

How can you get a tubal sterilization?

A tubal sterilization requires a physical exam and counseling by a qualified health care provider prior to the surgery. If the surgery is paid for by federal or state funds, a 30-day waiting period is required. Call your local family planning clinic for information.

Female Sterilization

How female sterilization works

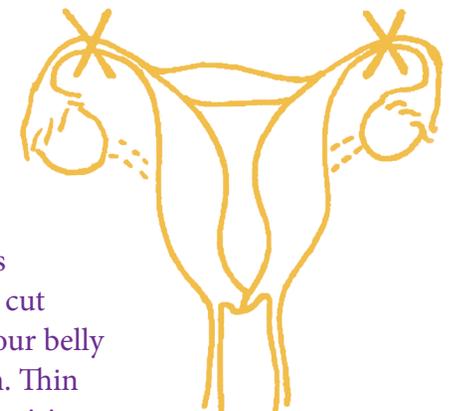
Female sterilization is often called “having your tubes tied.” It is a procedure that blocks the fallopian tubes so the egg cannot move down to the uterus and the sperm cannot reach the egg. Sterilization is considered a permanent (not reversible) method of birth control and should be chosen only if you are sure that you do not want children in the future.

Tubal sterilization does not remove any organs; it only affects the fallopian tubes. After a tubal sterilization, a woman will still produce female hormones and have periods, and there should be no changes in her sexual desire, sexual response or orgasm.

How sterilization is done

Two female sterilization (or tubal ligation) procedures are available.

The first procedure is an operation that can be done in a clinic or hospital with either a local (awake) or general anesthetic (asleep). It takes about 30 minutes to do the procedure. A very small cut (incision) is made either beside your belly button or lower on your abdomen. Thin instruments are put through the incision to cut, block, or tie off the fallopian tubes. Because



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of the tiny incision and the short time of surgery, you can usually go home the same day.

You may feel pain or soreness in the abdomen for 2-3 days, or have a sore throat or headache from the anesthesia. Most women have no other problems and feel back to normal within a week. You can have sex as soon as you feel comfortable after sterilization.

The second procedure, transcervical sterilization is a less invasive procedure conducted by a trained provider who places a soft, flexible device into each fallopian tube to prevent the joining of sperm and an egg (fertilization). This device is routed through the vagina, cervix and uterus using a small scope. There are no incisions, punctures, or tying of tubes. The average procedure time is also about 30 minutes and a local anesthesia and/or intravenous sedation are recommended. This procedure can be performed in a clinical/office setting. The woman must return three months after the sterilization for a procedure to check that the tubes are completely closed.

You can have a tubal ligation immediately after childbirth or at any time during the menstrual cycle.

Effectiveness

Female sterilization is in the Tier 1 level of contraceptive effectiveness and is a very effective, permanent method of birth control. Only 5 women out of 1,000 become pregnant after tubal ligation.

A tubal sterilization can fail if the tubes were not blocked completely during the surgery or the ends of the tubes join together again after the surgery. Sometimes a woman is already pregnant at the time of surgery.

GENERAL REFERENCE: Contraceptive Technology (CT): 20th Rev. Ed., 2011 and CT Update (monthly newsletter).

Benefits

Female sterilization surgery gives excellent protection from pregnancy forever. Some people report an increase in sexual desire because they no longer worry about unintended pregnancy. It is safe and private; a partner's involvement is not required for sterilization.

Potential side effects or disadvantages

Female sterilization is expensive if you do not have insurance or financial support. Medicaid and other state funds may pay for tubal sterilization. Tubal sterilization is considered permanent and irreversible. Even though it is possible with advanced surgery to reconnect the tubes, there is no guarantee this will result in a future pregnancy. Reconnection surgery can be very expensive and is not covered by Medicaid.

Female sterilization will not provide protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

Potential risks

As with any surgery, there is a small chance you might have problems with sterilization. If you are considering sterilization, your health care provider will review any health problems you may have and help you decide if sterilization is for you. Local anesthesia is safer and less expensive than general or spinal anesthesia. Some women regret having had a sterilization procedure, especially if they are in an unstable relationship, are very young or have no children at the time of the surgery.