



Sterilisation during caesarean birth

Information for women, birthing people, and families

What is female sterilisation?

Female sterilisation is a permanent way of preventing pregnancy. There are various methods used to perform female sterilisation. These involve either tying / clipping, cutting, or removing the fallopian tubes. This prevents the eggs reaching the sperm and becoming fertilised.

How effective is female sterilisation?

Female sterilisation is more than 99% effective. One woman in every 200 who has the procedure may fall pregnant at any time after their operation.

Are there any other advantages?

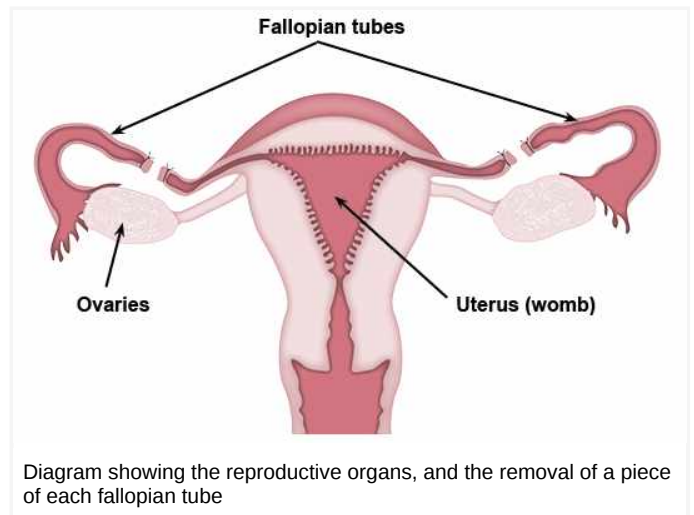
Recent studies show that there is a reduction in the risk of ovarian cancer if your fallopian tubes are removed after female sterilisation. You can discuss details with your doctor.

Is sterilisation reversible?

- Female sterilisation is intended to be a permanent procedure.
- There are reversal operations available but they are not always successful, and the chance of success is very low.
- You may also have to pay, as reversing the surgery is not available on the NHS.
- Where the tube is completely removed reversal is not possible at all.
- **It is important to be very sure that you have completed your family before making this decision.**

How is the procedure performed?

Following the birth of your baby, and the delivery of the placenta, the uterus (womb) is sewn back together. The surgeon will then locate the fallopian tubes (two in total), one attached to each side of the uterus. Both fallopian tubes are operated on to stop a pregnancy occurring. This usually means removing a piece from the middle of the tube, or the removing the whole tube. The surgeon then finishes the operation like any other caesarean birth.



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

- You will already be under anaesthetic for your caesarean birth. There will be no additional pain.
- It only takes an extra five to 10 minutes to do the sterilisation.
- There is no extra stay in hospital.
- You can avoid a separate operation in the future.

Does it make the caesarean any longer or more dangerous?

Usually, it takes about 10 minutes extra to do the sterilisation as part of the caesarean birth. If there is a lot of unexpected internal scarring from previous surgery, it may take longer. Very rarely it may be impossible to do the sterilisation because of such scarring.

When cutting the tubes there is a possibility that they can bleed. This is not dangerous, and your doctor will manage this. Dealing with any bleeding may make the whole operation longer.

What are the risks / disadvantages of sterilisation at the time of caesarean birth?

- Your baby will be less than five minutes old when the sterilisation is performed. There is no going back if the baby has a serious problem, or develops a life-threatening condition.
- Pregnancy is often a time of mixed emotions. 'Regret rate' may be higher when performing sterilisation at the time of caesarean birth.
- If you are in any way unsure about your decision it is important not to go ahead.
- Sterilisation is more likely to fail when performed at time of caesarean birth.

Are there any other risks to sterilisation?

In the unlikely event that you become pregnant after sterilisation, there is more chance that your pregnancy will be ectopic, compared to someone who has not been sterilised. Ectopic pregnancy is where the fertilised

egg implants outside of the womb or in the fallopian tube. This is a pregnancy that cannot progress / survive as normal, and consequences for you can be serious and even life threatening.

