Permanent Female Contraception
(Sterilization)

Permanent contraception is also called “sterilization.” This procedure cannot be reversed and you will not be able to have a child in the future.

Permanent contraception may be the right option for you if:
- You have decided that you do not want to get pregnant and do not want to have a child in the future, and
- You are 100% certain of your decision.

You have been told about other options, most specifically:
- IUDs and implants: forms of birth control that work as well as sterilization that just blocks your tubes (called tubal occlusion), but can be stopped or removed if you decide you want a baby. These can be placed during an office visit.
- Vasectomy: male sterilization

If you decide to have a permanent contraception procedure, you will NOT be able to have a baby in the future. There are risks, benefits, and possible discomforts that can happen with a permanent contraception procedure, outlined on the back page.

Permanent contraception is usually performed through a procedure called “laparoscopy.” A laparoscopic procedure is also known as “tubal ligation” or “having your tubes tied.”

For this procedure, you are asleep in an operating room. This surgery is performed inside your belly using a laparoscope, a thin telescope-like instrument. This surgery is immediately effective and you will no longer need any more birth control after the surgery is completed.

With a laparoscopic procedure, you may choose one of two ways to have the surgery:
1. Tubal occlusion blocks your Fallopian tubes with a clip or band, or burns a part of your tube.
2. Tubal removal is a procedure that removes your fallopian tubes completely. This option requires an additional incision and the surgery lasts 6-10 minutes longer than tubal occlusion. The pain and recovery is about the same as compared to tubal occlusion.
**Tubal Occlusion**

**How is the procedure done?**

Performed in the operating room using a laparoscope, which is a thin telescope-like instrument that looks like a lighted tube. A camera on the tube allows the doctors to see inside your abdomen (belly). Usually 2 incisions are made in your belly. Instruments are passed through the incisions to **operate on the fallopian tubes**.

The incisions in your tummy are usually 1 at the belly button and 1 above your pubic bone.

**Risks of Surgery**

- **Failure to complete surgery**
  - <1 in 100 surgeries
- **Infection**
  - 1 in 3000 surgeries
- **Bleeding requiring transfusion**
  - 3 in 2000 surgeries
- **Anesthesia complications**
  - 1 in 10,000 surgeries
- **Death**
  - 1-5 in 100,000 surgeries

**Risks of Sterilization**

- **Getting pregnant after the surgery**
  - About 1-3 per 100 women over the 10 years after the surgery. The rate depends on your age when sterilized and the type of procedure.  

<table>
<thead>
<tr>
<th>Age</th>
<th>5 yrs</th>
<th>10 yrs</th>
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<tbody>
<tr>
<td>18-27 years</td>
<td>1.8%</td>
<td>3.3%</td>
</tr>
<tr>
<td>28-33 years</td>
<td>0.8%</td>
<td>2.1%</td>
</tr>
<tr>
<td>34-45 years</td>
<td>0.4%</td>
<td>0.5%</td>
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- **Ectopic Pregnancy**
  - If you get pregnant after the procedure, about 15-30% of pregnancies will be in the fallopian tube

- **Regret**
  - Depends on age, number of children, relationship status

**Risk of Ovarian Cancer later in life**

- Decreases lifetime risk by 1/3

**Tubal Removal**

**How is the procedure done?**

Performed in the operating room using a laparoscope, which is a thin telescope-like instrument that looks like a lighted tube. A camera on the tube allows the doctors to see inside your abdomen (belly). Usually 3 incisions are made in your belly. Instruments are passed through the incisions to **remove the fallopian tubes**.

The incisions in your tummy are usually 1 at the belly button and 2 in your lower belly.

**Risks of Surgery**

- **Failure to complete surgery**
  - Should be similar to tubal occlusion; BUT, some tubes have bad scarring that makes removal dangerous. A small percentage of women may only be able to have an occlusion procedure on 1 or both tubes.

- **Infection**
  - May be minimally higher than tubal occlusion because of an extra incision

- **Bleeding requiring transfusion**
  - Should be similar to tubal occlusion

- **Anesthesia complications**
  - Should be similar to tubal occlusion

- **Death**
  - Should be similar to tubal occlusion

**Risks of Sterilization**

- **Getting pregnant after the surgery**
  - Less well known, but should be close to ZERO for women of all ages

- **Ectopic Pregnancy**
  - Will be close to ZERO since no pregnancies would be expected

- **Regret**
  - Depends on age, number of children, relationship status

**Risk of Ovarian Cancer later in life**

- May decrease lifetime risk by about 1/2 and possibly more