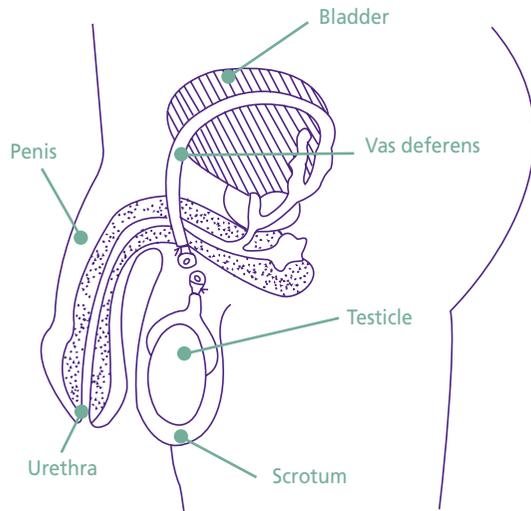


Vasectomy



Sperm are made in your testicles (balls) and travel up the vas deferens (tubes) to mix with the semen before you ejaculate (come). When you have a vasectomy the tubes carrying the sperm are cut and tied so no further sperm can enter the semen.

How is it done?

There are 2 methods of vasectomy, the traditional and no-scalpel. Both are done under local anaesthetic through a small opening in the skin of the scrotum. The 2 tubes, right and left, which carry sperm, are cut and separated, effectively blocking the sperm pathway.

What next?

You may have sore testicles for a few days.

You can possibly return to light work after 2 days but avoid heavy lifting or exercise for 1 week.

Once the soreness has gone you can have sexual intercourse again. Continue to use contraception until tests show your semen is sperm free.

Usually this is 3 months after the operation.

What are the possible complications?

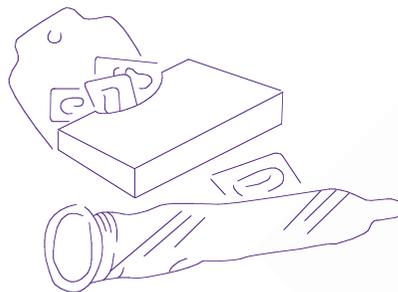
- infection
- internal bleeding
- a painful lump in the scrotum.

Are there any long term health risks?

Research shows no association between vasectomy, heart disease, or cancer of the testicles or prostate.

Can sterilisation be reversed?

Yes. However, it is a complicated and expensive operation to rejoin the tubes. Pregnancy may not happen.



Condoms help protect against sexually transmissible infections.

For more information about Family Planning resources, clinics and health promotion services go to our website, familyplanning.org.nz

Sterilisation

What is sterilisation?

Permanent contraception is called sterilisation. When a man is sterilised it is called a vasectomy. When a woman is sterilised it is called a tubal ligation.

Why choose sterilisation?

- you don't want to have any children
- you don't want to have any more children
- you have decided that you cannot have any more children because of your mental or physical health, age or income.

Have you considered?

- if one of your children died, would you want another child?
- if your present relationship ended, would you want to have a child with a new partner?

Consent

It is recommended that you discuss sterilisation fully with your partner. This is because you are both affected by the decision. However, it is not a legal requirement for your partner to give consent. You can ask for a sterilisation operation even if you have no partner or children.

Tubal ligation or vasectomy

These are some of the differences between the two operations.

MEN

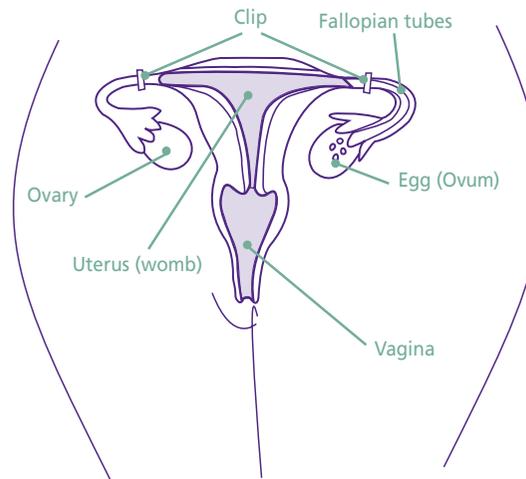
- local anaesthetic
- Family Planning clinic or doctor's surgery
- not effective for 3 months
- failure rate 1 in 1000

WOMEN

- general anaesthetic
- hospital
- effective immediately
- failure rate 1 in 200

Many people consider that vasectomy is a simpler operation than tubal ligation, with fewer side effects.

TUBAL LIGATION



Each month an egg is produced in one of your ovaries and travels to the uterus along a fallopian tube. In this operation both tubes are closed by rings or clips or by cutting and tying. This stops sperm reaching an egg.

How is it done?

There are two ways

- a laparoscope (tiny telescope) is put through a small cut by the navel. Another small cut is made near the pubic hair to allow the clips to be put on the tubes
- sometimes a longer cut is made near the pubic hair. This is done when a laparoscope cannot be used for medical reasons.

Both operations are done with a general anaesthetic. Some women go home the same day, others stay in hospital 1-2 days. This depends on which operation is done.

What next?

You may need a week to recover before returning to your usual activities.

Your period will continue because your uterus is unaffected.

What are the possible complications?

There is always a small risk with an operation

- risk from the anaesthetic
- damage to other organs
- internal bleeding
- infection.

Some studies suggest that women may have slightly heavier periods after tubal ligation. If you get pregnant after a tubal ligation you have a higher risk of an ectopic pregnancy (in a fallopian tube).