

## Tubal Sterilization for Women: “Getting Your Tubes Tied”

### *What is tubal (surgical) sterilization?*

Sterilization, commonly referred to as “Getting your tubes tied,” is a permanent method of contraception that requires an operation. Tubal sterilization procedures block the fallopian tubes (the tubes that carry the egg from the ovary to the uterus). The blockage in the tubes stops sperm from reaching the egg and prevents pregnancy.

Female sterilization is performed under general (asleep) or regional anesthesia (awake but numb). The surgeon cuts or blocks the tubes with clips, rings, or electrical current. Most procedures are done using an instrument called a laparoscope. A laparoscope has a one half inch-wide telescope that allows your doctor to see your fallopian tubes. Your doctor inserts the laparoscope through a small incision usually made in your navel (belly button).

Most sterilizations are performed as “same day” surgeries outside the hospital in a special clinic or center. Some women have the operation while still in the hospital after having a baby. Other women choose a time unrelated to childbirth.

### *Is it safe?*

Female sterilization is a very safe operation. Serious side effects are rare. However, general anesthesia (which temporarily puts you to sleep) or regional anesthesia always carries some risk. Before the operation, your clinician will discuss the risks and benefits of this and other methods of birth control.

### *What are the benefits of sterilization?*

Tubal sterilization is convenient, long lasting, and highly effective. Scientists also have found that sterilization helps protect women against getting cancer of the ovaries, although the reasons for this are not clear. Another benefit that many couples report is more frequent/enjoyable sexual activity because they do not worry about pregnancy. Tubal sterilization does not increase a woman’s risk of any type of cancer or make it more likely she will have premenstrual syndrome (PMS), menstrual changes, or pelvic discomfort.

### *How do I know if sterilization is right for me?*

If you are sure you do not want any more children, this contraceptive may be a good choice. You may want to discuss male sterilization (vasectomy) with your partner because it is simpler, safer, and less expensive than female sterilization.

Although you may have heard that the operations can be “reversed,” sterilization should be considered permanent. Only a small number of operations are successfully reversed. Women who cannot be absolutely sure that they never want any more children in the future, regardless of any possible changes in personal, social, or financial circumstances, should not choose sterilization. Ideally, a woman and her partner will discuss their contraceptive needs with each other and with their health care provider.

### *How sure can I be that I won’t get pregnant?*

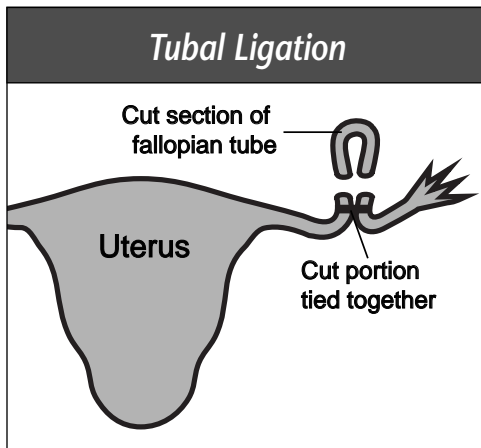
Tubal sterilization is one of the most highly effective methods of birth control currently available. Nevertheless, about 2% of women overall will get pregnant within 10 years after their operations. About one out of three of these pregnancies happen inside the fallopian tube (ectopic or tubal pregnancy), which can be dangerous.

A few women may get pregnant long after their operation. The youngest women (those ages 18 to 27 years when sterilized) have the highest risk. Therefore, women should continue to be alert for possible signs and symptoms of pregnancy, even years after the operation. If you suspect you might be pregnant, contact your health care provider.



## Types of Tubal Sterilization

The type of sterilization procedure chosen by your doctor depends on many factors, including your medical history.



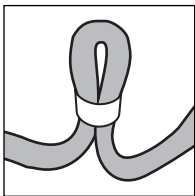
### Postpartum tubal ligation

Postpartum tubal ligation is done in the hospital after the delivery of a baby. A small cut is made in or near the belly button to reach the fallopian tubes. A part of each tube is cut and tied or stitched with special medical thread.

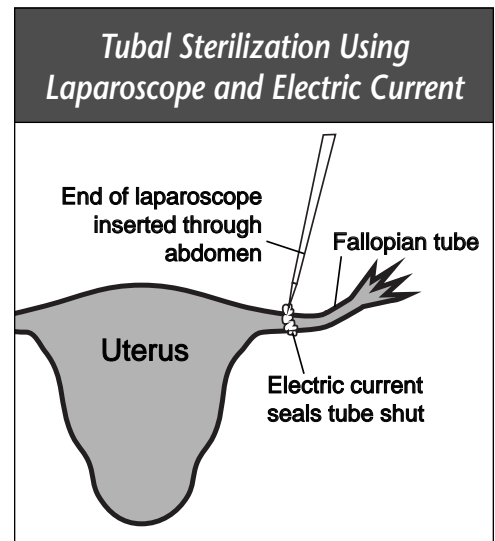
### Bipolar coagulation

This common type of female sterilization uses carefully controlled electrical current to seal the tubes shut. The surgeon makes a tiny incision in the abdomen and then inserts the laparoscope to see the fallopian tubes. Another instrument is used to apply the electrical current.

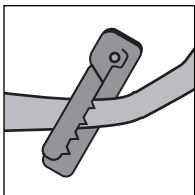
### Silicone band (tubal ring)



An elastic band is slipped over a small fold of the fallopian tube, clamping it shut. Using a laparoscope and a tiny incision, the surgeon inserts an applicator to stretch the ring, pick up a loop of the tube, and place the ring over the loop.

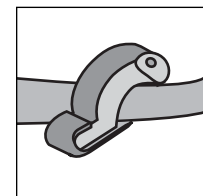


### Spring clips



Two types of spring clips are available in the United States. In one, a small-toothed clamp, like a clothespin, is placed over the fallopian tube and held closed by its spring clip.

In the other, a rounded clamp is closed over the fallopian tube and the clamp's plastic liner expands to keep the tube closed as it flattens. Both these clips are applied by the surgeon using a laparoscope.



In one type of sterilization, tiny spiral coils are put in the tubes by way of the vagina and through the cervix (no cut is made in your abdomen). The coils create scar tissue and block the tubes. This type of sterilization is new in the United States. Speak with your clinician about whether he or she offers this type of procedure.