If after sterilisation, you have a light or delayed period Or you have sudden or unusual pain in your abdomen (tummy). It is important that you perform a pregnancy test. If the pregnancy test result is positive you should seek early medical advice from your GP or early pregnancy unit.

Consent for sterilisation. Can I decide on the day?

- No. It is not possible to gain your consent on the same day as your caesarean birth.
- The procedure must have been discussed with you before.
- Counselling and agreement should be given at least two weeks before your surgery.
- It is important that you have time to consider your options and discuss these with your partner.

What are the alternatives?

There are many alternatives to female sterilisation. Some of which may be more effective at preventing pregnancy. These include:

- **Male sterilisation (a vasectomy)**, is usually performed under a local anaesthetic (you are awake but will feel no pain). It has a failure rate of one in 2,000, meaning that it has a lower chance of failure than female sterilisation.
- **Reversible contraceptive methods.** These include:
 - Progesterone intra-uterine system (such as a Mirena coil (/mirena-coil)). This can be offered at the time of caesarean birth (/contraceptive-coil-insertion-at-the-time-of-caesarean-section). Ask your doctor for more information.
 - Copper coil.
 - Progestogen subdermal implant (placed under the skin in your upper arm).
 - Progesterone only contraceptive pill.
 - Barrier methods, such as condoms and diaphragm.

These options will be discussed with you before any decision is made. If you have any questions, please ask your midwife or doctor.

What else do I need to know?

- Female sterilisation will not change your menstrual cycle. Some women notice their periods get heavier, as they have stopped using hormonal contraception. The pill or coil may have lightened your periods.
- Female sterilisation will not cause early menopause.

- Sterilisation will not protect you against sexually transmitted infections (STIs). You may need to use condoms. Your libido (sex drive) and sex life should not be affected.

Sterilisation at the time of caesarean birth may not always be possible:

- If you have an emergency (unplanned) caesarean birth.
- If you have complications during your elective caesarean birth.

What should I do after my sterilisation?

Specimens of your fallopian tubes will be taken during the procedure. These will be sent to the laboratory for confirmation that the correct structure was removed. You must use contraception until you have received confirmation of these results. You should receive these results before your child is three months old. Please contact the gynaecology secretaries if you have not heard in this time. You can email either the:

- William Harvey Hospital secretaries (ekhufft.gynaesecretarieswhh@nhs.net)
- Queen Elizabeth the Queen Mother (QEQM) Hospital secretaries (ekhufft.gynaesecretariesqeqm@nhs.net)

Or you can call the hospital operator / switchboard and ask to speak to the gynaecology secretaries.

- William Harvey Hospital Ashford switchboard
Telephone: 01233 633331
- Queen Elizabeth the Queen Mother (QEQM) Hospital Margate switchboard
Telephone: 01843 225544

Can I change my mind?

Yes. You have the right to change your mind at any time. Please speak to your midwife or doctor, if you have any concerns or questions.

Pre-procedure checklist

We will aim to do sterilisation for you at the time of your caesarean birth if you wish. It is important that you have read the following information before your surgery, and are suitable for the procedure on the day you come in. You can speak to your doctor if you have any questions.

- I have read the leaflet and this procedure has already been discussed with me earlier.
- I understand that no method of contraception is 100% effective, and that failure might result in an unplanned pregnancy. Failure rate is about one in 200. This may increase if sterilisation is done at the time of c-section.
- I understand that if pregnancy occurs, there is a greater chance that it may be ectopic (outside of the womb).
- I understand that this is a permanent procedure, and that the NHS will not reverse this surgery. And when opted with caesarean birth it comes with the increased risk of regret, leading to request of

reversal.

- I understand that reversal of sterilisation is very difficult or may not be possible, and that it is not funded by NHS.
- I understand that it will not protect against sexually transmitted infections. Condoms are recommended in addition if, for example, I have a new partner.
- I understand that in rare circumstances it may not be possible to do the sterilisation at the time of caesarean birth and I will be informed accordingly.
- I understand the other alternatives for contraception.

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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