Female Sterilisation

A. Interpreter / cultural needs

An Interpreter Service is required?  Yes  No
If Yes, is a qualified Interpreter present?  Yes  No
A Cultural Support Person is required?  Yes  No
If Yes, is a Cultural Support Person present?  Yes  No

B. Condition and treatment

The doctor has explained that you have the following condition: (Doctor to document in patient’s own words)

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This condition requires the following procedure (Doctor to document - include site and/or side where relevant to the procedure)

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The following will be performed:
The operation is usually done laparoscopically - which is commonly known as keyhole surgery. You will be asleep during the operation with a general anaesthetic given by needle into a vein.
One or two cuts will be made into your abdominal wall and a gas piped into the abdomen in order to lift up the abdominal wall. A telescope will be put through one of the cuts and sterilising instrument through another.
The cuts will be closed, usually with a dissolvable stitch or sticky tape. Most women go home on the day of surgery.

C. Risks of a female sterilisation

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:
This sterilisation operation is intended to make you sterile. You should not have the operation if you are uncertain about whether you will want children in the future.
It should be assumed that this operation cannot be reversed. In some cases, it is possible to re-open the tubes by micro-surgery. Discuss the success rate with your doctor.
All contraceptive techniques, including sterilisation, have a failure rate. Pregnancies have even been reported after hysterectomy (removal of the womb). If the tubes are cut, the removed pieces of tubes will be examined under the microscope to prove sterilisation.
There are risks and complications with this procedure. They include but are not limited to the following.

- Accidental injury to the bowel, blood vessels and the urinary tract. Repair is usually possible at the time - often through the small cuts. It may also be necessary to make a larger cut to repair the bowel, blood vessel or urinary tract injuries.
- In case of bowel injury, it may be necessary for a temporary colostomy to allow the injured bowel to heal. This colostomy would normally be closed at a separate operation a few weeks later.
- Rarely gas, used to inflate the abdomen, can cause heart and breathing problems in 1 in 60,000 women. Death is a very rare risk.
- Future pregnancy. The failure rate of the two commonest laparoscopic sterilisations (filshie clip and fallope ring) is about 1 in 170 to 1 in 250 women who will become pregnant after female sterilisation. Pregnancy may also happen outside the womb (ectopic pregnancy) and may require emergency surgery. This is rare.
- If the operation cannot be completed through the laparoscope, then open surgery may have to be done. This will mean a larger cut above the pubis – about 5-8 cm, a longer stay in hospital and a longer recovery rate.
- Burns on the skin due to use of electrical equipment in less than 1 in 100 women. These may take a few days to appear.
F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
Female Sterilisation

Facility:

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Female Sterilisation

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure/treatment/investigation and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. What precautions against pregnancy do I need to take before my procedure?

It is essential that you take responsible precautions against pregnancy before your sterilisation. The failure to use contraception up to the time of the operation may mean that you are pregnant when you have the surgery. If this happens, you must accept full responsibility for the pregnancy.

2. What do I need to know about this procedure?

The operation is usually done laparoscopically - which is commonly known as keyhole surgery. You will be asleep during the operation with a general anaesthetic given by needle into a vein. One or two cuts will be made into your abdominal wall and a gas piped into the abdomen in order to lift up the abdominal wall. A telescope will be put through one of the cuts and sterilising instrument through another.

The cuts in the abdomen will be closed, usually with a dissolvable stitch or sticky tape. Most women go home on the day of surgery.

The wound should be kept dry for two days and the dressing can be removed after this time. You should continue to use your present contraceptive for at least one week after the operation.

Types of sterilisation

Clips

Clips are placed on the fallopian tubes. The clips block the tubes by cutting off the blood supply to part of the tubes and cause scarring. This prevents the egg or sperm from passing along the tubes. The clips stay in the body.

Tubal Ligation

Each fallopian tube is tied with stitch material and then cut. Sometimes a piece of the tube is also removed.

3. What are the benefits of having this surgery?

Sterilisation is a permanent birth control method and avoids the use of medications and other devices to prevent unwanted pregnancy.

4. What are the risks of not having this surgery?

Other methods of contraception will have to be used if pregnancy is not desired.

5. What are some alternative treatments?

- **Vasectomy**

  The safest, most effective method of sterilisation is vasectomy. This operation is performed on the male partner. The tube (vas deferens) that carries the sperm to the semen is cut so that sperm is absent from the semen. This is a permanent method of contraception and is an option for people who no longer want children.

- **Hysterectomy**

  The uterus is removed with or without the tubes and ovaries. This is only usually done for other medical reasons.

6. My anaesthetic

This procedure will require an anaesthetic. See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

7. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

**General risks:**

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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**Specific risks:**

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If the tubes are cut, the removed pieces of tubes will be examined under the microscope to prove sterilisation.

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8. **What do I need to tell my doctor?**

Tell your doctor if you have:
- large amounts of bloody discharge from the wound and/ or the vagina.
- fever and chills.
- pain that is not relieved by prescribed painkillers.
- swollen abdomen.
- swelling, tenderness, redness at or around the cut.