



PERMANENT FAMILY PLANNING

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Outline

- Objectives
- Introduction
- Male sterilization
- Female sterilization
- Summary



Objectives

1. Define permanent family planning methods
2. Identify male and female permanent family planning methods
3. Describe benefits and risks of permanent family planning methods
4. Explain the techniques of vasectomy and female sterilization



Introduction to Permanent Family Planning

- Surgical procedure to permanently and intentionally terminate male and female reproductive function
- Appropriate for men and women who made a fully informed and well considered decision
- Most are not reversible

Permanent Family Planning → • Vasectomy for men
→ • Tubal ligation in women



Vasectomy

- For men who do not want more children
- Transection and occlusion of the vas deferens
- Also called male sterilization, male surgical contraception
- No interference with sexual performance
- Outpatient procedure by local anesthesia

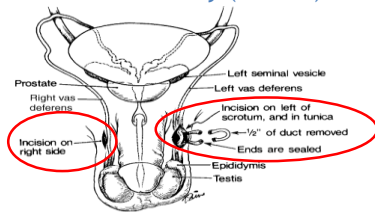


Techniques of Vasectomy

- Scalpel and Non-scalpel
- Palpate the vas through the scrotum
- Grasp the vas with fingers or forceps
- Pull loop of vas and remove segment
- Ligate one or both ends of the vas
- Bury the proximal stump



Vasectomy (cont'd)



Source: Storge JO, Schaffer J, Anderson LM, Hoffman RL, Bralshaw KD, Cunningham PD. Williams Gynecology. <http://www.accessmedicine.com>. Copyright © The McGraw-Hill Companies, Inc. All rights reserved.



•Short video on vasectomy



Indications for Delaying Vasectomy

- Active STIs
- Swollen and tender testes
- Scrotal skin infection
- Bilateral undescended testes



Benefits of Vasectomy

- Failure is less than 1%
- Reason for failure can be:
 - Unprotected intercourse soon
 - Failure to occlude the vas
 - Recanalization
- Safer and more effective than tubal ligation
- 0.5 deaths per 100,000 vasectomies



Complications of Vasectomy

- Side effects are uncommon to very rare
- Testicular and scrotal pain lasting for months
- Surgical site infection
- Hematoma

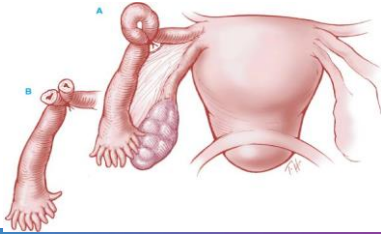


Female Sterilization

- For women who do not want more children and/or with medical problem
- Also called tubal sterilization, tubal ligation, voluntary surgical contraception
- Most widely used globally - 210 million couples and 28% in the US
- Not popular in Ethiopia - only 0.1%
- Occlusion of the tubes in some form



Pomeroy Method



Timing of Female Sterilization

- At the time of Caesarian Section
- Postpartum minilaparotomy
- Interval minilaparotomy
- Concurrent with pregnancy termination



Methods of Female Sterilization

- Abdominal (laparotomy/Minilaparotomy)
- Vaginal
- Laparoscopic
- Hysteroscopic
- Different surgical approaches



Minilaparotomy for Tubal Ligation

- Ligation of the fallopian tubes through 3-4cm incision on the abdomen, can be done:
 - As an outpatient procedure
 - By local anesthesia and sedation
- Minilaparotomy following vaginal delivery:
 - Enlarged uterus, tubes in the mid abdomen, 3-4 cm sub umbilical incision
- Interval minilaparotomy:
 - Short transverse suprapubic incision
 - Uterine elevator used through the vagina



- Video on minilap



Indications to Delaying Tubal Ligation

- Current pregnancy
- Less than 6 weeks postpartum
- Severe postpartum or post abortion complications
- Unexplained vaginal bleeding
- Pelvic inflammatory disease and STIs
- Pelvic malignancies



Benefits of Female Sterilization

- No known side effect
- Helps to protect against unwanted pregnancy
- Nothing to remember and no worries about contraceptives again
- Prevents against pelvic inflammatory disease (PID)
- May protect against ovarian tumor



Risks of Female Sterilization

Few complications

- Related with surgery, anesthesia, previous surgery, PID, Obesity, and DM
- 1-2 deaths /100,000 cases
- 2 pregnancies per 100 women over 10 years
- Possibility of future regret
 - Young age
 - Lost a child
 - Few or no children
 - Not married/ Marital problems



Counseling on Female Sterilization

- **Counseling is critical:**
 - Potential risks
 - Benefits
 - Possibility of later regret
 - Possibility of pregnancy (mostly ectopic)



Summary

- Permanent methods are irreversible
- Non-scalpel vasectomy in men and minilaparotomy for women are preferred
- Permanent methods are less popular in Ethiopia
- Detailed counseling is essential
- Rare complications - not related to method



Case study

- 20 year old woman come to your clinic for family planning
 - She and her husband decided that tubal ligation is best for them. The couple has one child.
- What important issue would you like to raise during the counseling?
- Take 3 minutes to reflect



Considerations in the Case

- Check if it is well thought through
- Discuss the possibility of future regret as the method is irreversible
- Mention other alternative family planning methods

