

Referral Support Service

GY05

Gynaecology

Female Sterilisation

Definition

Regard as the permanent cessation of female fertility. Reversal of sterilisation is not routinely commissioned by the NHS.

Exclude Red Flag Symptoms

- Exclude pregnancy before routine referral. Tubal occlusion can be performed at Caesarean Section operation and will be discussed by the obstetric team.
- Involves a general anaesthetic. Therefore, co-morbidities should be considered.

General Points

- Patient must have capacity to consent to procedure without acting under duress
- **Note success rates of male sterilisation (1 in 2000 lifetime failure rates) are much higher than female sterilisation (has a lifetime failure rate of 1 in 200 women) and associated with less risk.**
- In York and Scarborough, laparoscopic sterilisation is the technique offered.
- For full list of counselling pros and cons see [CKS Summary](#)
- Provide choice of contraceptive alternatives including LARC which have the added benefit of helping with menstrual problems.
- Referrals for women under age 30 are strongly discouraged, due to the high incidence of regret in this age group. Individual cases will always be considered in exceptional circumstances (that does not require IFR approval)
- The need to use effective contraception until the tubal occlusion and to continue until 4 weeks after.
- Provide written information (link below)
- Essure device (hysteroscopic sterilisation) has been withdrawn by its manufacturer following adverse events and is not available.

Referral Information

Indications for referral

- Request for permanent cessation of fertility and **why other methods are not suitable and why therefore a procedure that requires a general anaesthetic, is associated with more risk, is more costly for the NHS, and has a lower success rate than in men should be carried out.**
- Age over 30

Information to include in referral letter

- Previous pregnancies and deliveries
- Methods of contraception used and why they were not continued
- Discussion of alternatives methods – why these are not an option
- Menstrual Cycle
- Smear history
- Relevant past medical/ surgical history
- Current regular medication
- BMI
- Smoking status

Referral Criteria

- Sterilisation is excluded from the health optimisation policy. Surgeons should consider with patients the risks and benefits of the procedure if BMI>30.
- Advice & Guidance should be sought where BMI is above 35, routine laparoscopy is not normally undertaken and the appropriateness of surgery is at the discretion of the surgical team.
- [UK MEC 2016](#) - for risk factors to be considered before referral.

Patient information leaflets/ PDAs

- <https://patient.info/sexual-health/sterilisation/female-sterilisation>
- <https://www.nhs.uk/conditions/contraception/female-sterilisation/>

References

- [CEU Male Female Sterilisation](#)
- [FSRH guidelines on Sterilisation](#)
- [CKS guideline](#)

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