Female sterilisation via the abdomen

This leaflet provides more information about the different aspects of female sterilisation. Your doctor may have already discussed this with you, but it is not always possible to cover everything. Please read this leaflet carefully. If you have any questions, discuss them with your gynaecologist before sterilisation.

What is sterilisation?

Female sterilisation is a minor procedure that blocks or removes the fallopian tubes. This prevents the sperm from reaching the egg and the egg from reaching the womb (uterus). This prevents pregnancy.

When to undergo sterilisation?

Unlike other forms of birth control, such as the pill or IUD, sterilisation is permanent. The procedure is irreversible, so you must be sure that you do not want any more children. The decision for sterilisation should be made carefully by you and your partner. You should also realise that family circumstances may change, but sterilisation is difficult to undo.

How is laparoscopic sterilisation performed?

Sterilisation is usually performed through a keyhole surgery in the abdomen (laparoscopy). Keyhole surgery is an outpatient treatment done under a short general anaesthetic (narcosis).
You will stay at the hospital for a few hours and can go home the same day.

Sterilisation is rarely performed via abdominal surgery.
But in this case, you will stay at the hospital for several days.

Keyhole surgery

During sterilisation via keyhole surgery (laparoscopy), the gynaecologist makes a small incision of about 1 cm in your belly button. The abdomen is filled with carbon dioxide through that opening. This is necessary to get a good view of the fallopian tubes and uterus. A second incision is made just above your pubic hair. The instrument used to perform the sterilisation is inserted through this. Sometimes a third incision in the abdomen is needed to perform the procedure.

Sterilisation techniques

The most common sterilisation techniques in the Netherlands are:

- Applying clamps (clips) on the fallopian tubes.
- Removal of the fallopian tubes (tubectomy).
- Abdominal surgery.

The techniques focus on disrupting the function of the fallopian tube and are reliable and safe. The techniques also help protect against the development of ovarian cancer later in life. The basic risk of ovarian cancer is 13 in 1,000 women. After blockage of the fallopian tubes, this drops to 10 in 1,000 women. Removing the fallopian tubes can lower this risk even further to 4 in 1,000 women.

Applying clamps (clips)

Closing the fallopian tubes can be done by clamping them off with a small clip. Applying the clips ensures the immediate closure of the fallopian tube. If you want to have the sterilisation reversed later, the chances of a good recovery are highest when using a clip. Possible long-term adverse effects of foreign body materials are unknown.

Removing the fallopian tubes

The tubes are removed from both sides. This possibly reduces the risk of ovarian cancer to 4 in 1,000 women. If the fallopian tube looks normal, it is not examined further. Removal of the fallopian tubes may possibly be associated with a slightly increased risk of (post)bleeding and slightly longer surgery time. Little is known about the long-term effects on ovarian reserve. There are indications that the removal of the fallopian tubes does not negatively affect ovarian reserve. In case of regret, it is not possible to undo the sterilisation. A third incision in the abdomen is needed to perform the procedure.

Abdominal surgery

Sterilisation is sometimes also performed via abdominal surgery, for example, if a caesarean section is performed. The advantage is that any additional surgery and extra recovery period are not necessary. A disadvantage in the case of a difficult pregnancy is that it is hard to make a well-considered decision, which increases the risk of regret. Also, sterilisation is not part of the basic health insurance policy and may involve costs. At Máxima MC, sterilisation is only performed by placing clamps (clips) on the fallopian tubes during a caesarean section.

Sometimes abdominal surgery is also necessary if there are severe adhesions in the abdomen due to, for example, previous abdominal surgery or after severe fallopian tube infections. The fallopian tubes are then not easy to see. Before surgery, the gynaecologist will discuss what you are prepared to do to achieve sterilisation.

Objections to a different surgical technique?

It may become apparent during surgery that a technique other than the one agreed upon is necessary. Thick fallopian tubes, for example, can often not be closed properly with clamps. Your doctor will then have to use a different method to get the desired result.

It is not always possible to see the fallopian tubes properly during keyhole surgery. Then abdominal surgery is the only option to perform the sterilisation. Abdominal surgery, however, means a larger scar and hospitalisation.
If you have any objections to an operation technique other than the one agreed with you beforehand, we advise you to make this clear to your doctor in advance. You will be asleep during surgery, so it is not possible to consult with you then.

Who performs the sterilisation?

The sterilisation is usually carried out by the doctor with whom you had the consultation and with whom you agreed on the sterilisation. However, for organisational reasons, another doctor may perform the procedure. This does not mean that the sterilisation will be different. Should you have any objections to treatment by another doctor, let us know in advance.

