



FEMALE STERILIZATION

WHAT IS FEMALE STERILIZATION?

Female sterilization is also known as a "tubal ligation," or having your tubes tied. During female sterilization (a "tubal"), the tubes are blocked or a tubal segment is removed so that the egg and sperm cannot meet.

A tubal does not remove any organs. It is not a hysterectomy. A tubal does not cause menopause ("the change of life"). After a tubal, a woman's ovaries still produce female hormones. She will continue to have monthly periods and her sex drive and her ability to have sex will remain the same. The operation will not change a woman's skin, breasts, or weight. The only change is that you cannot become pregnant.

HOW DOES IT WORK?

A tubal is an operation that is usually done in a clinic or a hospital. It usually takes no more than 30 minutes. It is made up of two parts: reaching the tubes and blocking them. It may be done soon after delivery (postpartum) or at a time remote from delivery (interval sterilization).

REACHING THE TUBES

There are several ways the doctor can reach the tubes. These are the most common ways:

- **Laparoscopy:** The laparoscope is a long, thin instrument. The doctor puts the laparoscope through a small cut right on the edge of the belly button; then a harmless gas is put into the abdomen to puff it out. This is done to keep other organs out of the way. Through the laparoscope, the doctor can see the tubes and reach them to block them.
- **Minilaparotomy:** After delivery, the tubes are high in the abdomen and easy to reach. The doctor reaches the tubes by making a small cut right below the belly button. If the procedure is done at a time remote from delivery, the incision is made just above the pubic hair because the tubes are lower in the pelvis.

BLOCKING THE TUBES

The doctor can block the tubes by placing bands or clips on them, by tying and cutting them, or by applying an electric current to heat and block them with scars. You can also have an Essure method which does not require an incision and blocks tubes with a small coil. There are advantages and disadvantages to each of these methods.

WILL THE OPERATION AFFECT MY FEMININITY?

No. Your body will continue to produce the hormones that make you a woman. There will be no change in your skin or your breasts. You will not have menopause (the "change of life") any earlier. The operation will not cause you to gain weight.

HOW WILL IT AFFECT ME SEXUALLY?

Probably not at all. Your sexual drive will not change. The wetness in your vagina will remain the same. Some women say that without the worry of accidental pregnancy and the bother of other family planning methods, they and their partner find sex more pleasurable and spontaneous.

HOW WILL IT AFFECT ME EMOTIONALLY?

The decision to end your fertility is not a simple one. You may sometimes feel a little sad about ending the part of your life involved with creating a family. You may feel that you are getting older or may have a twinge when you see a baby. These feelings usually pass in time, as you go on to the next stages of your life.

On the other hand, you may feel relieved that the worry about pregnancy is over. You may feel freer and more spontaneous. You may be better able to concentrate on yourself, your children, your job, your partner, and your future.

WILL A TUBAL PROTECT ME FROM GETTING OR PASSING ON SEXUALLY TRANSMITTED DISEASES, INCLUDING AIDS?

No. A tubal will protect you against pregnancy. If you are at risk of disease because your partner has a sexually transmitted disease, or because you have many sex partners, or if you have a sexually transmitted disease you can pass on, the best way to protect yourself and your partner is by using condoms.

CAN A TUBAL BE REVERSED?

Reversibility depends upon the amount of damage done to the tubes when they were blocked and the place on the tubes where they were blocked. It also depends upon the blocking method used for the tubal, as well as the skill of the surgeon doing the reversal. If you are thinking about reversal, discuss your feelings with your doctor.

Even with improvements in surgical technique, you cannot count on the successful reversal of your tubal. The chance that the average woman seeking reversal will have a pregnancy is much smaller than many published success rates suggest. The

reversal operation is more difficult and far more expensive than a tubal. If you are seriously thinking about reversal now, a tubal may not be the right step for you at this time.

WILL THE OPERATION HURT?

Before the operation, you may be given a mild sedative to relax you. Then you will be given an anesthetic so that you will not feel pain during the operation.

WHAT KIND OF ANESTHESIA IS USED?

Sometimes the operation is done under general anesthesia that puts you to sleep. The operation can also be done under local anesthesia while you are awake. Another kind of anesthesia used less often is spinal anesthesia, which makes you numb from the waist down.

Local anesthesia is safer and less expensive than general or spinal anesthesia. The decision about which anesthesia to have depends upon what you and your doctor decide is best for you.

WHEN CAN I HAVE A TUBAL?

You may choose to have a tubal right after having a baby by vaginal delivery (postpartum), at the time of cesarean birth (postpartum), after an abortion (postabortion), or at any time during your menstrual cycle (interval).

