

Patient information from BMJ

Last published: Jan 28, 2020

Contraception: sterilisation

Some people choose sterilisation as their form of contraception. This might be because they have already had a family and they don't want to have to think about contraception any more.

Men and women can both have a sterilisation procedure. It's a big decision, so you'll probably want to get all the information you can. You can use our information to talk to your doctor about whether sterilisation is the right choice for you.

The right contraception for you

There are many types of contraception to choose from. But they are not all suitable for everyone.

For example, women with heart problems might not be able to take the contraceptive pill. And people allergic to latex won't be able to use latex condoms.

The type of contraception that suits you best will depend on several things including:

- your medical history, including things like allergies and any health conditions that you have
- your lifestyle
- whether you need to think about preventing sexually transmitted infections (STIs), including HIV. For example, this applies to you if you have multiple partners, or if you change partners, and
- your own preferences: for example, you might not want to use some types of contraception because you're concerned about side effects. Or maybe you don't want to use condoms because you want something that you don't want to have to think about 'in the moment'.

What is sterilisation?

If you are a woman, sterilisation means having an operation to cut or block your **fallopian tubes** so that a man's sperm cannot travel along them to fertilise an egg. This stops you becoming pregnant.

Contraception: sterilisation

If you are a man, it means having a procedure called a **vasectomy**, which means you can no longer father a child.

Sterilisation for men

Sterilisation for a man is a minor procedure called a **vasectomy**. The tubes that carry sperm from the testicles to the penis, called vas deferens, are cut and sealed off.

Afterwards, you can still ejaculate semen (come) during sex, but there is no sperm in the semen. So you can't make a woman pregnant.

The procedure is usually done under local anaesthetic, so you're awake but you don't feel anything. Twelve weeks after the procedure you have your semen tested to make sure that the procedure has worked, and that there is no sperm in your semen.

Until this test confirms that the procedure has worked, you should use another method of contraception.

As with any surgical procedure, there are some risks with a vasectomy, including:

- pain in the scrotum or testicles
- infection, and
- bleeding from the blood vessels in the area after the procedure.

These problems are usually either temporary or treatable.

It's rare, but sometimes vasectomies don't work, and pregnancies do happen. Your doctor should explain the chances of this happening, and answer any other questions you have.

While a vasectomy is reversible in theory, it is intended to be permanent, and the operation to reverse it is not routinely available. So you will want to take time to think about it and be sure that you want this procedure before you have it.

Sterilisation for women

Sterilisation for a woman is a more complicated procedure than for a man. It involves cutting, tying, or removing the **fallopian tubes** in the womb (uterus). This means that sperm can't reach an egg to fertilise it.

There are several ways of doing this operation. Depending on which you have, you will need either a general or a local anaesthetic.

You still have periods after having this procedure, and it doesn't affect your sex drive. But you will need to use another method of contraception for three months afterwards.

Sometimes this operation doesn't work, and women become pregnant. This is very rare. Your doctor should explain this, and answer any questions you have about the procedure.

Like any type of surgery, there are some risks involved, such as infections, complications from the anaesthetic, and bleeding that lasts longer than it should. If you have any problems, talk to your doctor.

Contraception: sterilisation

Like a vasectomy for a man, female sterilisation is intended as a permanent method of contraception. So having this procedure is a big decision, and one that you will want to think about carefully before you go ahead.

The operation can, in theory, be reversed if you change your mind about becoming pregnant. But the operation to reverse sterilisation is not always available, and it doesn't always work.

Why contraception matters

The number of unplanned pregnancies tells us how important it is for sexually active people to think about contraception. For example:

- in the UK about 30 in 100 pregnancies are unplanned, and
- in the US about 50 in 100 pregnancies are unplanned.

This is not always bad news, of course - for some people, just because a pregnancy is unplanned doesn't mean it's not wanted.

But many unplanned pregnancies end in abortions, which can cause emotional distress, and sometimes physical health risks, such as infections.

Sterilisation for men and women is very effective. But it's a big decision.

But whatever method you choose, planning and taking responsibility for contraception is vital if:

- you are a sexually active girl or woman who could become pregnant, and you do not wish to become pregnant
- you are a sexually active male having sex with females of childbearing age, and you wish to play a responsible part in avoiding an unwanted pregnancy
- you think that you might be at risk of HIV or other STIs (for example, if you have multiple sexual partners) and you want to use a method of contraception that protects against infection.

Very few methods of contraception are totally effective. But planning gives you the best chance of being in control of when and if you become pregnant.

Your doctor or practice nurse will be very happy to discuss contraception and family planning methods that best suit you.

The patient information from *BMJ Best Practice* from which this leaflet is derived is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2020. All rights reserved.

Contraception: sterilisation

