Voluntary sterilisation for contraceptive purposes

This sheet, given to you by your gynaecological surgeon, is intended to complement the explanations provided during your consultation. Do not hesitate to ask if you have any questions.

Voluntary sterilisation is a surgical procedure that involves operating on the fallopian tubes so that they are no longer open (sperm will therefore no longer be able to travel towards the ovaries).

It is important to remember that total bilateral salpingectomy (= removal of both tubes) or partial bilateral salpingectomy (= removal of a segment of each tube) for contraceptive purposes is a permanent and irreversible operation, making a (natural) pregnancy impossible afterwards. Some surgeons use clips, or coagulate and divide the tubes.

The aim of this procedure is to guarantee you immediate, non-hormonal contraception, with no impact on your menstrual cycle, your libido or your hormonal balance. The contraceptive effect of sterilisation is immediate. You can stop your contraception on the day of the operation.

Who can have this surgery?

You must be of legal age, and the law requires a reflection period of 4 months between your first request and the confirmation of this contraceptive choice, at which point you will sign the consent form prior to the operation. It is not necessary to have had children beforehand. This operation can be performed at any age, but serves no purpose after the menopause.

Which procedures make permanent contraception possible?

Bilateral salpingectomy is an operation that consists of removing both tubes. The tubes are the ducts that connect the ovaries (where the eggs and female hormones are produced) to the uterus, where embryos develop. In the context of sterilisation, the purpose of this operation is therefore to prevent the sperm and the egg from meeting.

It may be “partial”, when only part of each tube is removed, or “total”, if both tubes are removed completely. In terms of contraceptive effectiveness, the result will be the same. Whether the surgery is partial or total will be decided at your surgeon's discretion.

How does the operation take place?

The operation is always performed under general anaesthesia, almost exclusively by laparoscopy or by the vaginal route.

In the case of surgery by the vaginal route (vNOTES technique), an opening is made in the posterior wall of the vagina, making it possible to inflate the abdomen and insert the instruments. The technique is then the same as by laparoscopy.

In the event of operative difficulty, a larger abdominal incision (laparotomy) will exceptionally be necessary.

During the surgery, your bladder may be emptied using a urinary catheter, which will be removed before you wake up.

As with any laparoscopy, an incision is made at your navel (to insert the camera), together with 2 or 3 additional incisions (depending on the difficulty, to introduce the instruments) in the lower part of your

abdomen. The abdomen is inflated with gas, and the tubes are coagulated and then divided using instruments, before being sent for analysis.

The gas is then released, and the openings are closed.

In the case of surgery by the vaginal route, an opening is made in the posterior wall of the vagina, making it possible to inflate the abdomen and insert the instruments. The technique is then the same as by laparoscopy.

What type of hospital stay is proposed for this operation?

In the majority of cases this surgery is performed as day surgery.

What are the risks and drawbacks?

Apart from potential complications during or after the operation, this surgery has no side effects on your body, your cycles, your hormones or your daily life.

During the operation

The risks linked to this surgery are very rare, but may occur. They are common to all procedures performed by laparoscopy, and mainly concern the neighbouring organs, namely a possible injury to the bowel (intestines), the urinary tract (bladder, ureter) or blood vessels. In the event of heavy bleeding, a blood transfusion may be given. If a major complication occurs, the abdomen may be opened (laparotomy).

During these procedures, as in any gynaecological surgery, we may need to perform a vaginal or rectal examination, or inject a blue dye into the uterus, bladder or rectum. An intra-uterine manipulator may also be placed to move the uterus. A vaginal pack and a urinary catheter may be put in place temporarily.

After the operation

A haematoma, bleeding inside the abdomen or at the incisions, or an infection (abscess) may occur. A further hospital stay may sometimes be necessary. Treatment will be adapted case by case (antibiotics, and/or transfusion and/or further surgery).

Apart from the possible side effects of the anaesthetic (nausea, drowsiness, vomiting, etc.), some discomfort may occur in the post-operative period, in particular abdominal pain, which may extend up to the shoulders (because of the gas introduced during the surgery).

After the operation, a haematoma, bleeding inside the abdomen or at the incisions, or an infection (abscess) may occur and may require further surgery.

Will I need time off work?

Depending on the type of work you do, 7 to 10 days off work will be necessary. An extension may be necessary in the event of a complication.

Is there a post-operative visit? When can I resume my activities?

The post-operative visit generally takes place within 3 to 4 weeks, to assess healing and to give you the results of the analysis of the tubes removed during the operation.

At that point, the surgeon will tell you when you can resume your usual activities.

In practice

Before the operation

- The signed consent form and the two signed requests, with the 4-month reflection period, confirming your wish for tubal sterilisation, must be present in your file. You have the right to change your mind, without having to give a reason, up to the day of your operation.
- A pre-anaesthetic consultation must always be carried out before any operation.
- Except in urgent cases, this consultation takes place at least 48 hours before you go to the operating theatre.

After the operation

- You will spend time in the recovery room, under observation, before returning to your room or bay in the day-surgery unit. The drip will be removed and, with the agreement of the anaesthetist and the surgeon, you will be able to return home.

