

Tubal Ligation (Female Surgical Sterilization)

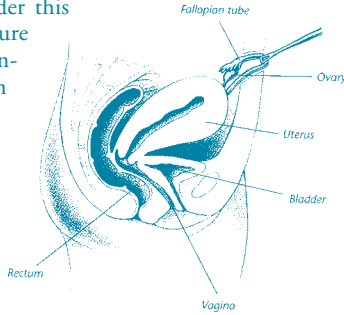
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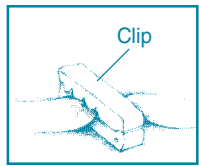
TUBAL LIGATION (FEMALE SURGICAL STERILIZATION)

Tubal ligation is an operation to stop a woman from getting pregnant. It is PERMANENT. Therefore, you should only consider this procedure if you are sure you will never want another child. The Fallopian tubes, which carry the eggs from the ovary to the womb (uterus), are burned, clipped, cut or tied (the tubes are sealed). The tubes are therefore closed so the sperm and egg do not meet. The egg then dissolves and is absorbed by the body.



THE OPERATION

Sterilization may be done with a method called *Laparoscopy* or another one called *Minilaparotomy*. It can also be done at the time of a caesarean section or after the delivery of a baby. Both methods have similar success rates and risks. Both can be done as outpatient procedures, which means you can go home the same day. The patient is usually put to sleep with a general anaesthetic, but local freezing is sometimes used. At laparoscopy, the doctor uses a lighted telescope (called laparoscope), which is placed through a cut under the belly button, to look at the uterus, tubes, ovaries and other organs. A second instrument



is placed through a cut above the pubic bone using specialized instruments. The tubes are blocked by clips, rings (band) or burning with an electrical current. It is sometimes necessary to make a larger incision in the lower abdomen to block the tubes with clips, burning or cutting and tying. It takes about 30 minutes.

The surgery has few side effects and the patient can usually go home the day of the surgery. The patient cannot drive a car and will need to go home with someone. Recovery usually takes two to five days. However, recovery can take longer.



Tubal ligation is considered permanent. Surgery to attempt a reversal of the sterilization is expensive and may not work. Before deciding to have tubal ligation, a woman (and

her partner) must be sure they do not want any more children. If there are any doubts about having more children, it is wise to consider other methods of birth control.

AFTER THE SURGERY

Speed of recovery from the surgery depends on your pain tolerance, the type of anaesthesia used, and your overall healing ability. You may have slight abdominal pain and tiredness. Less often, you may feel dizzy or nauseous or have shoulder pain, abdominal cramps, a gassy or bloated feeling, or general fatigue. If you had general anaesthesia, you may have a sore throat. You should not drive your car for 24 hours after the general anaesthetic. There are no other restrictions.

Most or all of these symptoms usually go away within two to five days, and most women return to their usual routines a couple of days after surgery. After that time you may feel tired later in the day, have slight soreness over the incision, and have minor changes in bowel movements. Your discomfort can usually be relieved with mild pain medication.

Sterilization in women is effective right away. Birth control is no longer needed. However, sterilization does not prevent sexually transmitted diseases (STD's). The procedure does not affect the menstrual cycle or your ability to enjoy sex.

You will still have periods after surgery. If there are menstrual changes following tubal ligation, this is probably because of aging or stopping birth control pills, but not because of the surgery. Tubal ligation will not cause hormonal changes.

WHAT IF TUBAL LIGATION FAILS?

It is possible to become pregnant following tubal ligation. The failure rate is low at 2-10/per 1,000 women. There is no 100% guarantee for any form of tubal ligation. Should you become pregnant, you will usually have a normal pregnancy. However, you have a higher chance of a tubal pregnancy (ectopic). Signs that you have a tubal pregnancy are pain on one or both sides of the lower abdomen; pain and spotting after a missed period; a very light period; or feeling faint or dizzy with pressure on the bowels. Should you have any of these signs after a tubal ligation, you should seek medical help as soon as possible.

OTHER POINTS TO NOTE

You are making a permanent decision not to have any more babies and you must be careful making this decision. Taking time after a pregnancy to make this decision is often recommended.

If, as a couple, you choose a permanent form of birth control, your partner can consider having a vasectomy. A vasectomy can be done in a doctor's office or in a clinic with local anaesthetic. For a vasectomy, the doctor cuts and ties the tubes (vas

deferens) that lead from the testes. This prevents sperm from being released.

SOME COMMONLY ASKED QUESTIONS ABOUT TUBAL LIGATION

Your doctor wants you to be sure that you understand your choices for birth control. Tubal ligation is a permanent step. Therefore, you should not have this performed unless you are sure you will never want another child. If anything is not clear to you or if you have any concerns about the procedure, it is important that you discuss these issues with your doctor. You should feel that all your questions have been answered fully and you are comfortable with your decision. Please ask your doctor any questions about anything that is not clear to you.

1. What are the complications of tubal ligation?

Bleeding, infection or reaction to anaesthetic may occur. Damage to organs, including the bowel, bladder, uterus, ovaries, blood vessels and nerves can also occur. These develop in 1 to 4% of cases. One in 1,000 cases may involve surgery to repair a major blood vessel or a temporary colostomy. It may take emergency surgery, blood transfusions, or a larger incision to fix any injuries and to complete the operation safely. Some injuries may not appear for several days and will require another operation. Although rare, deaths have also been reported in tubal ligation.

2. How will I feel after?

You may feel tired and have mild abdominal pain for a few days after surgery. You may feel some of the following discomforts or have some of these symptoms for a few days after surgery:

- mild nausea from the medications or the procedure;
- pain in your neck and shoulder;
- pain in the incisions; a scratchy throat (if a breathing tube was placed in your throat during general anaesthesia);
- cramps (like menstrual cramps);
- discharge (like a menstrual flow), tiredness and achiness;
- swollen abdomen.

3. How soon can I go back to work?

Most patients can resume all their normal activities after two to five days.

4. How soon can I have sex?

Intercourse can resume when you feel comfortable, usually after four to seven days.

5. What is the failure rate?

Up to 1% of women can become pregnant after tubal ligation.

6. Will sterilization decrease my sexual pleasure?

No. Most women feel a certain freedom as they no longer have to fear an unwanted pregnancy. Many men and women report less concern about unwanted pregnancy. This may increase sexual pleasure.

7. Do I need my husband's or partner's consent?

No. However, discussing the operation beforehand is usually best for most relationships.

CONSENT FOR PERMANENT SURGICAL STERILIZATION

Date _____

I, _____
request permanent surgical sterilization. My doctor has discussed with me surgical sterilization and other methods of birth control. I am satisfied that I understand my choices and the advantages and risks of tubal ligation, including the risks of the surgery, the fact that it is permanent and involves a risk of failure. I have read and I understand the information in this brochure.

Signature _____

Witness _____

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