

Sterilisation for women

**Tena koutoukatoa, Kia orana, Talofa lava, Malo e lelei, Fakaalofalahiatu,
Taloha Ni, Ni Sa Bula Vinaka,
Greetings and Welcome to National Women's**

Sterilisation is a method of permanent contraception. If there is any chance that you may want to become pregnant in the future it is safer and more realistic to choose a reversible form of contraception, such as hormonal contraceptives, IUD, or barrier methods.

There are 2 main types of sterilisation available to women. They both involve mechanical blockage of both fallopian tubes so that sperm can no longer meet oocytes (eggs) to cause fertilisation, and thus conception.

Sterilisation can be done laparoscopically (2 tiny abdominal incisions), or through a mini laparotomy incision. (Small incision on bikini line) The fallopian tubes are identified, and then occluded by cauterising, clipping tubes or applying a band or ring. Laparoscopic sterilisation is done under general anaesthetic, usually as a day stay procedure, however mini laparotomy will require an overnight stay. This method is 99% effective.

Sterilisation can also be achieved by Hysteroscopic tubal occlusion. This method called Essure in NZ is performed in an outpatient clinic in less than 30 minutes with no anaesthesia required, by a doctor specifically trained. It is non-reversible, and involves passing a hysteroscope through the vagina and into the cervix and injecting micro inserts into the fallopian tubes. A natural barrier forms around the inserts over the next few weeks. In 3 months, during which time another form of contraception must be used, an X-ray is done to confirm the tubes are occluded. This procedure has been shown to be 99.8 % effective in clinical trials, and has been available overseas for 10 years. The inserts are made of materials that have been used in the human body for many years.

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