

## Sterilisation at the time of Caesarean Section

### Maternity

#### What is female sterilisation?

Female sterilisation is a permanent and irreversible way of preventing pregnancy.

#### How effective is female sterilisation?

Female sterilisation by tubal ligation has a failure rate of 1 in 200. This means that 1 woman in every 200 who has the procedure may fall pregnant at any time after the operation. Additionally, when the sterilisation is performed at caesarean section it might have a higher chance of failure than sterilisation performed outside of pregnancy because of the changes to the uterus and fallopian tubes in pregnancy.

#### How is the procedure performed?

The procedure is performed through the same cut as a caesarean section. After delivery of the baby and closure of the uterus the fallopian tubes are divided and tied. Specimens of fallopian tube are sent for histopathological examination. There are various methods used to perform female sterilisation which all involve either tying or cutting the fallopian tubes in order to prevent fertilisation occurring. The procedure is also known as tubal ligation. This prevents the egg and the sperm from meeting, thus stopping fertilisation from occurring.

The surgeon then makes sure there is no bleeding and finishes the operation like any other caesarean.

#### Does It Make the Caesarean Any Longer or More Dangerous?

Usually, it takes about ten minutes extra to do the sterilisation as part of the operation.

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.

There is a possibility that the tubes can bleed when they are cut. Dealing with this bleeding can make the whole operation longer.

#### Why Do a Sterilisation Procedure?

If you are sure, you do not want to get pregnant again.

If future pregnancies may be dangerous to your health.

If you cannot, or do not want to use any other form of contraception.

It is more than 99% effective at preventing pregnancy.

#### Why Do a Sterilisation at a Caesarean Section?

You will have already been given an anaesthetic for the caesarean, which will work for the sterilisation as well.

It is usually easy to see the tubes when doing a caesarean and so the sterilisation operation should not be difficult.

A separate operation can be avoided in the future and for some women this is a safer option than having two procedures.

## What are the risks specific to the sterilisation procedure?

- The procedure is permanent and not reversible.
- You may regret having the operation in the future. This is even more likely if your baby is born early (under 36 weeks' gestation) and so may not be performed in this situation.
- There is a failure rate of 1 in 200 as discussed above; This is thought to happen in about 2-5 in 1000 operations but may be more common if the sterilisation is done during a caesarean.
- If a woman does fall pregnant after sterilisation there is a risk that the pregnancy may develop in the fallopian tube. This is called an ectopic pregnancy and may be life threatening.

If performed at the same time as a caesarean section many of the risks of sterilisation will be the same. These can be found on the information leaflet for caesarean section. Undergoing sterilisation at the time of caesarean section does not increase the risk of your caesarean section.

## Will I still have periods?

As female sterilisation does not involve changes to the menstrual cycle, you will still have periods as before.

## Is sterilisation reversible?

Female sterilisation is a permanent procedure with reversal not available on the NHS. Where reversal is attempted, you would usually have to pay for it and the chances of success are very low. It is important therefore to be sure that you have completed your family before undertaking this decision.

## What happens if I fall pregnant after sterilisation?

As described above if you fall pregnant after sterilisation you are at increased risk of an ectopic pregnancy. It is important if you do miss a period that you perform a pregnancy test. If the pregnancy test result is positive you should seek early medical advice as you will need a scan in early pregnancy to identify where the pregnancy is.

## Consent for sterilisation

Given the permanent nature of sterilisation it is not possible to get your consent for the procedure on the same day as your caesarean section if the procedure has not previously been discussed with you. This is because it is important that you have time to consider your options and discuss these with your partner. Counselling and consent should be done at least 7 days in advance of your planned caesarean section.

## Will the procedure be performed?

If you have requested sterilisation at the time of caesarean section it may not always be possible to perform this. This may happen if your caesarean section has to be performed as an emergency rather than as a planned operation or if there is a complication during your caesarean section that makes this not possible.

## What are the alternatives?

It is important that you know that there are many alternatives to female sterilisation some of which may be more effective at preventing pregnancy.

**These include:**

### Male sterilisation

This is called a vasectomy. It is usually performed under a local anaesthetic and has a lower failure rate than female sterilisation. Male sterilisation has a failure rate of 1 in 2000, therefore meaning that it has a higher chance of success than female sterilisation. If you are in a long-term relationship, you and your partner may want to consider both forms of sterilisation and decide which is best for you.

### Contraceptive methods

Including the progesterone intra-uterine system, progesterone-only contraceptive pill, oestrogen-only contraceptive pill, condoms, etc.

Sterilisation can still be performed at a later date after you have recovered from your Caesarean section. You would need to talk to your GP or Family Planning Service, but this would mean having another operation.

For more information about contraceptive methods, see your GP or visit:

[Your contraception guide - NHS \(www.nhs.uk\)](http://www.nhs.uk)

## Consent

Although you consent for this treatment, you may at any time after that it can be withdrawn such consent. Please discuss this with your medical team.

## Sources of information

[Female sterilisation - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Sterilisation \(vasectomy and tubal occlusion\) - Contraception - Sexwise](#)

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4784 (direct dial) or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:  
Dexter Pascall Consultant Obstetrician

The directorate group that have agreed this patient information leaflet:  
Guideline Implementation group and Governance and Accountability.

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