# CONSENSUS STATEMENT ON FEMALE STERILIZATION TECHNIQUE

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An important strategy to ensure universal access to female sterilization is the promotion of a standard, safe, and efficient technical approach to female sterilization. We believe that minilaparotomy has advantages over the laparoscopic approach for many different contexts, particularly for low-resource countries, as it is less costly, it can be provided by nonspecialist clinicians, and the required equipment, instruments and supplies are readily available in most settings. We are dedicated to the promotion of a standard, safe, and efficient approach to female sterilization.

To that end, the following are the key consensus points on minilaparotomy for female sterilization agreed upon by the representatives of the organizations attending the "Provision of Permanent Methods of Contraception in Low-Resource Settings" symposium (Nairobi, March 11–12, 2014).

## Surgical Technique for Minilaparotomy for Female Sterilization

- Procedural steps for minilaparotomy should include client counseling, client assessment and preparation for surgery, pain management, the surgical procedure, and postoperative care and a follow-up plan.
- Modalities for delivering family planning information and services, such as through outreach and mobile services or by routine provision at static facilities, should offer clients a wide range of effective and affordable contraceptives, thus promoting full choice.
- Client counseling must be of a high standard that includes, among other steps and approaches, the provision of full and correct information about all available contraceptive methods that will enable clients to make an informed and voluntary decision. Clients should sign an informed consent form prior to the procedure.
- In all service delivery modalities, client assessment must include history taking and screening, including vital signs, to determine eligibility for minilaparotomy.
- Among several options for management of pain, the preferred option should be effective in eliminating pain, discomfort, and anxiety, with minimal side effects. The recommended regimen is a combination of both pharmacological and nonpharmacological techniques.
- General anesthesia for pain management is recommended only in special circumstances and must be used at a facility with the capacity to provide and offer adequate monitoring care for it.
- The modified Pomeroy technique is the recommended approach for occluding the fallopian tubes.
- The tubal hook is sufficient for retrieving the tubes; providers can utilize a uterine elevator to access the tube if they have been adequately trained and coached in the method.
- Postoperative care and follow-up of clients must include managing pain, monitoring the client's vital signs, providing postprocedure instructions upon discharge, and developing a follow-up plan.
- Up-to-date infection prevention practices must be followed at all times, irrespective of the setting; routine use of antibiotics is not recommended.
- Clear guidelines on the number of procedures that a provider can perform per day must be in place, with mechanisms to ensure that they are adhered to, particularly during outreach or on special service delivery days.
- Irrespective of the service delivery modality, the surgical team should ensure good documentation of informed consent, the client's condition, the procedure and recovery, and any complications encountered.