PATIENT INFORMATION LEAFLET

This document is intended to assist patients in their understanding of a common gynaecological procedure or condition. It does not replace discussions with the health care team and individualised clinical care.

Developed and endorsed by SASOG as part of the BetterGYN® programme

FEMALE STERILIZATION OR TUBAL LIGATION

What is tubal ligation?

Tubal ligation is a minor surgical procedure also known as having your tubes tied or as female sterilization. During tubal ligation, the fallopian tubes are cut, tied, blocked or completely removed to **permanently** prevent pregnancy. In other words, it is a type of permanent birth control.

Tubal ligation mechanically interferes with conception. It prevents your eggs from traveling from the ovaries through the fallopian tubes and blocks sperm from traveling up the fallopian tubes to the egg.

Is TL guaranteed to be effective against falling pregnant?

Tubal ligation is a safe and effective form of permanent birth control. However, there is a small but significant **chance of falling pregnant** after the procedure even when it has been done correctly. Fewer than 1% or 1 out of 100 women will get pregnant in the first year after the procedure, but it is important to confirm that you are not already pregnant at the time of sterilisation.

If you do conceive after having a tubal ligation, there's a risk of having an **ectopic pregnancy**. This means the fertilized egg implants itself outside of the uterus, usually in a fallopian tube. An ectopic pregnancy requires immediate medical attention.

Is the procedure reversible?

It is sometimes possible to reconnect the fallopian tubes, depending on how the procedure was done. But this will involve another major operation, which may not be successful. Without reversal, pregnancy can sometimes be achieved by having *in vitro* fertilisation.

As these options are not always successful and are costly, tubal ligation should only be chosen if you are very certain that you do not wish to have any more children and that your family is complete.

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How is the procedure done?

If you have an **"interval" tubal ligation**, it means that it is done when you are not pregnant. It is usually done via laparoscopy, meaning that a needle is inserted through an incision made through your belly button so your abdomen can be inflated with gas (carbon dioxide or nitrous oxide). Thereafter, a laparoscope is inserted into your abdomen. In most cases, your doctor will make a second or third small incision to insert laparoscopic instruments to seal the fallopian tubes using a clip or plastic ring, or by removing a part of the tubes or by completely removing both tubes.

If you have a "postpartum" tubal ligation, it is done shortly after vaginal childbirth, your doctor will most likely make a small incision under your belly button, providing easy access to your uterus and fallopian tubes. During this procedure parts of the tubes on each side are removed.

If you have a tubal ligation during a caesarean section, the same incision is used. In this case the tubes are usually tied with surgical suturing and then cut to separate the two ends.

What can I expect before and after the procedure?

You may be asked to take a pregnancy test to make sure you're not pregnant before the procedure.

Afterwards, if no complications occurred, you may be allowed to go home a few hours after a laparoscopic or interval tubal ligation. Having a tubal ligation immediately following childbirth doesn't usually involve a longer hospital stay.

During the next few days you may have some discomfort at the incision site for which you can take simple pain medicines. You may also have abdominal pain or cramping, tiredness, dizziness, bloating, and shoulder pain. You will usually receive pain medication before going home which you can take as needed.

You should get better every day. If this is not the case, you should let the doctor who performed the procedure know. It is also important to report any of the following: ***fever, fainting, severe abdominal pain, bleeding or foul smelling discharge from your wound through your bandage.***

You may bath or shower 48 hours after the procedure but avoid straining or rubbing the incision. Carefully dry the incision after bathing. Resume your normal activities gradually as you begin to feel better. Check with your health care provider regarding your wound care and to see if you need a follow-up appointment for removal of your stitches.

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What are the important risks and complications of the procedure?

Tubal ligation is an operation that requires anaesthesia and involves an abdominal incision. Although it is a minor procedure, there is always a small risk that complications may occur. The list of possible complications are the same as those associated with other abdominal operations, including:

- Damage to the bowel, bladder or major blood vessels
- Reaction to one of the drugs or complications of anaesthesia
- Bleeding in the abdominal wound or pelvis
- Blood clot in the legs, pelvis or even lungs
- Improper wound healing or infection
- Continued pelvic or abdominal pain
- Failure to identify the tubes or to occlude (seal) them
- Conversion from laparoscopy to laparotomy (open surgical procedure performed through a larger incision)

Factors that make you more likely to have complications from tubal ligation include a history of pelvic or abdominal surgery, obesity or diabetes and other co-existing medical conditions.

What other effects can I expect?

The procedure doesn't affect your menstrual cycle, but stopping your usual contraception may have an influence. For instance, stopping your contraceptive pill. Tubal ligation may decrease your risk of ovarian cancer, especially if the ends of the fallopian tubes are removed. This procedure is totally non-reversable. It is important to note that TL does not protect against sexually transmitted infections.

What are the alternatives?

TL is not for everyone and your doctor may talk to you about other options, including long-acting, reversible contraceptives such as an intrauterine device (IUD) or a birth control device that's implanted in your arm. Male sterilization or vasectomy is another alternative which is less invasive, has a very low complication rate and is highly effective. Vasectomy must also be considered non-reversable or permanent.

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