

Permanent Contraceptive Methods

This decision aid is to help you and your healthcare provider talk about methods of contraception and choose what's right for you. Most people can safely use these methods. Your healthcare provider can tell you whether these methods are safe for you.



	FEMALE STERILISATION:		MALE STERILISATION:
	BY LAPAROSCOPY	BY MINILAPAROTOMY	VASECTOMY
How is it used?	A healthcare provider uses instruments inserted through one or two small incisions in your abdomen and closes your fallopian tubes ¹	A healthcare provider makes an incision in your abdomen and closes your fallopian tubes ¹	A healthcare provider makes one or two incisions or a small puncture in the skin of the scrotum and closes the vas deferens tubes that carry sperm ¹
What type of anaesthetic required?	General anaesthetic ¹	General anaesthetic ¹	Usually local anaesthetic ¹
How often?	Once	Once	Once
How does it work?	Prevents sperm from reaching an egg	Prevents sperm from reaching an egg	Prevents sperm from being released during ejaculation
When does it start working?	Immediately ²	Immediately ²	Approximately 3 months, when a test shows that there are no longer sperm in the semen ²
Can it be reversed?	No ¹	No ¹	Can be difficult to reverse and partner pregnancy after reversal is not guaranteed ¹
How many people become pregnant in the first year?			
Not always following the instructions:	Fewer than 1 in 100 people ³ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ³ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ³ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always following the instructions:	Fewer than 1 in 100 people ³ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ³ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people ³ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
What are some of the side effects?	<ul style="list-style-type: none"> For a few days following the procedure, abdominal cramps and pain are possible due to incision in the abdomen.⁴ Following the procedure, dizziness, nausea or vomiting are possible due to general anaesthesia.⁵ Around 2-3 in 1000 women may have minor complications, such as urinary tract infection, uterine injuries or bleeding inside the abdominal wall.⁶ Around 1 in 1000 women may have major complications, such as blood loss, bowel or stomach injuries.⁶ 	<ul style="list-style-type: none"> Following the procedure, abdominal cramps and pain are possible due to incision in the abdomen⁷ Following the procedure, dizziness, nausea or vomiting are possible due to general anaesthesia.⁵ Around 8 in 1000 women may have minor complications, such as urinary tract infection, incision reopening, or bleeding inside the abdominal wall.⁶ Around 4 in 1000 women may have major complications, such as blood loss, stomach injuries or febrile morbidity.⁶ 	<ul style="list-style-type: none"> Following the procedure, mild pain and swelling around the incision site are possible¹ Around 1-20 in 1000 men may have bleeding inside the scrotum⁸ Around 2-9 in 1000 men may have infection at the incision site⁸ Around 10-20 in 1000 men may have post-vasectomy pain syndrome that impact quality of life.⁹
Does it protect against sexually transmitted infections (STIs)?	No ¹⁰	No ¹⁰	No ¹⁰

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Supporting Document

Decision aids

The following decision aids are part of this collection:

1. Types of contraceptive methods
2. Long-acting reversible contraceptive methods
3. Shorter-acting reversible contraceptive methods
4. Barrier contraceptive methods
5. Fertility awareness and traditional contraceptive methods
6. Permanent contraceptive methods
7. Emergency contraceptive methods

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Next update

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Authors

Hankiz Dolan, Deborah Bateson, Lyndal Trevena, Mu Li, Chun Wah Michael Tam, Carissa Bonner

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This decision aid is adapted from the 'Right For Me' decision aid tool.

Thompson R, Donnelly K, Foster T, Stern L, Trevena L, Elwyn G, et al. Right For Me decision aids [English language] [Internet]. Hanover, NH: Dartmouth College; 2016. Available from: <https://www.rightforme.org/decision.html>

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Notes:

- This decision aid includes a statement about the general safety of the contraceptive methods described. The *UK Medical Eligibility Criteria for Contraceptive Use*² and published updates provide guidance on who can safely use each contraceptive method and may be used to facilitate the provision of individualized information on method safety.
- For Female Sterilisation by Laparoscopy and Minilaparotomy, 12-month typical-use and perfect-use effectiveness data are for female sterilisation in general.
- To enhance comprehension, 12-month typical-use and perfect-use effectiveness data are displayed both using raw numbers ("X in 100 people") and using a visual aid based on the following:
 - Less than 1%: ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
 - 1% to 9%: ● ○ ○ ○ ○ ○ ○ ○ ○ ○
 - 10% to 19%: ● ● ○ ○ ○ ○ ○ ○ ○ ○
 - 20% to 29%: ● ● ● ○ ○ ○ ○ ○ ○ ○

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