

STERILIZATION

I. INTRODUCTION

Sterilization in women is the purposeful occlusion of the fallopian tubes by surgical disruption. Several methods are practiced, including excision of a portion of each tube and suturing of the ends; excision of the fimbriated end; excision of a portion and then suturing of the proximal end into the muscle of the uterus and the distal end in the broad ligament; banding with Silastic bands or clips; occlusion by electro cautery; and transuterine occlusion with silicone rubber plugs at the proximal opening.

Male sterilization (vasectomy) is done by sealing the vas deferens tubes that carry sperm to mix with the semen. A male will still have ejaculate fluid, but it will no longer contain sperm.

Female sterilization typical use failure rate: 0.5%, perfect use failure rate 0.5%

Male sterilization typical use failure rate: 0.15%; perfect use failure rate 0.10%

A client requesting sterilization should be referred to a provider who will do the procedure. The cost is the responsibility of the client's if no insurance coverage exists.

Note: All sterilizations are done on a referral basis to private providers. When referring a client to private providers, a physical examination and laboratory testing are not required through the delegate agency family planning clinic.

Note: If a client is a Title X client prior to sterilization (tubal ligation or vasectomy) they may continue to access services through the Title X clinic and be counted as a Title X client. This allows for continuity of care. If a client is a Title X client prior to hysterectomy, they may NOT be counted as a continuing Title X user.

II. CLIENT SELECTION

- A. Indications: Decision by the client to seek a permanent, safe, highly effective method of contraception.
- B. Contraindications:
 - 1. Clients who wish to maintain the option of having children in the future. These individuals should be encouraged to use an alternative method of birth control.
 - 2. High surgical risks/contraindications are determined by the physician/clinician who will be performing the procedure (i.e. nickel allergy with Essure® procedure).

III. MEDICAL SCREENING, EVALUATION AND COUNSELING

- A. Client's knowledge about all family planning methods available.
- B. Psychosocial and cultural aspects; size of family desired, cultural beliefs about sterilization, family attitudes.
- C. Client's knowledge about the sterilization procedures available.
- D. Gynecological history: partial or total hysterectomy, oophorectomy, salpingectomy.
- E. Medical history, present use of medications.
- F. Obstetric history: pregnancies, live births, abortions, ectopic pregnancy.

NOTE: The delegate agency may do the consultation and/or pre-op and post-op physicals for men and women if arrangements are made with the provider who will be performing the procedure.

III. CLIENT EDUCATION/INFORMED CONSENT

- A. The role of the family planning provider is to provide information and education to enable the client to make a voluntary informed consent with full knowledge of the permanence, risk, and benefits associated with both male and female sterilization and the knowledge that sterilization provides no protection from STIs/HIV.
- B. If the client is to receive financial assistance through funding provided by the Federal Government, certain conditions must be met. These include:
- C. The client must be at least 21 years old and mentally competent.
- D. He/she must wait at least 30 days to have the procedure done after the consent form is signed, except in instances of premature delivery or emergency abdominal surgery that takes place at least 72 hours after consent is obtained.
- E. The consent cannot be obtained while the client is in the hospital for childbirth or abortion, or under the influence of alcohol or other substances that affect his/her state of awareness.
- F. The consent is effective for 180 days from the date it is signed. Consent forms can be obtained from the Office of Population Affairs at www.hhs.gov/opa or 1/866-64007827.
- G. Inform the client they have a right to change their mind (electing sterilization) at any time prior to the procedure.

IV. REFERRALS

- A. See the Maryland Family Planning Program Administrative Guidelines for information on male sterilization referral services.
- B. The agency must maintain a current list of providers that perform sterilization and this list must be available for clients and updated annually.
- C. Clients are responsible for the cost of the procedure

V. FOLLOW UP

- A. A post-operative follow-up exam should be conducted by the provider who preformed the procedure unless other arrangements have been made.

- B. Female clients who have been sterilized should continue to have regular exams (physical and pap testing) as indicated.

VI. DOCUMENTATION

- A. The details of discussion regarding sterilization and client's decision should be recorded in the medical record during initial, annual, and medical visits.
- B. Referral list provided.