Female sterilization: a thing of the past?

YES

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Female sterilization is the most widely used contraceptive method in the world today

No doubt this is an extremely effective way of contraception but...

The questions that we have to ask ourselves:

1. Is it reasonable to make an elective operation for contraception?
2. How many women will regret the procedure?
3. Do we have a good alternative?

Easy as it may be this is still an operation that carries a risk

• Major complications of laparoscopic and mini-laparotomy procedures (requiring laparotomy) occur in approximately 1 of every 1000 procedures.
• The most common complications include infection, haemorrhage, injury to other organs, internal bleeding, and problems related to anaesthesia.
• Those risks are increased by obesity, an inexperienced operator and abdominal adhesions.

November 2014 in India.

Doctor sterilized 80 women in six hours at a squalid Indian health camp.

Women were paid $3 to be sterilized

12 women died and 70 hospitalized

Female sterilization differs from other methods of contraception because it is an elective procedure that is usually performed in healthy women of reproductive age and meant to be permanent.

This raises issues surrounding the decision-making process and the incidence of long-term side effects:

1. Ectopic pregnancy - 1.5-17/1000 procedures.
2. Menstrual cycle changes - post sterilization syndrome.
3. Cancer incidence?
4. Hysterectomy rates - High in the USA only.
5. The risk of sexually transmitted disease - sexual partners of sterilized women use condoms less often than those of other women.

FSRH Guidance (September 2014) Male and Female Sterilisation
Given that trans-cervical sterilization can be comfortably performed in an office setting with minimal anesthesia and in under 15 minutes, almost all patients are candidates for this procedure.


Long-term risks:
- Rare cases of chronic pelvic pain;
- Allergic reactions to the nickel;
- Accidents involving spillage of the oil into the peritoneal cavity or cases where the oil migrates through the fallopian tubes or ovaries;
- Higher risk of ectopic pregnancies;
- The risk of having a second procedure was 10 times higher than after laparoscopic sterilization;
- The FDA has received more than 5,000 reports about Essure since 2002.

Failure rates:
- The failure rate is 0.5–1% with a higher risk of the pregnancy being ectopic;
- The risk of pregnancy was highest among women who underwent sterilization under the age of 30 and among women who had clips placed on the tubes.

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The most popular contraceptive in the USA

15% of USA women aged 25-34 had sterilization:
- 55% of women who had not completed high school
- 16% in college graduates.

The ACOG suggests that the incidence of regret following tubal occlusion is between 0.9% and 20%.

Predictors of regret:
- Young age at time of sterilization;
- Sterilization postpartum;
- Unknown or no knowledge regarding sterilization;
- Number of adult children;
- History of abortion;
- Being poor (Medicaid patients);
- Being of Hispanic origin.
Percentage of contracepting women who are using female sterilization or the pill, by age: USA, 2006–2010

IN Europe the divorce rate also increases

Unfortunately not only divorce...

Life is what happens to you while you’re busy planning it
John Lennon
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Typical use failure rates of selected contraceptive methods

- No method (nothing): 85%
- Spermicides: 28%
- Condom (male & female): 18-21%
- Diaphragm: 12%
- COC & POP Contraceptive Patch & Ring: 9%
- Depo-medroxyprogesterone acetate: 6%
- IUD & IUS: 0.2-0.8%
- Implants: 0.5%
- Sterilization female: 0.5%
- Sterilization male: 0.15%

Women who experienced an unintended pregnancy (contraceptive failure) within the first year of typical use, %

In summary

- Is sterilization a good contraceptive?
- Do we have contraceptive methods that are as good?
- Do we have contraceptives which are much easier to use?
- Do we have contraceptives with lower complication rate?
- Is a woman entitled to change her mind?
- Do we have contraceptives which contrary to sterilization are reversible?

The ACOG statement:

Sterilization is safe and effective for:
“Women who have completed their childbearing”

What, precisely, that means??

Does it refer to women who have already had a child, or several, and have now decided they’re done?

Or could that category also include an 18-year-old woman who has determined she’s “completed” before ever getting started?

So to whom?

- Women in their late 30th and 40th who have children and don’t want or can’t use other effective contraceptive method.
- Women with children undergoing a CS (mainly a repeated one).
- Women with a family history of ovarian cancer (salpingectomy).
- Nulliparas (except in special cases) – only after the age of 40.
THANK YOU