

Addressing Side Effects and Managing Complications of Permanent Methods of Contraception

Introduction

Women and men who have had sterilization experience no side effects. There are some complications associated with the female sterilization and vasectomy procedures, but they are uncommon to extremely rare.

Counseling men and women to let them know there are no side effects associated with permanent methods, addressing misconceptions with correct information, and encouraging men and women to return to the clinic whenever they have questions or concerns will lead to satisfied users. A client's confidence that his/her method of contraception is safe and effective, and that his/her provider is competent and responsive contribute to method satisfaction.

Information should be clear, correct, non-alarming, and presented in verbal and written form, using jargon-free language that the client can—and does—understand. Good counseling by the provider and accurate understanding by the client will lead to many clients being satisfied with their method, and may lead to the method being recognized and accepted by their community.

Addressing Misconceptions About Side Effects

Some people hold misconceptions about side effects associated with permanent methods. For example:

- Some people have concern that female sterilization causes menstrual abnormalities, such as changes in menstrual cycle flow, length, or in menstrual pain. However, research studies show that women who undergo female sterilization are no more likely than other women to have menstrual abnormalities.¹
- Some people have concern that female sterilization and vasectomy will adversely affect sexual desire, function, or pleasure. However, research studies show that female sterilization and vasectomy do not decrease sexual desire, change sexual performance, or reduce sexual pleasure.^{2,3}

These and other misunderstandings or misperceptions about female sterilization and vasectomy should be addressed directly with the client and corrected. For more information on addressing misconceptions, refer to the guidance for [female sterilization](#) and [vasectomy](#) in *Family Planning: A Global Handbook for Providers*.

Managing Complications

(Extracted and adapted from [Family Planning: A Global Handbook for Providers](#).)

Written information about possible complications should be provided to clients, even though these are uncommon or rare, to urge prompt return when medical treatment is needed.

Female Sterilization

The female sterilization procedure requires surgery and anesthesia, which carry some risk for complications, such as infection, hemorrhage, or anesthesia-related problems. These complications are uncommon. Death, due to the procedure or anesthesia, is extremely rare.

The risk of complications with local anesthesia is significantly lower than with general anesthesia. Complications can be kept to a minimum if appropriate techniques are used and if the procedure is performed in an appropriate setting.

Problems Reported as Complications

Problems affect women's satisfaction with female sterilization. They deserve the provider's attention. If the client reports complications of female sterilization, listen to her concerns, give her advice, and, if appropriate, treat.

Infection at the incision site (redness, heat, pain, pus)

- Clean the infected area with soap and water or antiseptic.
- Give oral antibiotics for 7 to 10 days.
- Ask the client to return after taking all antibiotics if the infection has not cleared.

Abscess (a pocket of pus under the skin caused by infection)

- Clean the area with antiseptic.
- Cut open (incise) and drain the abscess.
- Treat the wound.
- Give oral antibiotics for 7 to 10 days.

- Ask the client to return after taking all antibiotics if she has heat, redness, pain, or drainage of the wound.

Severe pain in lower abdomen (suspected ectopic pregnancy)

- Many conditions can cause severe abdominal pain. Be particularly alert for additional signs or symptoms of ectopic pregnancy, which is rare but can be life-threatening.
- In the early stages of ectopic pregnancy, symptoms may be absent or mild, but eventually they will become severe. A combination of these signs or symptoms should increase suspicion of ectopic pregnancy:
 - Unusual abdominal pain or tenderness
 - Abnormal vaginal bleeding or no monthly bleeding—especially if this is a change from her usual bleeding pattern
 - Light-headedness or dizziness
 - Fainting
- If ectopic pregnancy or another serious health condition is suspected, refer at once for immediate diagnosis and care. Do not attempt pelvic examination if surgical facilities are not available on site.

Suspected pregnancy

- Assess for pregnancy, including ectopic pregnancy.

Vasectomy

Few complications are associated with vasectomy. Those that do occur are uncommon or very rare and include infection at the incision site and bleeding under the skin that may cause swelling or bruising (hematoma). These complications usually appear soon after the procedure. Rates of both infection and hematoma are lower with the no-scalpel vasectomy technique than with conventional incision techniques.²

Although uncommon, another potential complication of vasectomy is severe scrotal or testicular pain that lasts for months or years (short-term pain is to be expected after vasectomy; the scrotum hurts for a few days after the procedure). The cause of pain is unknown, but may be due to pressure caused by the build-up of sperm, sperm granulomas, or nerve damage.²

Problems Reported as Complications

Problems affect men's satisfaction with vasectomy. They deserve the provider's attention. If the client reports complications of vasectomy, listen to his concerns, give advice, and, if appropriate, treat.

Bleeding or blood clots after the procedure

- Minor bleeding and small uninfected blood clots usually go away without treatment within a couple of weeks.
- Large blood clots may need to be surgically drained.
- Infected blood clots require antibiotics and possibly hospitalization.

Infection at the puncture or incision site (redness, heat, pain, pus)

- Clean the infected area with soap and water or antiseptic.
- Give oral antibiotics for 7 to 10 days.
- Ask the client to return after taking all antibiotics if the infection has not cleared.

Abscess (a pocket of pus under the skin caused by infection)

- Clean the area with antiseptic.
- Cut open (incise) and drain the abscess.
- Treat the wound.
- Give oral antibiotics for 7 to 10 days.
- Ask the client to return after taking all antibiotics if he has heat, redness, pain, or drainage of the wound.

Pain lasting for months

- Suggest elevating the scrotum with snug underwear or pants or an athletic supporter.
- Suggest soaking in warm water
- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.
- Provide antibiotics if infection is suspected.
- If pain persists and cannot be tolerated, refer for further care, which may include injection of anesthetic to numb the nerve or surgery to relieve the pressure.

¹ Peterson HB, Jeng G, Folger SG, Hillis SA, Marchbanks PA, Wilcox LS. The risk of menstrual abnormalities after tubal sterilization. U.S. Collaborative Review of Sterilization Working Group. N Engl J Med. Dec 2000;343(23):1681-1687.

² Kols A, Lande R. Vasectomy: Reaching Out to New Users. Population Reports, 2008; Series D, No. 6. Baltimore: INFO Project, Johns Hopkins Bloomberg School of Public Health.

³ Costello C, Hillis SD, Marchbanks PA, Jamieson DJ, Peterson HB. The effect of interval tubal sterilization on sexual interest and pleasure. Obstet Gynecol. Sep 2002;100(3):511-517.