After discharge

- You will have been given a prescription for painkillers and for nursing care (if necessary).
- You may shower as soon as you return home. Baths and swimming should be avoided for 15 days so that healing takes place properly. You may resume sexual activity normally, unless you were operated on by the vaginal route. In that case, penetrative intercourse should be postponed for about two weeks.
- Depending on your personal medical history, your conditions, or if the operation lasted longer than expected, your surgeon may prescribe anticoagulant injections. The purpose of this treatment is to prevent the risk of phlebitis (a blood clot in a vein) or pulmonary embolism (a blood clot in an artery of the lung).
- It is recommended to wait for the post-operative visit before resuming completely normal activity.

Signs that should prompt you to contact your surgeon

- After your return home, you must contact your surgical team in the event of: pain, bleeding, vomiting, fever or purulent / foul-smelling discharge at the abdominal or vaginal incisions.

Tubal sterilisation techniques for contraceptive purposes

The choice of method will be made after discussion and informed consultation with your surgeon.

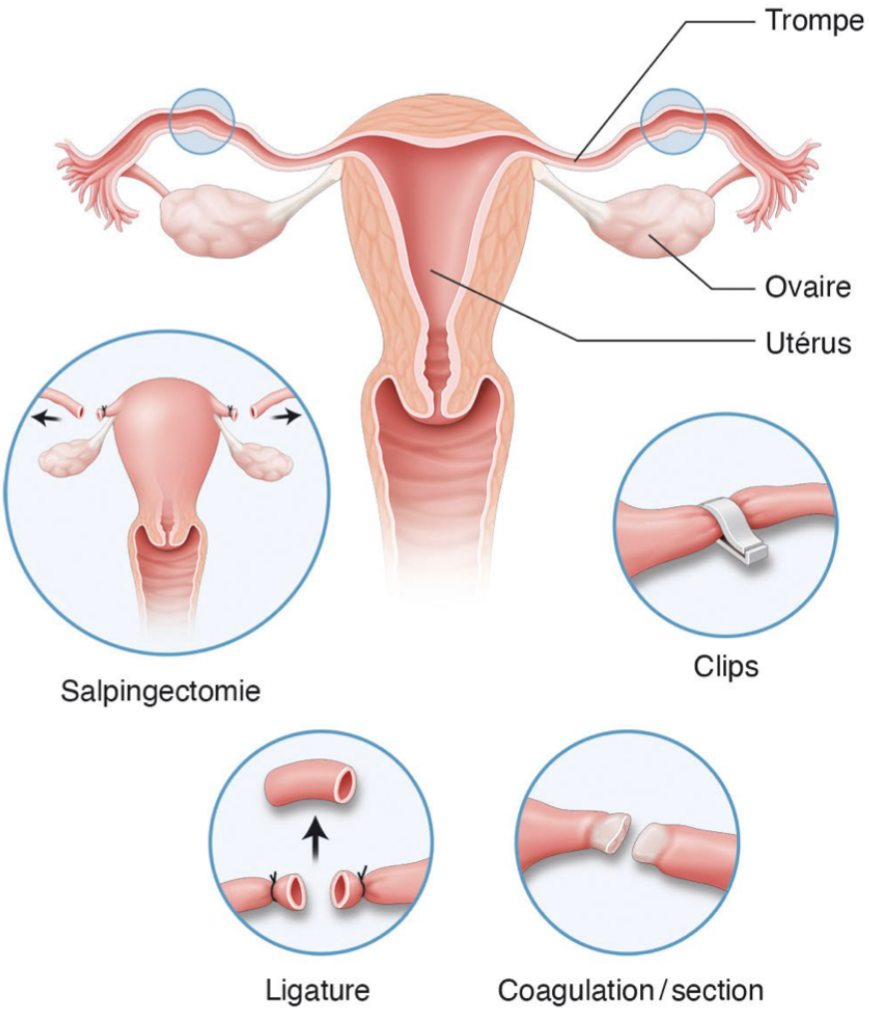

diagram of the uterus and adnexa — labels “Fallopian tube”, “Ovary”, “Uterus”; four insets: “Salpingectomy”, “Clips”, “Ligation”, “Coagulation / division”.

Annex — First medical consultation: tubal sterilisation

First medical consultation (proposed model certificate) — copy to be cut out and kept by the doctor.

I, the undersigned, ... certify:

- that I have asked Dr ..... to perform a sterilisation for contraceptive purposes on me, for the reasons we discussed today;
- that I have received information from him/her: on the various contraceptive methods suited to my situation; on sterilisation: the techniques proposed, any contraindications, the risks of failure and of adverse effects, the consequences of the operation and in particular its presumed irreversible nature;
- that I have received an information file;
- that I have been informed of the need to observe a period of 4 months between this consultation and the signing of the consent form prior to the operation.

Date — Signature

I, the undersigned, Dr ....., certify that I have received from Ms ..... a request for sterilisation for contraceptive purposes, that I have been informed of the reasons for her request, that I have provided her with full information on this operation under the conditions laid down in Article 26 of French Law no. 2001-588 of 4 July 2001, and that I have given her a written information file.

Date — Signature

Copy for the doctor — Article L. 2123-1 of the French Public Health Code

Copy to be cut out and kept by the doctor.

I, the undersigned, ... declare:

- that I have received full information on sterilisation for contraceptive purposes;
- that I freely confirm my request for the operation, made on .../.../... to Dr .....;
- that I may withdraw this consent at any time before the operation (Article L. 1111-4 of the French Public Health Code).

Date — Signature