

Female Sterilization (Tubal Ligation)

What is female sterilization?

- Female sterilization is a form of birth control in which a woman's fallopian tubes are surgically closed. Normally, the fallopian tubes carry the eggs to the uterus. Closing the tubes with surgery prevents pregnancy because it prevents sperm from reaching and fertilizing an egg.
- It is important to realize that sterilization is usually permanent and may not be reversed though a second operation. However, if the fallopian tubes are clamped or tied, a woman may possibly become fertile again through the use of microsurgery.
- A woman also becomes sterile if her uterus is removed (a hysterectomy). A woman cannot become fertile again after a hysterectomy.

When is it used?

Doctors generally recommend sterilization only in the following situations:

- A couple has had as many children as they want.
- Your life may be endangered by pregnancy.
- There is a high risk of passing on a serious hereditary disease.

In the U.S. nearly one in every four married women between the age of 15 and 44 chooses sterilization as a means of birth control.

How do I prepare for sterilization?

- The doctor examines you and asks about your medical history, especially any problems related to your reproductive system. The doctor may also ask you some questions to find out whether you are sure you want permanent sterilization.
- Be sure to tell the doctor if you've ever had an allergic reaction to any local or general anesthesia.

What happens during the procedure?

- Laparoscopy and minilaparotomy are the most common procedures used to seal the tubes. These surgeries may require an overnight hospital stay, but often they are done at an outpatient surgery center. Surgery is done under local or general anesthetic.
- For a laparoscopy, the doctor makes one or two small incisions in the abdomen. One is made just below the navel and the other in the pubic hair area. The doctor inserts an instrument called a laparoscope through one of the incisions. Using the laparoscope to see inside the abdomen, the doctor inserts an operating instrument through the other small incision to cut, tie, burn, or clamp the fallopian tubes.
- A minilaparotomy is most often done after delivery of a baby because the position of the uterus makes it easy for the doctor to reach the fallopian tubes. A minilaparotomy requires only one incision. The incision must be large enough for the surgeon to see inside the abdomen and to put an instrument through to cut, tie, clamp, or burn the fallopian tubes.
- A hysterectomy is an operation to remove all or part of the uterus. Sometimes the ovaries and fallopian tubes are also removed; this is called an oophorectomy. Doctors do not recommend a hysterectomy unless there are reasons other than sterilization for having it.

What happens after the surgical closing of the tubes?

- You may feel some pain or discomfort for 24 to 48 hours after a laparoscopy or minilaparotomy. The doctor may suggest that you rest in bed for 24 to 48 hours and take acetaminophen for pain.
- The doctor will want to see you again to be sure that you are healing properly, usually around 2 weeks after your surgery.
- If you were using birth control pills before the sterilization, you may notice menstrual changes after the procedure. These menstrual changes are not caused by the surgery. They occur because you are no longer taking the birth control pills.

What are the benefits of this procedure?

- Sealing of the fallopian tubes almost always results in permanent sterilization and is a very reliable form of birth control.

What are the risks associated with this procedure?

- Complications after sterilization are rare. In some cases, an ectopic pregnancy (pregnancy outside the uterus) may occur, particularly if the fallopian tubes were burned. Other risks include infection, possible bleeding, and scar tissue formation (adhesions).

When should I call the doctor?

- Call the doctor immediately if:
 - You develop a fever.
 - You have bleeding or discharge from the vagina.
 - You are bleeding around the surgical site.
 - You notice a green or yellow discharge from the surgical site.
 - You develop redness or tenderness around the surgical site.
- Call the doctor during office hours if:
 - You have questions about the procedure or its result.
 - You want to make another appointment.