



## **VAGINAL TUBAL STERILIZATION**

Surgical sterilization is a common form of contraception chosen by many women. Worldwide over 170 million women use this method of birth control. There are multiple different types of surgical approach that can be chosen by a patient and her physician when planning for tubal sterilization. Methods 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 tubes, minilaparotomy which involves making an incision approximately 2 to 3 centimeters in size and removing a portion of the tubes, and vaginal tubal sterilization which involves making an incision in the vagina and then removing a portion of the fallopian tubes.

### **Q. WHO SHOULD HAVE VAGINAL TUBAL STERILIZATION?**

A. Although laparoscopic tubal ligation is the most common form of sterilization outside of the postpartum period, there are several reasons why vaginal tubal sterilization may be beneficial. In obese women there is often difficulty in placing the instruments used for laparoscopy into the abdominal cavity. Due to this difficulty there is increased risk of intra-abdominal injury to other organs or blood vessels. In this instance, a vaginal sterilization could be extremely beneficial. Additionally, any woman with an umbilical hernia (a defect in the umbilicus where the small intestine is often found to protrude through the area just under the skin), or a woman with a prior repair of an umbilical hernia, may be at increased risk of damage to the small intestine during a laparoscopic procedure. This person would potentially benefit from a vaginal tubal sterilization.

### **Q. WHO SHOULD NOT HAVE VAGINAL TUBAL STERILIZATION?**

A. Although there are some women who clearly may benefit from vaginal tubal sterilization, there are other women who are not good candidates for vaginal tubal sterilization. Women who are at risk of pelvic adhesions or scarring such as women with endometriosis, a history of pelvic infections, or multiple pelvic surgical procedures are at risk of organ damage or inability to locate the fallopian tubes at the time of vaginal tubal ligation. Alternative methods of tubal sterilization should be chosen in these women.

### **Q. HOW IS VAGINAL TUBAL LIGATION PERFORMED?**

A. This entire surgical procedure is done through the vagina. After the surgery is completed you will not see the incision site. The patient is given an anesthetic, then the doctor will make an incision in your vagina just below the cervix. This incision

allows your doctor access to your pelvic organs. He or she will then identify your fallopian tubes and either tie them and remove a portion of them, place tubal bands around a piece of your fallopian tubes, or place clips across your fallopian tubes. This operation generally takes 30 to 45 minutes.

After the procedure you will notice only mild to moderate pain. You may be discharged from the hospital immediately following the procedure, or may be asked to stay in the hospital overnight. Pain medicine will be provided you're your discharge from the hospital. Most people return to work within 2 to 3 days following the procedure.

### **RISKS OF VAGINAL TUBAL STERILIZATION**

Complications of vaginal tubal ligation are similar to those of any vaginal procedure. These include injury to bowel, infection, bleeding, and anesthesia risks. One of the most serious complications of vaginal tubal sterilization is an infection of the pelvis after surgery.

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 VAGINAL 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 VAGINAL TUBAL STERILIZATION**

The failure rate of vaginal tubal ligation is comparable with that of postpartum tubal ligation (having your tubes tied immediately after surgery). Studies have shown that tubal ligation failure rate for this type of procedure is approximately 1 per 100 cases. Additionally, if pregnancy does occur after tubal ligation, there is an increased risk of 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 ligation.

### **ALTERNATIVES TO TUBAL STERILIZATION**

Tubal ligation is an elective procedure. If you have any of the risk factors mentioned above, 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 her partner.

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