Postpartum sterilization is convenient because you are already in the hospital. On the other hand, a seemingly healthy new baby can develop a problem in the weeks following birth. If you are interested in a postpartum tubal, talk to your doctor long before your due date. If your tubal is paid for with federal funds, or if you live in some states and cities, there is a waiting period between the time you sign the consent form and the time the tubal is done. You want to make sure that these requirements are met in case you deliver early.

ARE THERE ANY RISKS TO THE OPERATION?

Like other operations, a tubal involves some risk, including a small risk of death, but the chance of serious problems is small. Some medical problems can occur during or after the operation; however, these problems do not happen often and can be treated:

- You may have a serious complication from general anesthesia.
- In rare cases, you may suffer an injury to an organ like the bowel, bladder, or artery or vein in the abdomen. Sometimes these are not recognized at the time of surgery.
- You may bleed inside the belly, or from the cut(s) made on the skin.
- You may develop an infection inside the belly or near the stitches.

DOES A TUBAL EVER FAIL?

Yes, rarely. There is a very small chance, less than 2%, that you could become pregnant after a tubal.

A tubal can fail if the tubes were not blocked completely during surgery. Sometimes, the cut ends of the tube join together by themselves. Sometimes a woman was already pregnant at the time the operation was done.

In the few cases when a pregnancy does happen, there is a chance that it will be a tubal (ectopic) pregnancy. A tubal pregnancy is when the fetus grows in the fallopian tube instead of the uterus. If you think you are pregnant after you have had a sterilization, call your doctor right away, because a tubal pregnancy is dangerous and needs emergency medical care.

HOW MUCH WILL THE OPERATION COST? HOW CAN I PAY FOR IT?

The total cost will include doctor's fees, medical tests, counseling, hospital or clinic fees, medication, anesthesia, and a follow-up checkup. Costs vary from doctor-to-doctor and in different parts of the country. The doctor, clinic, or hospital should tell you in advance how much the operation will cost. Operations that do not require an overnight stay in the hospital are less expensive. General and spinal anesthesia may be more expensive than local anesthesia.

Many insurance companies pay for sterilization, but check with your own company to make sure. You might arrange payment through medical insurance, Medicaid, or a military plan. You also might look for a family planning clinic in your area. Clinics usually charge less than private doctors, and they sometimes offer fees based on income. For information about help with payment, contact your local board of social services or welfare office.

HOW LONG WILL IT TAKE ME TO GET BACK TO NORMAL?

After the operation you will rest in the recovery room for a while. If you have had local anesthesia, you should be able to go home after about an hour. If you have had general or spinal anesthesia, you will be asked to stay longer.

You may have body aches and some soreness around your incision for a few days. If you have had general anesthesia, you may have a sore throat from the tube placed in your throat to help you breathe. If you have had laparoscopy, you may have some discomfort from the gas. A mild pain reliever can usually provide relief from whatever discomfort you have.

WILL I HAVE TO TAKE TIME OFF FROM WORK OR HOUSEHOLD DUTIES?

You will want to take it easy for a few days. You should not lift anything heavy or do any hard work for at least a week. Most women recover fully in a week.

WILL I BE STERILE RIGHT AFTER THE TUBAL?

Yes.

HOW SOON AFTER THE OPERATION CAN I HAVE SEX?

You can have sex as soon as you are comfortable.

WILL I HAVE SCARS FROM THE TUBAL?

The scars are very small. Many women say they cannot be seen at all.

HOW WILL A TUBAL AFFECT MENSTRUATION?

You will continue to have your periods as before. Most women report no change in their periods. If you notice changes, it is not necessarily because of the operation. If you used the pill or the IUD before having a tubal, your bleeding may change (when you stop using these methods, your periods may seem heavier or lighter).

Menstruation may change with age and childbearing. Your periods may become different even if you do not have a tubal. Many women report their periods become lighter after a tubal, but more irregular.

You may not remember your periods accurately. Some women report a slight increase in cramping with their periods after they have had a tubal. There is no increased risk of a future hysterectomy if you have a tubal.

HOW CAN I DECIDE?

Consider temporary methods of family planning like the pill, the IUD, the diaphragm, foam, and the condom. They may meet your needs. Discuss the subject with your partner. You do not need the consent of your partner to have this operation, but it is a good idea for couples to make the decision together. You may want to consider vasectomy for your partner. It is even simpler and less costly than female sterilization. Talk to a friend or relative who has had a tubal. Think about how you would feel if you had an unplanned pregnancy.

Don't expect a tubal to solve emotional, marital, or sexual problems. A tubal can free you from the fear of unwanted pregnancy. If you expect more than this, you may be sorry later on. Be absolutely sure you do not want another pregnancy under any circumstances. For example, what if:

- Your current relationship ended and you had a new partner who wanted a child with you?
- One or more of your children died?
- family income improved a great deal?
- You and your partner are lonely when your children grow up and leave home?

THINK THE DECISION OVER VERY CAREFULLY AND BE SURE.

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