

# Tubal Ligation (Female Sterilization)

## What is tubal ligation?

Tubal ligation is a way to prevent pregnancy by surgically closing a woman's fallopian tubes. It is considered to be a permanent type of sterilization for women.

Normally, the fallopian tubes carry the eggs from the ovaries to the uterus. Tubal ligation closes the tubes. It prevents pregnancy because it stops sperm from reaching and fertilizing eggs when you have sex. It also prevents eggs from reaching the inside of the uterus (womb).

People often refer to this procedure as "having your tubes tied."

Although tubal ligation protects you against pregnancy, it does not protect you from sexually transmitted diseases such as syphilis, gonorrhea, herpes, and HIV. You should still think about safe sex practices and consider using male or female condoms when you have sex to protect yourself against infection.

## When is it used?

Healthcare providers generally recommend a permanent form of birth control, such as tubal ligation, only if:

- You do not want to have any more pregnancies.
- Being pregnant might be dangerous for you.
- You have a high risk of passing on a serious genetic disease.
- You cannot use other birth control methods.

Examples of alternatives are:

- Having another form of tubal sterilization, such as a hysteroscopy to put a blocking device into the opening of the tubes inside the uterus
- Trying other forms of birth control such as hormones, an IUD, or condoms
- Having your partner get a vasectomy ("tying his tubes")

You should ask your healthcare provider about these choices. You should have this procedure only if you are sure you do not want to become pregnant again.

## How do I prepare for this procedure?

Be sure to tell your provider if you have ever had an allergic reaction to an anesthetic.

Plan ahead for your care and recovery after the operation. Find someone to drive you home after the surgery. It's important to allow enough time to heal and rest after your surgery. Try to find other people to help you with your day-to-day duties. It may take a week or longer to fully recover from the surgery.

Follow your healthcare provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For these reasons, if you are a

smoker, you should quit at least 2 weeks before the procedure although it would best to stop 6 to 8 weeks before surgery.

Follow any other instructions your provider gives you. If you are to have general anesthesia, eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning of the procedure. Do not even drink coffee, tea, or water.

## **What happens during the procedure?**

Laparoscopy and mini-laparotomy are the procedures most often used to close the tubes. These surgeries may be done in a clinic, healthcare provider's office, hospital, or surgical center. Usually you can go home the day you have the surgery.

Before the surgery begins you are given a regional or general anesthetic. A regional anesthetic numbs part of your body, preventing you from feeling pain while you remain awake. A general anesthetic relaxes your muscles, puts you to sleep, and prevents you from feeling pain.

For a laparoscopy, your abdominal cavity is first inflated with carbon dioxide gas. This helps your healthcare provider see your organs. Your provider then makes 1 or more small cuts (incisions) in your abdomen. One is made just below the belly button and often another one is made in the pubic area. Your provider puts a thin tube with a light and tiny camera, called a laparoscope, through one of the cuts. Using the scope to see inside the abdomen, your provider inserts a tool through the other incision to cut and close the fallopian tubes. The tubes may be closed with tying, sealing with an electric current (electrocautery), or using clamps, clips, or rings. Your provider then releases most of the gas through the tube of the laparoscope, removes the scope and any other tools, and sews up the small cuts in your abdomen.

If you have just had a normal vaginal delivery of a baby, the operation may be done while you are still in the hospital after the birth. Recovery isn't much different from getting over the delivery itself. A mini-laparotomy is most often done after delivery of a baby. The position of the uterus at this time makes it easy for your provider to reach the fallopian tubes. A mini-laparotomy requires only 1 cut just below the belly button. The cut must be large enough for your provider to see inside the abdomen and locate the tubes so he or she can cut, and tie, burn, or clamp the tubes.

If you have a baby by C-section, the tubal ligation can be done during the same surgery.

## **What happens after the procedure?**

The anesthetic may cause temporary sleepiness or grogginess. You may have some shoulder pain, feel bloated, or have a mild change in bowel habits for a few days. You may not be able to urinate right away. Your provider may put a catheter (a small tube) into your bladder through the urethra (the tube from the bladder to the outside) to drain your bladder.

You may have some pain after the procedure. You should be able to control this with pain medicine and it should get better over several days.

If you were using birth control pills before the tubal ligation, you may notice menstrual changes after the procedure. These menstrual changes are not usually caused by the surgery. They happen because you are no longer taking birth control pills. Tell your healthcare provider if your menstrual periods do not return to a regular pattern within 3 months after this procedure.

If you change your mind and later want to become pregnant, it may be difficult to reverse the effects of the operation--that is, unblock your tubes. If the fallopian tubes were clamped or tied, you may be able to become fertile again with the use of microsurgery, but tubal reversal is difficult, expensive, and often not successful. It is best to use tubal ligation as a permanent method of birth control.

