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STERILISATION

ARE YOU SICK AND TIRED OF CONTRACEPTION AND FEAR OF PREGNANCY?
ARE YOU THINKING ABOUT STERILISATION? IF SO, THIS HANDOUT IS FOR YOU.

What is sterilisation?

Sterilisation is an operation performed on women (tubal ligation) and men (vasectomy) to make them incapable of having children again. It is different from birth control in that it is a permanent operation.

It is much safer, cheaper and simpler for a man to have a vasectomy than it is for a woman to have a tubal ligation. Despite this, most doctors seem happier to do tubal ligations, possibly because of (a) their greed for more money and (b) their indifference to the risks to the woman's health.

Vasectomy is also a much more reversible procedure than tubal ligation, i.e. the man stands a good chance of regaining his fertility later on if he has the reversal operation; a woman does not.

Who gets sterilised?

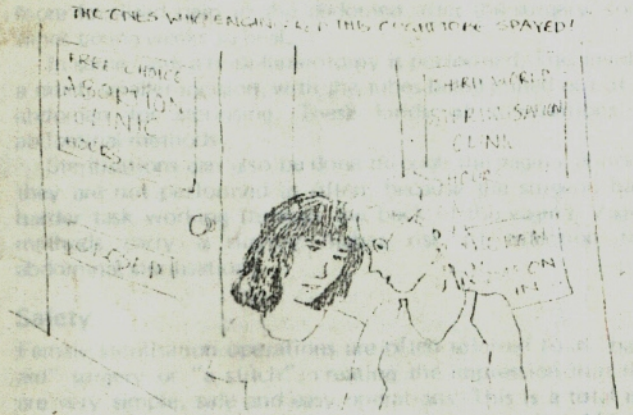
Sterilisation is the most widely used method of contraception in the world. On one hand, more women are being sterilised without their knowledge or consent as a way of "controlling" the population of some countries and/or races. On the other hand, women are becoming increasingly fed up with the fact that, despite the billions of dollars spent annually on, say defence, there exists no simple, safe and effective method of contraception for women. Sterilisation is becoming the "last choice" for many women.

Sterilisation si very often misused. It is often used by some doctors as a means of not have to deal with the caring that women's contraception requires.

In other cases, it has been used as a weapon to exterminate races, or to cut down the population growth to zero (especially in the case of poor women). This is done either without the consent of the woman (enforced sterilisation) or giving them wrong information and tricking them into believing that it can be reversed later, or that there is no better solution.

Doctors often pressure women at a vunerable time, e.g. while they are in labour or immediately after giving birth or having an abortion. In many situations, women tend to trust the doctor's opinion rather than following their own feelings.

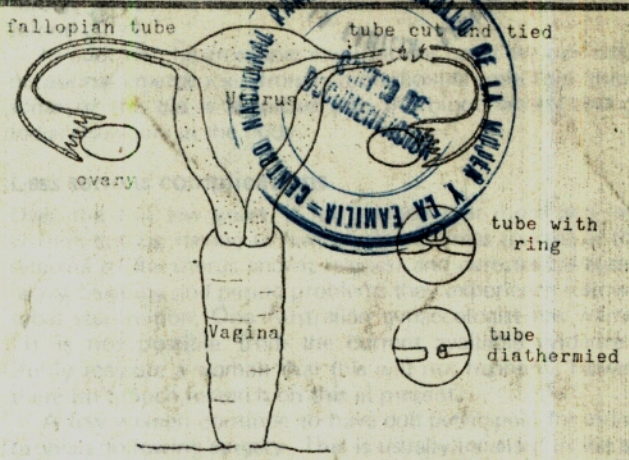
In other cases, particularly with white anglo saxon women, there may be difficulty in persuading a doctor to perform the sterilisation, especially if they are young or single, or have few or no children at all.



Being forced to have a sterilisation, or being prevented from having an abortion, both keeps us from having free choices, and thus control over our own bodies.

Legalities

Some women wish to be sterilised without their partner's knowledge or consent. Legally the woman is definately



entitled to do this, although some hopsitals require a next of kin's signature for all surgery. If your husband is opposed, you have the legal right to have another person as next of kin; it doesn't have to be him.

Tubal ligation does give women more freedom sexually than if their partner has a vasectomy. Some men feel threatened at the loss of control over their partners, as fear of pregnancy keeps many women trapped within oppressive relationships.

What happens to you with a tubal ligation?

There are several female sterilisation operations. In all of them, a section of the women's fallopian tube is closed off. This can be done by:— (a) cutting out a section of the tube and tying the ends with surgical thread; (b) leaving the tubes intact and placing rings or clips over them; (c) sealing them with electrical current to block the passage (diathermy). The closing of the tub prevents the male sperm from travelling to meet the female egg (ovum), therefore making pregnancy impossible.

Sterilisation does not affect a woman's hormone secretions, ovaries, uterus, or her vagina. Her menstrual cycle continues. An egg ripens in and bursts out of an ovary every month, but stops part way down the tube, disintegrates/breaks down and is absorbed harmlessly by the body. Her sexual response, which depends on her hormones, clitoris and vagina, is not lessened at all, and sometimes may improve when she no longer fears pregnancy.

Laparoscopic sterilisation

This is the most common procedure. A laparoscope is a long thin tube with a series of lenses running along it, and containing a channel through which other instruments may be passed to grasp, cut or burn tissues within the body. In this procedure, your abdomen is filled with carbon dioxide gas via a small needle, usually inserted above the pubic hair line. The muscular abdominal wall will thus balloon away from the uterus and tubes (so the procedure may not be suitable for women who have any old scar tissue or who are very overweight).

A small incision is made below your belly button and a metal tube (laparoscope) is inserted through the layers of fat and muscle. Through this hollow tube the doctor is able to see the entire pelvic area, and through another small hole above the pubic hair line is able to pick up each fallopian tube and either cauterize (burn) or place a ring or clip over the tube. The carbon dioxide gas is then allowed to escape through the larger tube. The woman is left with two tiny puncture marks on the abdomen which heal very quickly.

This procedure is usually done under general anaesthetic, but could be done under local anaesthetic in some circumstances. It usually requires an overnight stay in hospital. Some