



## **POSTPARTUM STERILIZATION**

Surgical sterilization is a common form of contraception chosen by many women. Worldwide over 170 million women use this method of birth control. Methods of tubal sterilization include- postpartum sterilization which is done immediately after delivery and involves a small incision under the umbilicus with removal of a portion of each fallopian tube; laparoscopic tubal ligation which involves introduction of a laparoscope (an instrument similar to a small camera) through a small incision under the umbilicus with destruction of a portion of the tube; minilaparotomy which involves making an incision approximately 2 to 3 centimeters in size and removing a portion of the tube; and vaginal tubal sterilization which involves making an incision in the vagina and then removing a portion of the fallopian tube.

### **WHAT IS POSTPARTUM STERILIZATION?**

Postpartum sterilization involves getting your tubes tied immediately after delivering a baby, usually within the first few hours to first few days after delivery. Because the uterus is still enlarged at this point, a small incision can be made under the umbilicus and the tubes grasped, tied, and cut. If a woman has an epidural during labor, that can often be used for the analgesia during the tubal ligation procedure. If a woman has a cesarean section, her tubes may be tied at the time of the cesarean section.

### **SHOULD I HAVE A POSTPARTUM STERILIZATION?**

Postpartum tubal sterilization has been shown to be one of the most effective types of tubal sterilization. However, there is a failure rate in postpartum tubal sterilization of approximately 0.7%. Should pregnancy occur after tubal sterilization, you are at risk of having an ectopic pregnancy, a pregnancy in one of the fallopian tubes. This can be a life-threatening situation.

A woman must be aware of the alternate methods of birth control available before choosing tubal sterilization. There are multiple choices including condoms, birth control pills, and the IUD to name a few. Ask your doctor about the options. Second, you should be aware that there are a significant number of women who eventually come to regret their choice of tubal ligation. Studies have shown that younger women and women who have unstable marriages are more likely to report regret of tubal ligation. Although tubal reversal may be an option, this procedure is expensive, has associated risks, and is not always successful. Tubal sterilization should only be considered if you want permanent sterilization. Third, you should be aware of the failure rate and increased risk of ectopic pregnancy as listed above. If at any point after tubal sterilization you think that you may be pregnant, it is imperative that you contact your physician to confirm that the pregnancy is in your uterus. Finally, you should understand the risks associated with the procedure.

Since tubal ligation is an intra-abdominal procedure, several operative risks are present. These include a risk of infection in the abdominal cavity, a risk of intra-operative or postoperative bleeding, and a risk of damage to organs that are close to those being operated on. This includes a potential risk of damage to the bladder, small intestines, or ureters (the organs that carry urine from your kidney to your bladder).

### **HOW IS POSTPARTUM TUBAL STERILIZATION PERFORMED?**

Postpartum tubal sterilization is done immediately after delivery when the uterus is still enlarged. Due to the timing of postpartum sterilization, the uterus is often at the level of the umbilicus (navel). This makes identifying and mobilizing the fallopian tubes much easier. Your doctor will make a small incision just below your navel. Often this incision is only about 3 to 4 centimeters in length. He or she will then elevate your fallopian tubes through this incision and perform a tubal ligation. Most physicians use a Pomeroy or modified Pomeroy method to perform the tubal ligation, which involves tying off a segment of your fallopian tube and then excising it (cutting it out). Other methods may be used such as sealing the tubes with a clip, ring, or electric current. After your tubes are tied, the small incision is closed with suture. The entire procedure takes anywhere from 15 minutes to approximately 45 minutes, depending on the ease of elevating the fallopian tubes.

Several anesthetic techniques may be used when performing a postpartum tubal sterilization. When a functional epidural is in place, it can be redosed before the procedure, and this form of analgesia may be used. Additionally, you and your anesthesiologist may choose to use general anesthesia. Because your gastric emptying (emptying of your stomach) decreases with pregnancy, your anesthesiologist may ask you to wait for a period of time prior to performing your anesthesia. This is to decrease the risk that you will aspirate from the contents of your stomach. Finally, in certain circumstances, local anesthetic may be used as pain control for the procedure.

### **RISKS OF POSTPARTUM TUBAL STERILIZATION**

The risks of postpartum tubal sterilization are as listed above. These risks are the same as those for any intra-abdominal surgical procedure.

Long-term effects of tubal sterilization on menstrual cycles/patterns have been debated for some time. To date there have been no consistent studies to show that menstrual cycle disturbances are directly related to tubal sterilization.

### **BENEFITS OF POSTPARTUM TUBAL STERILIZATION**

Several potential benefits of tubal ligation have been suggested in the medical literature. These include a potential decrease in ovarian cancer in women who have undergone tubal ligation, as well as a decrease in pelvic inflammatory disease (PID), an infection of the abdominal and pelvic cavity.

## **FAILURE RATES OF POSTPARTUM TUBAL STERILIZATION**

The failure rate for postpartum tubal sterilization has been shown to be one of the lowest of all tubal sterilizations. This rate is approximately 0.7%. If pregnancy does occur after tubal ligation, there is an increased risk of the pregnancy being an ectopic pregnancy. An ectopic pregnancy is a pregnancy that develops outside of the uterus, often in the fallopian tube. Due to the limited space for growth, the pregnancy develops abnormally and may burst through the fallopian tube causing bleeding into the abdomen. This can be a life-threatening situation. Because of this risk, you should notify your doctor immediately if you think you may be pregnant after having a tubal sterilization.

## **ALTERNATIVES TO TUBAL STERILIZATION**

Tubal sterilization is an elective procedure. If you have any of the above risk factors or any doubts about your decision to have surgery, an alternate form of birth control may be a reasonable option. There are many types of contraception available such as barrier methods (condoms, diaphragm), insertion of an IUD, hormonal methods (birth control pills, DepoProvera injections), and vasectomy for your partner.

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Date Published: 2004-03-09

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