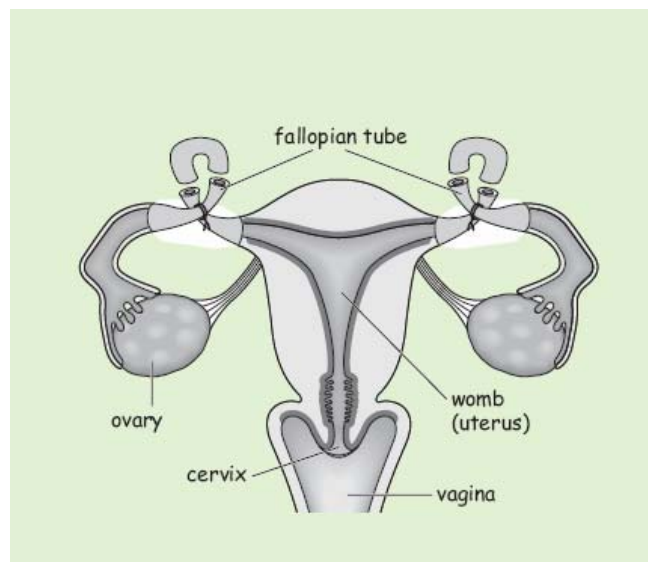
Sterilisation at the time of caesarean section

This information sheet aims to 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 further questions or concerns, please speak to a doctor or midwife caring for you.

What is sterilisation at the time of caesarean section?

Sterilisation is a permanent way of preventing pregnancy. 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. This operation may be done during caesarean section.



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

You may be considering sterilisation at the time of caesarean section if:

- you have decided that you do not want more children, and
- you wish to use a permanent method of contraception.

How well does sterilisation work?

Sterilisation does not work if the tubes that have been cut or blocked as part of the operation join up later on. One in every 200 women who undergo sterilisation by tubal ligation may get pregnant at some point after sterilisation. It can be immediately after or even several years later.

There is less chance of a pregnancy after a vasectomy than after a tubal ligation. For more information, please see the **Are there any alternatives?** section on page 3.

Sterilisation done at the time of caesarean section may also have a lesser chance of success than sterilisation done later because of the changes the uterus and tubes undergo during pregnancy.

What are the risks?

Research has shown that if you choose to have a sterilisation procedure during pregnancy or delivery, you may regret it later.

Also, if you get pregnant after sterilisation by tubal ligation there is a risk that the pregnancy will develop in the fallopian tube rather than in the uterus (womb). This is called an ectopic pregnancy and requires medical attention. For this reason, if you miss your periods after you have been sterilised, you need to see your doctor urgently.

- There is no evidence that having a tubal ligation causes problems that would mean you need a hysterectomy later in your life.
- There is no evidence that having a tubal ligation affects your sex drive.
- Research shows that if you are over 30 years old when you have a tubal ligation, it is not linked to getting heavier or irregular periods. There is little evidence about how having a tubal ligation affects your periods if you have the operation when you are under 30.

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 midwife should make sure that you have been offered counselling and that you make the decision at least a week before your caesarean.

Can it be reversed?

All sterilisation operations are meant to be permanent. The chances of a reversal being successful are generally low. There is no guarantee of success and you will usually have to pay to have the operation reversed.

What happens before the operation?

The doctor should tell you more about what the operation involves 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 will mean for you.

Are there any alternatives?

If you are a couple, you may also want to consider vasectomy (sterilisation procedure for men).

Vasectomy is usually done under local anaesthetic (a medicine that numbs a specific part of the body). Partners of men who have had a vasectomy are 10 times less likely to become pregnant than women who have had tubal ligation.

Ejaculation will be possible but semen will no longer contain sperm, so you cannot become pregnant. The sperm in the testicles is naturally reabsorbed back into the body and does not build up.

If you are in a long-term relationship, you should consider both methods and decide which one is best for you as a couple.

Your doctor, midwife or nurse will also tell you about other long-term methods that women can use to avoid getting pregnant. These include:

- **Copper IUDs (intrauterine device or 'coil')** - the intrauterine device is put into your uterus and can safely stay there for up to 10 years, depending on the type used. If you are over 40 when it is fitted, it can be left in until you reach the menopause. IUD can be fitted six weeks after your delivery in the local family planning clinic or by your GP.
- **A progestogen IUS (intrauterine system)** – this is a hormone-releasing IUD which lasts for five years and is called a Mirena system. The Mirena system is as effective as vasectomy and more effective than tubal ligation. It is also reversible.
- **Progestogen implant** – this is a small flexible tube inserted under the skin of the arm to release the hormone progestogen. The implant lasts for three years. This method is more effective than tubal ligation and is reversible.

The main advantage of these three methods is that they can be reversed. Like tubal ligation and vasectomy, there are both risks and benefits associated with them. If you would like more information about these methods, please speak to your doctor, midwife or a family planning nurse.

To find out more about the choices of contraception, visit the NHS Choices at: www.nhs.uk/Conditions/contraception-guide/Pages/contraception.aspx

Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens during the procedure?

If you have a tubal ligation at the same time as a caesarean, the tubes will usually be cut and tied.

Having tubal ligation at the same time as a caesarean does not make your caesarean any more risky. For more information on the risks of caesarean section, please talk to the midwife or doctor caring for you, or ask for a copy of our leaflet, **Elective caesarean section**.

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 see our leaflet, **Elective caesarean section**.

You should contact your GP as soon as possible if:

- you miss your period or you think you might be pregnant
- you have sudden or unusual pain in your abdomen
- you have any unusual vaginal bleeding
- you have a light or delayed period.

Will I have a follow-up appointment?

You will have the usual postnatal follow-up appointments, but you will not have a separate follow-up appointment for the sterilisation procedure.

Contact us

If you have any questions or concerns about sterilisation performed at the same time as caesarean section, please call the **maternity helpline** on **020 7188 8760** (Monday to Friday, 8.30am to 4pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

e: 020 7188 8801 at St Thomas'

t: 020 7188 8803 at Guy's

e: pals@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

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