

TUBAL STERILIZATION

Advantages of Tubal ligation – female sterilization

Tubal Sterilization is intended to be a permanent method of birth control. Tubal sterilization closes off the fallopian tubes, where a sperm fertilizes an egg. When the tubes are closed, sperm cannot reach the egg, and pregnancy cannot happen.

Sterilization does not decrease a woman's sexual pleasure. It is often the answer for women who have completed their families and for women who do not want children. Sterilization does not affect femininity.

It is very unlikely that sterilization will affect your sex organs, or your sexuality. No glands or organs will be removed or changed. All hormones will still be produced after tubal ligation. The ovaries continue to release eggs and usually menstrual cycles follow a regular pattern.

Sterilization is more than 99 percent effective in the first year. Up to one out of 100 women become pregnant each year after sterilization. Of these 1 out of 3 pregnancies are ectopic (develop in a fallopian tube) and may require emergency surgery.

Female sterilization is ideal for those persons who are certain they want no further children and need a reliable contraceptive method. Other advantages include the following:

1. Permanence
2. High effectiveness
3. High acceptability
4. Safety
5. Quick recovery
6. Lack of significant long-term effects
7. Cost effectiveness
8. No need to buy anything
9. No need for partner compliance (some agencies will have partner sign consent form also)
10. No need to interrupt lovemaking
11. Privacy of choice

Disadvantages of Tubalization – female sterilization

Female sterilization is not recommended for anyone who is not sure of her desire regarding future fertility. Considerations include the following:

1. Permanence – can possibly be reversed but the procedure is expensive, a highly technical major surgery, and results cannot be guaranteed.
2. Regret for decision – not recommended for women who are in an unstable marriage, younger than 31, have no children or very young children, or make their decision to be sterilized during a time of financial crisis or for reasons related to a pregnancy.
3. Technical difficulty of the procedure
4. Need for surgeon, operating room, trained assistants, medications, and surgical equipment
5. Expense at the time of the procedure
6. Lack of protection against STI's, including infection with HIV

Preoperative Instructions

1. Be completely comfortable with your decision to use a surgical method for contraception. You must understand that sterilization is permanent and that you desire a permanent method of contraception. You can change your mind at any time before the procedure or postpone the operation if you need more time to think about it.

2. Shower or bathe just before surgery. Pay particular attention to the area around the umbilicus (navel) and the pubic hair.
3. Do not eat or drink in the 8 hours before surgery.
4. Have someone accompany you on the day of the surgery. This person should also accompany you when you go home. You should plan to have someone with you the first 24 hours after surgery.
5. Rest for at least 24 hours after the procedure and avoid heavy lifting for one week.
6. Be prepared for pain over the incision and occasional pelvic aching or discomfort. The pain is usually not severe and can be relieved with mild pain medications provided to you.
7. Plan a flexible schedule for the week after the sterilization. Some women recover less quickly than others from the effects of anesthesia and surgery.
8. Be certain to ask questions if you have them.

Postoperative Instructions

1. Rest for 24 hours following surgery. Resume normal activities as you gradually become more comfortable.
2. Avoid intercourse for one week and when you resume having intercourse, stop if it is uncomfortable.
3. Avoid strenuous lifting for one week to allow the incisions to heal.
4. Return to the clinic or contact the clinic or doctor promptly if you develop:
 - Temperature over 100 degrees
 - Fainting spells
 - Abdominal pain that is persisted, severe, and/or increasing after 12 hours
 - Bleeding or spotting from incision
 - Pus or discharge from the incision site
 - Stitch in wound
5. Take one or two analgesic tables at 4-6 hour intervals if you need them for pain. Do not use aspirin, it may promote bleeding.
6. You may bathe 48 hours after surgery, but avoid putting tension on the incision. Do not rub or irritate the incision for one week. Pat the incision dry after bathing.
7. Stitches will dissolve and do not require removal.
8. Return to a clinic one week after procedure to make sure the healing process is normal. (Or as required by physician)
9. If you think you are pregnant at any time after the procedure or in the future, return to the clinic immediately. (there is an increased chance for ectopic pregnancy)
10. You should know this method of birth control is permanent. Reversal surgery is possible under certain conditions, but it is expensive, requires highly technical and major surgery, and its results cannot be guaranteed.

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