

Tubal Ligation (Female Sterilization)

(Version française disponible)

What is tubal ligation?

Tubal ligation is a permanent way to prevent pregnancy by surgically closing a woman's fallopian tubes. It is a 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.

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

When is it used?

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

- You have had as many children as you want.
- 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
- Having your partner get a vasectomy

You should ask your provider about these choices.

You should have this procedure only if you are sure you do not want to become pregnant again.

It is very hard to reverse this procedure if later you decide that you want to get pregnant. There is also an increased risk of tubal (ectopic) pregnancy after a reversal of tubal ligation.

How do I prepare for tubal ligation?

Your healthcare provider may do a pregnancy test before the surgery.

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

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery. Allow for time to rest. Try to find other people to help you with your day-to-day duties.

Smokers heal more slowly after surgery. Follow your provider's instructions about not smoking before and after the procedure. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

Follow any other instructions provided by your healthcare provider.
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 before 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 are done in a hospital.

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 2 small cuts (incisions) in your abdomen. One is made just below the navel and the other 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 tie the fallopian tubes.

The tubes may be closed in other ways, such as 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 cuts.

A minilaparotomy 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 minilaparotomy requires only 1 cut. The incision must be large enough for your provider to see inside the abdomen and to insert a tool to cut, tie, burn, or clamp your tubes.

What happens after the procedure?

You may feel some pain or discomfort for 1 to 2 days after a laparoscopy or mini-laparotomy.

If you had a laparoscopy, you may have some shoulder pain, feel bloated, or have a change in bowel habits for a few days. Your healthcare provider may suggest that you:

- Rest in bed during this time.
- Take acetaminophen for pain.

You should avoid heavy activity such as lifting. Ask your healthcare provider how much you can lift, what other steps you should take, and when you should come back for a checkup.

If you were using birth control pills before the tubal ligation, 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.

In some cases, if you change your mind and later choose to become pregnant, it may be possible to reverse the operation.

If the fallopian tubes were clamped or tied, you may possibly be able to become fertile again with the use of microsurgery.

However, tubal reversal is difficult, expensive, and often not successful. It is best to use tubal ligation as a permanent method of birth control.

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.
- Blocking of the tubes may also help to prevent a serious infection called pelvic inflammatory disease (PID).
- Sexual intercourse does not need to be interrupted by 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 and disadvantages of this procedure?

- Complications after tubal ligation are rare.
- There are some risks when you have general anesthesia. Discuss these risks with your healthcare provider.
- A regional anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. In most cases regional anesthesia is considered safer than general anesthesia.
- The abdominal organs, glands, intestines, or blood vessels may be damaged. You may need abdominal surgery to repair them.
- The lining of the abdominal wall may become inflamed.
- A blood clot may break off, enter the bloodstream, and clog an artery in the lung, pelvis, or legs. Rarely, a clot may break off and clog an artery in the heart or brain, causing a heart attack or stroke.
- Scar tissue (adhesions) may form on the pelvic organs.
- You may develop an infection or bleeding.
- Even though tubal ligation is considered permanent sterilization, there is a slight possibility that a woman who has had a tubal ligation could get pregnant. If you have had a tubal ligation and you get pregnant, the chances are very high that the pregnancy is outside the uterus. You will then need surgery to remove the pregnancy.

Tubal ligation does not protect you against AIDS or other sexually transmitted diseases. Latex or polyurethane condoms are the only safe way to protect against sexually transmitted infection.

You should ask your healthcare provider how these risks apply to you.

When should I call my healthcare provider?

Call your provider right away if:

- You have a fever over 100°F (38°C).
- 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.
- You have nausea and vomiting.
- You become short of breath.

- You become dizzy or faint.
- You have chest pain.
- You have abdominal pain or swelling that gets worse.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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