Male sterilisation - About one in 2,000 vasectomies fail.

Female sterilisation - About one in 200 tubal occlusions fail.

Can anyone be sterilised?

Sterilisation is for people who don't want more or any children. Sterilisation may not be the best choice for you if you or a partner are unsure or under stress, for example, after a birth, miscarriage, abortion or during family or relationship difficulties.

More people regret sterilisation if they were sterilised when they were under 30, had no children, weren't in a relationship, changed relationships or had relationship difficulties. Young or single people may receive extra counselling.

If you have any doubts, long-acting reversible contraception (LARC) may be a good option.

Advantages

- After sterilisation has worked you don't have to use contraception ever again.

Disadvantages

- The tubes may rejoin and you'll be fertile again. This isn't common and you may not notice it.
- Sterilisation can't be easily reversed.
- It doesn't protect against sexually transmitted infections.
- You need to use contraception until semen tests have confirmed that vasectomy has been effective. This takes at least 12 weeks.
- It requires a surgical procedure.

Where can I go for advice on sterilisation?

You can go to your general practice or to a contraception or sexual health clinic. If you prefer not to go to your own general practice, or they don't provide contraceptive services, they can refer you to another general practice or clinic.

You can get sterilisation on the NHS in most areas, but waiting lists can be long. You can pay to have a sterilisation done privately.

All treatment is confidential.

Vasectomy (male sterilisation)

How's vasectomy done?

You'll be given a local anaesthetic. To reach the tubes, the doctor makes a small puncture, known as the no-scalpel method, or small cuts on the skin of your scrotum.

The doctor cuts and closes the tubes by tying them or sealing them with heat, stitches or plugs. Sometimes a small piece of each tube is removed. The opening(s) in your scrotum will be very small. You may not need stitches. If you do, dissolvable stitches or surgical tape will be used.

The operation takes about 10–15 minutes and may be done in a clinic, hospital outpatient department or some general practices.

How will I feel after the operation?

Your scrotum may be bruised, swollen and painful. Taking pain relief and wearing tight underpants or athletic support, day and night for the first few days will help reduce discomfort. It's important to rest and avoid strenuous activity or exercise.

The doctor or nurse should give you information on how to look after yourself after your vasectomy.

Are there any serious risks or complications?

Vasectomy usually doesn't cause long-term health risks. Occasionally, some people have bleeding, a large swelling, or an infection. In this case, see your doctor as soon as possible.

Sometimes fluid leaks out of the tube into the surrounding tissue. This may cause inflammation and pain immediately, or a few weeks or months later. This can be treated.

A small number of people experience ongoing pain in their testicles, scrotum, penis or lower abdomen. This is called chronic post-vasectomy pain (CPVP). Drug treatments or further surgery may help ease the pain. This doesn't always work and some people have long-term pain.

Vasectomy is nearly always done under a local anaesthetic but very rarely a general anaesthetic is used. All operations using a general anaesthetic carry some risks, but serious problems are rare.

When will vasectomy be effective?

About 12 weeks after the operation, you'll have a semen test to see if the sperm have gone. Sometimes you'll need another test. Use another form of contraception until the semen test is negative. The amount of time this takes varies.

Tubal occlusion (female sterilisation)

How's tubal occlusion (female sterilisation) done?

The fallopian tubes are blocked. This may be done by applying clips or rings, sealing, or tying, cutting and removing a small piece of each tube.

You may be given a general, local or regional anaesthetic. The time you stay in hospital depends on the anaesthetic and the method used.

There are two ways of reaching the fallopian tubes – laparoscopy or mini-laparotomy.

A laparoscopy is the most common method. A doctor makes a tiny cut and inserts a laparoscope (a long thin tube with a light and camera on it), so they can clearly see your reproductive organs. The doctor then seals or blocks your fallopian tubes.

For a mini-laparotomy, a doctor makes a small cut in your abdomen, usually just below the bikini line, to reach your fallopian tubes. You'll usually have a general anaesthetic and spend a few days in hospital.

How will I feel after the operation?

If you have a general anaesthetic you may feel unwell or uncomfortable for a few days and have to take it easy for a week or so. This is normal.

You may have some pain and slight bleeding from your vagina. If this gets worse, see your doctor.

The doctor or nurse should tell you which method of sterilisation was used, and give you information on wound care, stitches, activity following the procedure, pain relief, and looking after yourself after your sterilisation. They should tell you if there were complications (see below). If there were complications you'll usually be offered a follow up appointment and your GP will be informed.

Will tubal occlusion affect my periods?

Your ovaries, uterus and cervix are left in place and your hormones aren't affected so you'll still ovulate (release an egg each month), but the egg is absorbed naturally by your body. If you weren't using hormonal contraception before sterilisation your periods shouldn't change.

Occasionally, some people find that their periods become heavier or the pattern of bleeding changes. This is usually because they've stopped using hormonal contraception, which may have lightened their periods previously.

Does tubal occlusion have any serious risks or complications?

If tubal occlusion fails, and you become pregnant, there's a small increased risk of ectopic pregnancy. An ectopic pregnancy develops outside your uterus, usually in the fallopian tube.

Seek advice straight away if you think you might be pregnant or have a light or delayed period, unusual vaginal bleeding, a sudden or unusual pain in your lower abdomen or shoulder tip. These could be signs of ectopic pregnancy

When is tubal occlusion effective?

You'll need to use contraception until your operation and for at least seven days afterwards.

Other things to know

What information should I receive before I decide to be sterilised?

Before sterilisation, you should get information, counselling and a chance to talk about the operation and any concerns you have.

You should be told about:

- different methods of highly effective long-acting reversible contraception (LARC)
- sterilisation failure rates, any possible complications and reversal difficulties
- the need to use contraception until the sterilisation has been confirmed as a success.

You'll be asked about your medical history. Before tubal occlusion, you'll have an internal pelvic examination. Before a vasectomy, your scrotum will be examined. You'll sign a consent form and be given written information to take away.

Do I need my partner's permission?

By law you don't need a partner's permission. If you have a partner, it's recommended that you go for counselling together. Some doctors prefer both partners to agree to a sterilisation after information and counselling.

Can sterilisation be reversed?

Sterilisation is meant to be permanent. Reversal operations aren't always successful, are rarely available on the NHS and are difficult and expensive to get privately. Success depends on how and when you were sterilised.

Does sterilisation affect your sex drive?

Sterilisation shouldn't affect your sex drive or your enjoyment of sex.

A note on Essure

Essure is a non-surgical method of female sterilisation (hysteroscopic sterilisation) that's no longer available in the UK. If you've been sterilised using Essure, be reassured that it's still safe. If you have questions or worries, ask your GP

Information last updated: August 2018 Next planned review by: August 2021

This website can only give you general information about contraception. The information is based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and the World Health Organisation and . All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method.

Remember – contact your doctor, practice nurse or a contraception clinic if you're worried or unsure about anything.