Ask your healthcare provider:

- How long it will take to recover
- What activities you should avoid and when you can return to your normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

### **What are the benefits of this procedure?**

- Closing of the fallopian tubes almost always results in lifelong sterilization. It is a very reliable form of birth control and works over 99% of the time.
- Blocking of the tubes may also help to prevent a serious infection called pelvic inflammatory disease (PID).
- You will be protected from pregnancy at all times, so you will not need to interrupt sex to use other protection such as the insertion of a birth control device or spermicide. You do not have to take a daily pill or get shots for birth control.

### **What are the risks of this procedure?**

Your healthcare provider will explain the procedure and any risks. Some possible risks include:

- Anesthesia has some risks. Discuss these risks with your healthcare provider.
- The abdominal organs such as the bowel and bladder, nerves, or blood vessels may be damaged. You may need to have them repaired during this procedure or with a separate operation.
- The cuts in the abdominal wall may become inflamed or infected, or the cuts may open up.
- You may have an internal infection or bleeding that may require getting blood, antibiotics, or additional surgery.

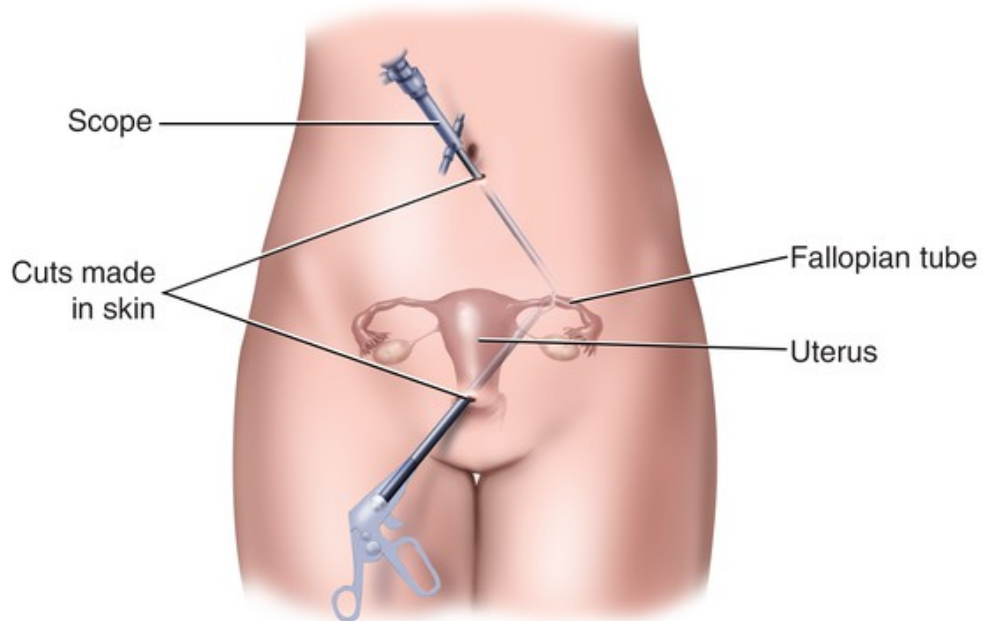
- Even though tubal ligation is considered permanent sterilization, there is a slight possibility (less than 1%) that you could get pregnant. If you have had a tubal ligation and you get pregnant, the chances of the pregnancy implanting outside the uterus (usually in the tubes) is high. You may then need surgery to remove the pregnancy from your tubes. Be sure to tell your provider if you think you might be pregnant after this procedure.

There is risk with every treatment or procedure. Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

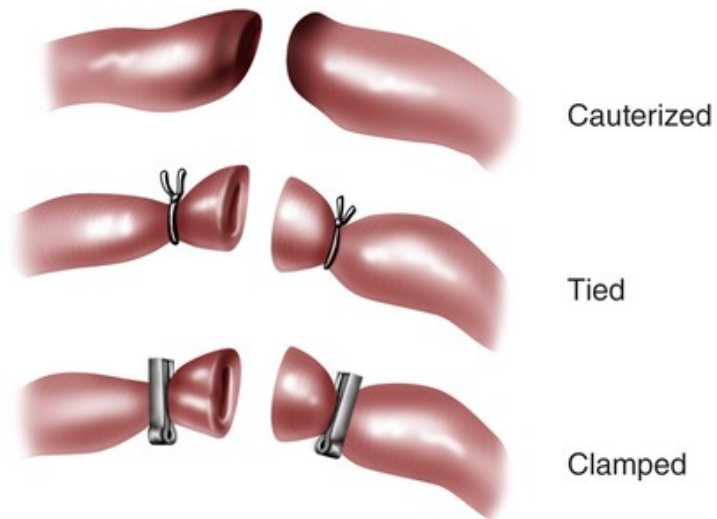
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# Tubal Ligation



Two small cuts are made. A scope for seeing inside the abdomen is put into one of the cuts. A tool for working on the tubes is put through the other cut.



Both fallopian tubes are cut. The cut ends can then be burned (cauterized), tied, or clamped shut.

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