



## BASIC INFORMATION

### DEFINITION

A method of sterilization that involves blocking the fallopian tubes in a way that the ovum (egg) is inaccessible for fertilization. Over 10 million women in the U.S. opt for tubal ligation, making it the most common form of birth control. It is often referred to as “having a woman's tubes tied.”

### REASONS FOR PROCEDURE

Prevention of unwanted pregnancy. It is important to receive professional counseling before deciding to undergo this surgery. Sterilization is considered a permanent form of birth control, although in some cases it can be reversed.

### RISK INCREASES WITH

- Obesity; smoking; poor nutrition.
- Recent or chronic illness.
- Use of drugs such as: antihypertensives; muscle relaxants; tranquilizers; sleeping pills; insulin; sedatives; beta-adrenergic blockers; or cortisone.
- Use of mind-altering drugs, including: narcotics; psychedelics; hallucinogens; marijuana; sedatives; hypnotics; or cocaine.

### DESCRIPTION OF PROCEDURE

- The procedure may be performed in a hospital or outpatient surgical facility.
- A local anesthetic by injection, a spinal anesthetic by injection or a general anesthetic may be administered.
- One of several techniques is used to expose the fallopian tubes for surgery:

Laparoscopy (most common procedure) involves the use of a telescopic instrument with fiberoptic light and generally requires pencil-size-incisions above the pelvic bone and below the umbilicus (belly button).

Minilaparotomy involves an approach through an incision just below the umbilicus (belly button). This approach is favored in women having the tubal ligation immediately following delivery.

Posterior colpotomy (rarely used) is an approach through the rear of the vagina.

- Once the fallopian tubes are exposed, a small section of each tube is cut free and removed. The severed ends are tied (ligated), blocked or coagulated using an electric current. When the procedure is a laparoscopy, the tubes are clamped off using a clip or band. With a laparotomy, the tubes are handled directly and a segment is generally removed.
- A laparotomy, which requires a standard surgical incision through the abdomen, is a more complicated method of tubal ligation and is usually reserved for cases where other methods have failed, there is scarring from previous surgery, or the laparotomy is necessary for another condition.
- If an incision was made, the skin is closed with sutures or clips, which usually can be removed about 1 week after surgery. Often, the sutures used are absorbable and don't need to be removed.
- A new medical device and procedure that is designed to provide a non-incisional alternative to tubal ligation is being studied.

### EXPECTED OUTCOME

- Expect complete healing without complications and sterility for life. Your menstrual periods will continue as usual. Allow about 2

weeks for recovery from surgery.

- A recent study indicated that following tubal ligation, more women reported that they had less pain with menstruation, fewer days of bleeding and no increase in previous heavy bleeding. There was some irregularity in the timing of their menstrual cycles.
- Patients who have been on the pill (oral contraceptive) for a long time may find that the added benefits of the pill require that they remain on it after their tubal ligation.

### POSSIBLE COMPLICATIONS

- Inadvertent injury to surrounding structures.
- Infection or bleeding.
- Failure of the sterilization procedure (about 1% or less for all techniques). This may result in an ectopic pregnancy.



## POSTPROCEDURE CARE

### GENERAL MEASURES

- With most procedures, you will be allowed to return home the same day.
- Use an electric heating pad, a heat lamp or a warm compress to relieve surgical wound pain.
- Bathe and shower as usual. You may wash the incision gently with mild unscented soap.
- Use another method of birth control until the next menstrual period to make sure an egg has not passed the point where the tubes were blocked.
- Consider psychological counseling if you feel sad or depressed after the surgery.
- For more information, check the library or the internet.

### MEDICATION

- Prescription pain medication should generally only be required for 2 to 7 days following the procedure.
- You may use nonprescription drugs, such as acetaminophen, for minor pain.
- Stool softener laxative, if needed to prevent constipation.
- Antibiotics to fight infection.

### ACTIVITY

- Return to daily activities and work 3-10 days after the procedure.
- Avoid vigorous exercise for 2 weeks after surgery.
- Resume driving 3 days after returning home.
- Sexual relations may be resumed when your doctor has determined that healing is complete.

### DIET

No restrictions.



## NOTIFY OUR OFFICE IF

- Pain, swelling, redness, drainage or bleeding increases in the surgical area.
- You develop signs of infection: headache, muscle aches, dizziness or a general ill feeling and fever.
- You experience nausea, vomiting, constipation or abdominal swelling or other unexplained symptoms develop. Drugs used in treatment may produce side effects.