After laparoscopic sterilisation

On the day of the sterilisation, as a result of the anaesthesia, you will not be fit enough to go to work. It is also not a good idea to drive yourself home; have someone come and pick you up.

The following days usually pass without any problems, but you may have some shoulder pain. This is caused by any residual carbon dioxide gas in your abdomen.
This carbon dioxide gas irritates the diaphragm, which can cause pain in the shoulder blades. The carbon dioxide gas is transported through the blood to the lungs quickly, where it leaves the body.

After sterilisation, you may have an uncomfortable feeling and pain in the lower abdomen for a few days. Sometimes during the operation, a type of forceps is placed on the cervix; this may cause some vaginal bleeding for a few days. The wounds in your abdomen may be sensitive for a few days and heal within seven to 10 days.

If fever or severe abdominal pain occurs, please contact your doctor.

Complications

Every surgical procedure has a risk of complications. A complication may be damage to the bowel or bladder, bleeding or an infection. This risk is small; about 1 in 1,000 keyhole operations.

The chances of pregnancy

No form of contraception rules out pregnancy 100 per cent. This also applies to sterilisation. However, the chance of pregnancy after sterilisation is very small and varies between 2 and 5 per 1000 sterilisations.

Pregnancy can occur if the fallopian tube spontaneously recovers and becomes permeable again. In rare cases, it is later found that the sterilisation was not performed properly. For a small number of women, it is very difficult for the doctor to see the fallopian tubes properly and doubts may arise as to whether the procedure was carried out as desired. The doctor will, of course, tell you this after the procedure.

Although sterilisation is a procedure with a very high chance of success, pregnancy remains possible in rare cases. It is, therefore, important to realise that if you do not have your period, there is a small chance that you are pregnant. We advise you to take a pregnancy test in this case.
If this test indicates that you are indeed pregnant, you should contact your doctor. This is because a pregnancy can be located in the fallopian tube instead of the uterus, in which case timely intervention is required.

The doctor currently treating you may not be the doctor who performed the sterilisation. In that case, you should inform the doctor who sterilised you that you are pregnant.

Life after sterilisation

Apart from the fact that you cannot usually get pregnant again after sterilisation, no lasting changes are to be expected. Hormone levels do not change much, if at all, and the unfertilised egg is absorbed by the body. Sterilisation does not advance your menopause.

If you used the pill before sterilisation and no longer use it afterwards, you should be aware that your periods may return to what they were before taking the pill, and for some women, they may be longer and more intense.

Little changes mentally or sexually. Many women find that sexual contact is much more spontaneous due to the reassurance that they are protected against pregnancy.

Can sterilisation be undone?

Sterilisation is a definitive procedure after which no desired pregnancy is possible. Before you decide to get sterilised, you must be absolutely sure that you do not want to get pregnant again. Still, you may regret it at some
point in your life. If you then want to have the procedure reversed, laparoscopic repair surgery is usually required.

The chance of pregnancy after a repair surgery depends on the sterilisation method that was used. If clamps were used, the chances of pregnancy are around 80%. These chances are also highly dependent on your age.

Contraception until surgery

It is essential that you are not pregnant at the time of sterilisation. This means that you should continue using the contraception you are currently using until after sterilisation. Sterilisation works immediately, but if you are on the pill, you should finish the strip you are on at the time of sterilisation to avoid premature menstruation and irregularity in your cycle. An IUD can be removed during sterilisation, but it depends on the timing of your cycle.

If you are not using contraception, it is up to you to ensure that you are not pregnant at the time of sterilisation. This can be done, for example, by using condoms up to the time of sterilisation.

Who pays for sterilisation?

Sterilisation is no longer included in the basic health insurance policy. Contact your health insurer before the procedure to find out whether you are eligible for reimbursement.

The advantages and disadvantages of laparoscopic sterilisation (through the abdomen)

Advantages:

- Sterilisation is very reliable (but not 100%).
- You barely have to worry about the possibility of pregnancy.
- You no longer need to take the pill every day.
- Irregular bleeding or pain like with an IUD does not or rarely occurs after sterilisation.
- Sterilisation helps protect against the development of ovarian cancer later in life.

Disadvantages:

- You have to undergo a short general anaesthetic and minor surgery.
- The procedure should be considered irreversible and cannot be easily repaired.

Questions

If you have any questions:
Please contact the Gynaecology Outpatient Clinic during office hours at (040) 888 83 80. You can then make a new appointment if necessary.