

Female sterilisation

Female sterilisation is an operation to permanently prevent pregnancy. The fallopian tubes are blocked or sealed. This prevents the sperm from reaching the eggs and becoming fertilised.

Facts about female sterilisation

- It is more than 99% effective at preventing pregnancy.
- You will not have to think about preventing pregnancy when you have sex, so it does not interrupt your sex life.
- It does not affect your hormone levels and you will still have periods.
- There's a small risk of complication, such as internal bleeding or infection.
- You must use some form of [contraception](#) before the surgery and until your first period following the surgery.
- There's a small risk the operation will not work (blocked tubes can rejoin).
- If the operation fails, there is an increased risk of a fertilised egg implanting outside the womb (ectopic pregnancy).
- Removing part of your tube cannot be reversed, so you need to be sure it's right for you.
- Sterilisation does not protect against sexually transmitted infections (STIs). You should use condoms.

How female sterilisation works

Female tubal sterilisation works by preventing sperm from travelling down the fallopian tubes. These tubes link the ovaries to the womb (uterus). This means a woman's eggs cannot meet sperm, so fertilisation cannot happen.

The ovaries will still release eggs, but they will absorb naturally into your body.

Sterilisation operation

The operation happens under general anaesthetic (you are asleep).

To access your fallopian tubes, the surgeon makes a small cut. This is near your belly button for a laparoscopy or further up for a mini-laparotomy.

They then use a slim tool with a light and camera (a laparoscope) to see your fallopian tubes.

A laparoscopy is common because it's:

- easier on the woman
- a day procedure and does not take as long as other surgeries
- quicker to recover from

A surgeon will block your fallopian tubes (tubal occlusion) by either:

- applying plastic or titanium clips over the fallopian tubes
- pulling a small loop of the fallopian tube through a silicone ring, then clamping it shut
- tying, cutting and removing a small piece of the fallopian tube

This is a minor operation and many women return home the same day.

Removing the tubes

If blocking the fallopian tubes hasn't worked, the tubes may be completely removed. This is a salpingectomy.

Choosing sterilisation

Only consider sterilisation if you do not want any more children and after you discussed all options, including male vasectomy with your doctor.

Consider all options before you decide.

Before the operation

Your GP may recommend counselling before referring you for sterilisation. This can involve your partner but it does not have to. You can talk about the operation, express any worries and ask questions.

Your GP can refuse to refer you for it if they do not believe it's in your best interests.

If your GP agrees, they'll refer you to a gynaecologist.

You'll be given a pregnancy test before the operation. You should make sure you are not pregnant at the time of the operation by taking contraception beforehand.

The operation can happen at any stage in your menstrual cycle if you have been taking contraception and you could not be pregnant.

After the operation

You can go home when you've recovered from the anaesthetic, been to the toilet and eaten. You cannot drive after surgery. Someone else must take you home and be around you for 24 hours.

Your doctors and nurses will tell you what to expect and how to care for yourself after surgery. They

may give you a number to call if you have any problems or questions.

If you've had general anaesthetic, do not drive for 48 hours afterwards. Even if you feel fine, your reaction times and judgement may not be back to normal.

How you will feel

It's normal to feel unwell and a bit uncomfortable after general anaesthetic. You may have to rest for a few days. You can normally go back to work after 5 days but this will depend on your general health and your type of work. Avoid heavy lifting for about a week.

You may have some slight vaginal bleeding. Use a sanitary towel rather than a tampon until this has stopped. You may also feel some pain, like period pain. You can take painkillers for this. If the pain or bleeding gets worse, contact the specialist who treated you, your GP.

Caring for your wound

If you had tubal occlusion, you'll have a wound with stitches where the surgeon made the cut. The stitches will be removed at a follow-up appointment unless you have dissolvable stitches.

If there's a dressing over your wound, you can normally remove it the day after your operation. After this, you'll be able to have a bath or shower.

Having sex

Sterilisation should not affect your sex drive or your sex life. You can have sex as soon as it's comfortable to do so after the operation.

After the operation, you will need to use contraception until your next period. This will protect you from pregnancy.

Important

Sterilisation does not protect against sexually transmitted infections (STIs). You must use condoms.

More information on sterilisation

You can get more information on sterilisation from:

- GP surgeries
- contraception clinics
- sexual health or genitourinary medicine (GUM) clinics
- some young people's services

[Find your nearest sexual health clinic](#)

Content supplied by the [NHS](#) and adapted for Ireland by the HSE

Page last reviewed: 22 March 2021

Next review due: 22 March 2024

This project has received funding from the Government of Ireland's Sláintecare Integration Fund 2019 under Grant Agreement Number 123.

HSE Live - we're here to help

Monday to Friday: 8am to 8pm

Saturday: 9am to 5pm

Sunday: Closed

Bank holidays: Closed

Freephone: [1800 700 700](tel:1800700700)

From outside Ireland: [00 353 1 240 8787](tel:0035312408787)

[HSE Facebook](#)

[HSE Instagram](#)

[HSE TikTok](#)

[HSE YouTube](#)

[HSE LinkedIn](#)

[HSE X \(Twitter\)](#)

[Complaints and feedback](#)

[Emergencies](#)

[Cookie settings](#)

[Cookie statement](#)

[Accessibility](#)

[Privacy statement](#)

[Disclaimer](#)

© Health Service Executive