

Laparoscopic Tubal Sterilization

Laparoscopic tubal sterilization is surgery to block the fallopian tubes to prevent pregnancy. It may be called “having your tubes tied.” During surgery, a thin lighted tube called a **laparoscope** is used. This allows surgery to be done through small incisions.

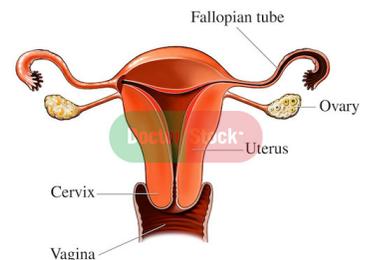
Tubal sterilization is considered permanent birth control. Having it means you will not be able to get pregnant again, although in some cases, a reversal can be attempted but it is not often successful. Surgery to undo sterilization is complicated and costly – and not always successful. Think of tubal sterilization as a lifelong birth control choice.

How Effective is Surgery?

This surgery is one of the most effective birth control methods. But, very rarely, pregnancy can still occur. In some cases, the pregnancy is normal. In other cases, a fertilized egg may start to grow in a fallopian tube. This is called an ectopic (tubal) pregnancy. It requires emergency care. Talk with your physician if you have questions about this risk.

The Female Reproductive System

During each menstrual cycle, one of the ovaries releases an egg, which travels into a fallopian tube. After vaginal intercourse, sperm can enter the tube and fertilize the egg. The fertilized egg then implants in the wall of the uterus. If the egg is not fertilized, it is absorbed by the body, or discharged during your monthly period.



After Tubal Sterilization

After surgery, each ovary still releases an egg. But the egg's passage through the fallopian tube is now blocked. Sperm also cannot pass through the tube to the egg. When egg and sperm can't meet, pregnancy cannot happen; your body absorbs the egg. You'll keep having menstrual periods until menopause.

Risks and Complications of Surgery

Problems with tubal sterilization are rare but can include:

- Infection
- Bleeding
- Damage to blood vessels, nerves or muscles.
- Damage to the bladder, ureters or bowel, requiring surgical repair
- Blood clots
- Failure to block the fallopian tubes (very rare)

Tubal Sterilization Surgery

Tubal sterilization surgery is one of the most effective forms of birth control. The surgery can be an outpatient procedure or done after the birth of a child.

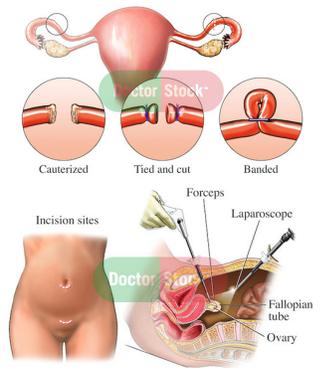
Your physician will choose the best way to block your tubes. Tubes may be closed with heat (cauterization), with a clip or ring, or they may be tied off and cut.

There are two ways of doing surgical sterilization: laparoscopy and minilaparotomy.

Laparoscopic Tubal Sterilization

Laparoscopy – This surgery can be done without a hospital stay. For the procedure, a laparoscope is used. This is a thin tube with a camera and a light on the end. The physician makes 2 to 4 small incisions in the abdomen and inserts a scope through one of the incisions. The scope sends live pictures of your fallopian tubes to a video screen. Surgical tools are placed through the other small incision. Using the live images, your physician blocks your tubes. The incisions are removed with sutures or staples.

Minilaparotomy – This surgery is often done right after childbirth. A small incision is made near the navel or at the pubic hairline. The physician works through his incision to block the tubes. The incision is then closed with sutures or staples. After a cesarean delivery, the sterilization can be done through the existing incision.



Preparing for your Surgery

- Sign a sterilization consent form. This often must be signed weeks in advance.
- Have tests, such as blood tests, to help show your general health.
- Tell your physician if you take any medications, supplements or herbal remedies. You may need to stop taking some of them before your surgery.
- Do not eat or drink anything after midnight the night before surgery.
- Make sure to have an adult available to drive you home after surgery.

During Surgery

- You will be given an IV (intravenous line) and medication that lets you sleep during surgery.
- After the anesthesia takes effect, your surgeon makes a small incision in or below your navel.
- Your abdomen is inflated with small amounts of gas to lift the abdominal wall. This makes it easier to guide instruments to the tubes.
- Your surgeon then inserts the laparoscope.
- Surgical instruments may be placed through the laparoscope or through other small incisions.
- The fallopian tubes are blocked and your surgeon will slowly release the gas and remove any instruments.
- The incisions are closed with sutures or staples.

After Surgery

You will rest in the recovery area until you feel well enough to go home. You will likely feel tired, so take it easy for the rest of the day. Ask your doctor when it's okay to resume your normal routine. For the first few days you may have:

- Pain at the incision sites. Use pain relief medication if needed.
- Shoulder pain. This is caused by the gas used during surgery. You may also feel bloated.
- A small amount of vaginal bleeding. Use pads instead of tampons.

When to Call Your Doctor

Call your doctor immediately if you have any of the following:

- Redness, drainage or swelling at your incision sites.
- A fever of over 101°F.
- Difficulty urinating.
- Foul-smelling or unusual vaginal discharge.
- Severe abdominal pain or bloating.
- Nausea or vomiting.
- Persistent or heavy bleeding (more than a pad an hour for two hours)
- A missed period, irregular bleeding or severe abdominal pain. These symptoms can be signs of a tubal pregnancy.