

ABCD Family Planning

Fact Sheet Tubal Sterilization- Permanent Birth Control

What is tubal sterilization?

Tubal sterilization is a type of permanent birth control for people who have a uterus and fallopian tubes. Tubal sterilization works by preventing an egg and sperm from reaching each other. This type of birth control is permanent, meaning it is not reversible.

There are two types of tubal sterilization: tubal ligation and bilateral salpingectomy. Both types require surgery (an operation) and anesthesia. During the operation, a doctor makes a small cut in a person's abdomen. Most tubal sterilizations are done by laparoscopy, also called "key hole surgery", when a doctor uses very small cuts and a camera. This technique helps make recovery time faster. Tubal sterilizations that are done soon after giving birth are usually done by "mini-laparotomy" with a slightly larger incision and no cameras.

- During tubal ligation, the doctor blocks the fallopian tubes by cutting them, burning them, or putting clips on them. A small portion of the tube may be removed during tubal ligation.
- During bilateral salpingectomy, the doctor removes the entire fallopian tube on both sides.
- When the fallopian tubes are blocked or removed, sperm cannot reach the egg.

This form of birth control is permanent, not reversible. If you have this operation, you may not be able to get pregnant in the future without using in vitro fertilization (IVF). IVF is a medical procedure that helps sperm and egg meet outside of the body. IVF can be successful, especially if you are under 35 when you try it. However, your medical insurance may not cover IVF if you had a tubal sterilization operation.

How well does tubal sterilization work to prevent pregnancy?

Tubal sterilization works very well to prevent pregnancy. How well it works depends on the type of surgery, the experience of the doctor, and your age. If 100 people have a tubal ligation, only one may get pregnant in the first year after the operation. Over ten years, only two people out of 100 may get pregnant after having a tubal ligation. You are less likely to get pregnant the older you are when you have a tubal ligation, because the older you are, the fewer years you have left when you can get pregnant. Tubal ligation prevents pregnancy better than birth control pills in the first year but does not work as well over time as long-term birth control methods that are reversible, such as the IUDs or the implant. You are even less likely to get pregnant after having a bilateral salpingectomy.

What do people like about tubal sterilization?

- Tubal sterilization is a very effective method of birth control.
- Once you have the operation, you do not need to do anything else to prevent pregnancy.
- Tubal sterilization is private (no one but you needs to know).
- You do not need to stop during sex to use this method.
- Tubal sterilization can be used by people who cannot or do not want to take hormones or use an IUD.
- Tubal sterilization has few long-term side effects.
- Tubal sterilization can be done immediately after having a baby.
- Tubal ligation has been associated with a decreased risk of ovarian cancer.

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- Bilateral salpingectomy may decrease the risk of ovarian cancer even more, but not enough time has passed to prove this.

What do people not like about tubal sterilization?

- Tubal sterilization DOES NOT protect you from HIV and other sexually transmitted diseases.
- To get a tubal sterilization, you must have an operation with anesthesia. Both surgery and anesthesia have risks.
- To get a tubal sterilization requires a small cut into the abdomen.
- Tubal sterilization does not work as well over time as long-term birth control methods that are reversible, such as the IUD and hormonal implants.
- Tubal sterilization works better the older you are when you have one.
- Tubal sterilization is permanent. About 1 out of 4 people who have a tubal ligation will want to get pregnant in the future and regret that they had the operation.
- To try to undo a tubal ligation a person needs another operation. This has risks, is expensive, is not paid for by most health insurance, and the person may still not get pregnant after the operation.
- You cannot undo a bilateral salpingectomy. The only way you might be able to get pregnant after this surgery is through in-vitro fertilization.
- A bilateral salpingectomy may increase the time that your surgery takes. This may increase the risks of surgery, though few increased risks have been shown at this time.
- There is a greater chance of ectopic pregnancy (a pregnancy in the fallopian tubes) if tubal ligation method fails.

What are the possible side effects of tubal sterilization?

- Bleeding during or after the operation
- Problems because of the anesthesia
- Damage to organs like the bladder, uterus or intestines during the operation
- Burns during the operation
- Death due to the operation or anesthesia (very rare)
- Infection after the operation
- Adhesions that form after the operation (scar tissue that might cause pain)
- If you do get pregnant after having a tubal ligation, there is a greater chance the pregnancy might be in the fallopian tubes (ectopic pregnancy).

DO NOT have a tubal sterilization procedure if you are not able to have surgery or anesthesia because of medical problems.

DO NOT choose permanent birth control if there is a chance you might want more children.

What else do I need to know about tubal sterilization?

- This is a permanent method of birth control that is NOT reversible. **DO NOT** choose permanent birth control unless you know for sure that you don't want more children.
- If you are thinking about tubal sterilization, you must:

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- talk to a health care provider or counselor about all the other types of birth control that are not permanent before choosing permanent birth control. Some of the other methods to prevent pregnancy may work better for you. Talk to a health care provider or counselor about the risks and side effects of permanent birth control so that you can decide if this is the best method for you. Talk to a doctor about which form might be safest and best for you
- sign a consent form. To give your consent for permanent birth control, you must be at least 21 years old and be able to legally give your permission for medical care.

Contact your health care provider if you think you may be pregnant or think you may have a sexually transmitted disease (STD).

- To decrease your risk of HIV and other sexually transmitted diseases (STDs), use a latex, nitrile, or polyurethane condom every time you have vaginal, anal, or oral sex.
- Emergency contraception (EC) prevents pregnancy when used no later than 5 days after unprotected sex. If you need EC or want more information, call your health care provider, family planning counselor, or pharmacist.