

FEMALE STERILIZATION / TUBAL LIGATION

Tubal sterilization / tubal ligation is an elective surgical procedure which makes a woman sterile or unable to have further children and thus provides permanent contraception. It should be considered when other contraception measures have failed or when permanent birth control is desired. It is commonly carried out after delivery or other times when a patient is not pregnant.

Postpartum sterilization: When a tubal sterilization is performed after childbirth, a small incision is made below the umbilicus (navel or bellybutton) under epidural or spinal anesthesia. Each fallopian tube is interrupted and a segment of the tube is removed. If a cesarean section is required for delivery, tubal sterilization can be performed during that same operation with no additional hospital time or significant additional operating time or risks.

Interval tubal ligation (sterilization of a nonpregnant woman 6 weeks postpartum or later): This is an elective procedure commonly done as an outpatient through a small incision through the umbilicus (navel or bellybutton). A laparoscope (a telescope device) is placed through the incision into the abdomen and the fallopian tubes on either side are interrupted either with coagulation (burning) or obstructive clips. This is done under general anesthesia (the patient is put to sleep) and the patient goes home the same day. Most women will return to work in 3–4 days after tubal sterilization. Occasionally the tubal sterilization cannot be done safely through a laparoscope and, in this event, the surgeon may make a small incision at the pubic hairline to complete the sterilization procedure. Commonly, the patient goes home the next day from this small incision type (minilaparotomy) of tubal ligation.

Complications: As in all surgeries the hazards of anesthesia must be considered. Injuries to the urinary system (ureter and/or bladder), intestinal system (bowels), and large blood vessels of the pelvis are all possible but unlikely. There is also a small risk of infection and the need for blood.

Are pregnancies possible? When any of the above operations are complete, the patient is immediately sterile and free to have unprotected intercourse after recovery from the surgery and childbirth if she has recently delivered. In rare cases there may be a reopening or reconnection of the fallopian tubes and pregnancy could occur. The incidence of pregnancy after tubal sterilization is about 1 in 200 (one-half percent) for the rest of the woman's reproductive life. Birth control pills, in comparison, have a failure rate of about five percent each year.

Effect: The operation does not change a woman in any noticeable way. No organs or glands are removed. The operation merely interrupts the passageway by which the sperm reaches the egg for fertilization. Sexual intercourse should be unchanged. There are no glandular effects on bodily contour, voice, feeling, or mental attitudes. The operation must, however, be considered permanent. Even though subsequent operations may be done for reversal or rejoining, these are generally 60 percent successful at best.

I have had the opportunity to read the above consent and have my questions answered.

PATIENT NAME – *please print*

PATIENT SIGNATURE

WITNESS

DATE