Male and Female Sterilisation

Advantages:
• has fewer risks than female sterilisation
• can be done out of hospital
• requires only a few days off work (depending on the level of physical activity)
• does not interfere with sexual drive or performance
• no ongoing costs

Disadvantages:
• is not easily reversible
• may cause mild bruising or swelling
• slight risk of complications

Is there anything else I need to know?
As sterilisation is a permanent method of contraception, it is very important to look at all other long-term contraception options that are available before deciding on this method.

Decisions about sterilisation are best made in conjunction with a doctor and your partner if you have one. There are many issues to think about. Can you imagine any changes in your current circumstances that might result in you wanting to father a child, such as:
• the death of a partner or child
• the possibility of divorce or remarriage

Couples considering sterilisation also need to look at who will have the procedure. When considering which partner this will be, it is important to remember that while male sterilisation is a smaller procedure than female sterilisation, a man generally has more fertile years than a woman.

Although reversal of male sterilisation is possible in some cases, it involves a complex procedure to rejoin the cut ends of the vas deferens, and there is no guarantee it will be successful. In around half of cases, a vasectomy reversal doesn’t allow a couple to conceive naturally. The chances of success depend on the method used, the length of vas deferens left intact after the procedure, and the length of time between the initial procedure and the reversal. Men planning a vasectomy may want to consider having sperm stored beforehand, as this may remove the need for a reversal.

Male sterilisation does not increase the risk of cancer.

Male sterilisation does not protect against sexually transmissible infections (STIs).

Female sterilisation
Also known as tubal occlusion or ‘having your tubes tied’, female sterilisation is considered a permanent method of contraception for women.

What is it?
Female sterilisation prevents the sperm from reaching the egg so that fertilisation does not occur.

How does it work?
There are several different methods of female sterilisation available in Australia (please note that the below is general information only: the final decision on the best method will be made in conjunction with the gynaecologist performing the procedure).

• Laparoscopic
  This is the most common method and is performed through small incisions in the abdomen under general anaesthetic. This enables the gynaecologist to see the fallopian tubes and block them. Sometimes women elect to have this done following caesarean section.

• Hysteroscopic (Essure)
  This recently-developed method involves inserting a small metal ‘plug’ into each fallopian tube which, over time, permanently blocks them. This is done via an instrument which is passed from the vagina to the cervix. After the procedure another form of contraception must be used for at least three months, until a confirmation test to check that the ‘plugs’ are still in place (please note that Adiana, another hysteroscopic method, was discontinued in 2012. Guidelines on safety and efficacy of Adiana remain unchanged).

How effective is it?
Female sterilisation is over 99% effective when performed correctly. Very rarely the fallopian tubes can rejoin.

Who might consider female sterilisation?
Female sterilisation may be suitable for women who are looking for permanent contraception, and who are certain they don’t want any more children, or any children at all.
Practicing safe sex reduces the risk of contracting HIV and other sexually transmissible infections (STIs)

Female sterilisation is not suitable for women who think there is a possibility they may want to have children, or to have more children.

**Advantages:**
- a reliable and permanent method of contraception
- does not affect a woman's natural menstrual cycle
- is effective immediately (not the case with hysteroscopic methods)
- no ongoing costs

**Disadvantages:**
- is not easily reversible
- laparoscopic methods involve hospital admission, either as day surgery or sometimes overnight
- requires a general anaesthetic (not always the case with hysteroscopic methods)
- may cause bruising or discomfort
- slight risk of complications

Is there anything else I need to know?
As sterilisation is a permanent method of contraception, it is very important to look at all other long-term contraception options that are available before deciding on this method.

Decisions about sterilisation are best made in conjunction with a gynaecologist and your partner if you have one. There are many issues to think about. Can you imagine any changes in your current circumstances that might result in you wanting a future pregnancy, such as:
- the death of a partner or child
- the possibility of divorce or remarriage

Couples considering sterilisation also need to look at who will have the procedure. When considering which partner this will be, it is important to remember that while male sterilisation is a smaller procedure than female sterilisation, a man generally has more fertile years than a woman.

Although reversal of female sterilisation is possible in some cases, it involves major surgery to rejoin the fallopian tubes, and there is no guarantee it will be successful. The chances of success depend on the method that was used to block the tubes and the length of the tube left intact after the procedure. The risk of ectopic pregnancy is increased by reversal of female sterilisation.

*Female sterilisation does not cause or prevent menopause.*

*Female sterilisation does not protect against sexually transmissible infections (STIs).*

**Quick Facts**

**Method**
Permanent

**Efficacy**
More than 99%

**Return to Fertility**
Reversal of sterilisation is not always possible

**Availability**
Performed by a specially trained doctor

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Male sterilisation

Also known as vasectomy, male sterilisation is considered a permanent method of contraception for men.

**What is it?**
Male sterilisation involves a procedure to block the vas deferens in the scrotum which carry sperm from the testes to the penis. After the procedure, sperm produced in the testes can no longer travel through the vas deferens, with semen gradually becoming free of sperm so fertilisation does not occur. Men will not notice any difference when ejaculating.

**How does it work?**
Male sterilisation is a simple procedure which can be performed by a specially-trained doctor under local or general anaesthetic in private rooms or hospital. It usually involves a small incision in the front of the scrotum through which each tube is blocked.

A vasectomy is not effective immediately and it can take some time for the sperm stored in the vas deferens to be cleared from the ejaculate. It is highly recommended men have a follow-up test around three months after the procedure to check that the operation has been successful and that all sperm are cleared from the ejaculate before ceasing other forms of contraception.

**How effective is it?**
Male sterilisation is over 99% effective when performed correctly. Most failures occur early after the procedure and are due to the man having unprotected sex before the test has shown that the ejaculate is free from sperm. Very rarely the vas deferens can rejoin after the procedure.

**Who might consider male sterilisation?**
Male sterilisation may be suitable for men who are looking for permanent contraception, and who are certain they don’t want any more children, or any children at all.

Male sterilisation is not suitable for men who think there is a possibility they may want to have children, or to have more children.