Follow-Up for Sterilization Users

Routine follow-up visit post-sterilization

Female Sterilization
One follow-up visit within seven days (or at least within two weeks) after the female sterilization procedure is strongly recommended. However, no woman should be denied the procedure because follow-up would be difficult or not possible. At the follow-up visit the health care provider checks the site of the incision, looks for signs of infection, and removes any stitches. This can be done in the clinic, in the client’s home, or at any other health center.

Vasectomy
No follow-up visit is required after vasectomy. If semen analysis is available, however, a semen examination is recommended at any time after three months following the procedure to confirm whether the vasectomy is working and a back-up method of contraception is no longer needed. No man should be denied a vasectomy, however, because a follow-up semen analysis would be difficult or not possible.

Reasons to return
Both female sterilization and vasectomy users should be strongly encouraged to come to the clinic any time they have questions or problems, particularly if they:

- Have bleeding, pain, pus, heat, swelling, or redness of the puncture or incision site (or in the genital area for vasectomy users) that becomes worse or does not go away.
- Develop high fever (greater than 38º C/101º F).
- Experience fainting, persistent light-headedness, or extreme dizziness in the first four weeks and especially in the first week after the procedure (female sterilization users only).

Additionally, clients should be encouraged to come back any time the woman thinks she might be pregnant—whether it be the vasectomy user’s partner or the female sterilization user.

Annual visits may be helpful for other preventive care, but they are not required for use of vasectomy or female sterilization. Clients should be encouraged to come in for other preventive reproductive health care if available, including the provision of condoms when appropriate.
Helping users
If the client returns, providers can use the opportunity to:

- Ask how the client is doing with the method and whether he or she is satisfied. Ask if he or she has any questions or anything to discuss.

- Ask the client about any problems or concerns with the puncture or incision site, such as infection or abscess, or any bleeding or long-lasting pain (particularly for vasectomy users). Address problems or concerns as appropriate. Refer to the guidance in in the Global Handbook on managing any problems for female sterilization and vasectomy.

- Ask a long-term client if he or she has had any new health problems since the last visit, addressing problems as appropriate.

- Ask a long-term client about major life changes that may affect needs—particularly regarding STI/HIV risk—and follow up as needed.

Need for well-trained providers
Successful female sterilization and vasectomy programs require well-trained providers who exhibit:

- Care, sensitivity, and thoroughness in both informing the user about vasectomy and/or female sterilization (as well as the option of temporary methods of contraception) and in counseling to help clients make a voluntary and informed decision.

- Good clinical judgment in selecting acceptors.

- Good surgical technique and infection prevention practices.

- Knowledge of and ability to recognize current or potential problems.

- Ability to take clinical action for these problems, including knowing when (and where) to refer clients with serious complications.

Long-term success, as defined by satisfied clients, will only occur if the provider can recognize the importance of providing good follow-up care, as outlined above.

Adapted from: