

CONTRACEPTION
AP035

Sterilization by Laparoscopy



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

PATIENT EDUCATION

Types of Tubal Sterilization

There are three ways that tubal sterilization can be performed:

1. **Minilaparotomy**—In this surgical procedure, a small incision is made in the abdomen. The fallopian tubes are brought up through the incision. They then are cut and closed with special thread (a procedure called tubal ligation).
 - Less than 1 woman out of 100 will become pregnant within 10 years of having the procedure.
 - This method is commonly used when a woman has tubal sterilization within a few days after a vaginal delivery.
 - It is done with general, regional, or local anesthesia.
2. **Laparoscopy**—A device called a laparoscope is inserted through a small incision made in or near the navel. The laparoscope allows the pelvic organs to be seen. The fallopian tubes are closed off with instruments passed through the laparoscope or with another instrument inserted through a second small incision.
 - Two women out of 100 will become pregnant within 10 years of having the procedure.

How Laparoscopic Sterilization Is Performed

In laparoscopy, an instrument called a laparoscope is inserted through a small incision made in or near the navel. Another small incision may be made for an instrument used to close the fallopian tubes. The fallopian tubes are closed off by bands or clips. They also can be cut and closed with special thread or sealed with an electric current. The laparoscope then is withdrawn. The incisions are closed with stitches or special tape.

Laparoscopic sterilization is performed under *anesthesia*. The type of anesthesia used depends on your medical history, choice, and the advice of your health care provider. *General anesthesia* is most commonly used. With general anesthesia, you will not be awake during the operation. A tube

- This method is used when sterilization is done at a time unrelated to pregnancy.
 - It can be performed as outpatient surgery.
 - It is done with general, regional, or local anesthesia.
3. **Hysteroscopic sterilization**—A device called a hysteroscope is inserted into the vagina, through the *cervix*, and into the *uterus*. It is used to place small implants into the openings of the fallopian tubes. The implants then form scar tissue that block the fallopian tubes and prevent sperm from reaching the egg. It takes about 3 months for the scar tissue to form. A second procedure, called a *hysterosalpingography*, is done at 3 months to make sure the tubes are blocked.
 - Depending on the type of method used, the number of women out of 100 who will become pregnant ranges from less than 1 to less than 2.
 - It can be performed 3 months after childbirth.
 - No incision is needed and it can be done in a health care provider's office.
 - It requires only local anesthesia.

will be inserted in your throat while you are asleep to help you breathe. If *local anesthesia* or *regional anesthesia* is used, you also may be given medicine to help you relax. You may be awake during the operation.

Benefits and Risks

Sterilization by laparoscopy has a low risk of complications. The most common complications are those related to general anesthesia, if it is used. Other risks include bleeding from the incisions made in the skin and infection.

Pregnancy is rare after sterilization. If pregnancy does occur, the risk of an *ectopic pregnancy* is higher than in women who did not have sterilization. In women who have had the procedure and

laparoscopy is a more invasive procedure, and it takes longer to recover. It also involves risks from the anesthesia used.

Follow-up Care

After surgery, you will be observed for a short time to be sure that there are no problems. Most women can go home 2–4 hours after the procedure. You will need someone to take you home. You may feel some discomfort or have other symptoms that last a few days:

- Dizziness
- Nausea
- Shoulder pain
- Abdominal cramps
- Gassy or bloated feeling
- Sore throat (from the breathing tube if general anesthesia was used)

Most women return to their normal routines within 1 week of surgery. Contact your health care provider right away if you have a fever or severe pain in your abdomen. These symptoms could mean there is an infection or other problem.

Choosing a Sterilization Method

Deciding on a method of sterilization involves considering the following factors:

- Personal choice
- Physical factors, such as weight
- Medical history

Sometimes previous surgery, obesity, or other conditions may affect which method can be used. You should be fully aware of the risks, benefits, and other options before making a choice.

Male sterilization, or *vasectomy*, generally is considered to be safer than tubal ligation because it is not as invasive and requires only local anesthesia. Also, there is no increased risk of ectopic pregnancy if the vasectomy fails. The effectiveness of vasectomy and tubal sterilization in preventing pregnancy is similar.

Check with your health care provider about the timing of sterilization. There may be waiting periods after consent forms are signed. There may be certain age requirements. Discuss the rules and laws that apply in your case with your health care provider before surgery. Also, check if your health insurance covers sterilization procedures.

Making the Decision

Sterilization should be thought of as permanent. Before having the procedure, you must be certain that you do not want children in the future.

Choosing to have sterilization is a major decision. You should avoid making this choice during times of stress (such as during a divorce or after losing a pregnancy). You also should not make this choice under pressure from a partner or others. Research has shown that women younger than 30 years are more likely than older women to regret having the procedure.

If you choose to have sterilization and you change your mind after the operation, attempts to reverse it may not work. After tubal sterilization is reversed, many women still are not able to get pregnant. Also, the risk of problems, such as ectopic pregnancy, is increased. Some women who have been sterilized choose to undergo *in vitro fertilization* instead of having the procedure reversed.

If you are not sure you want to be sterilized, there are a number of long-acting, highly effective methods of birth control that allow you to become pregnant when you stop using them. For example, the *intrauterine device* and the birth control implant are about as effective in preventing pregnancy as sterilization and last for several years. The birth control injection is given every 3 months and also is highly effective.

Finally...

Sterilization by laparoscopy is a good choice for women who no longer want to have children. It is meant to be permanent. If you have any questions or concerns about having sterilization, discuss them with your health care provider. All of your questions should be answered before the operation.