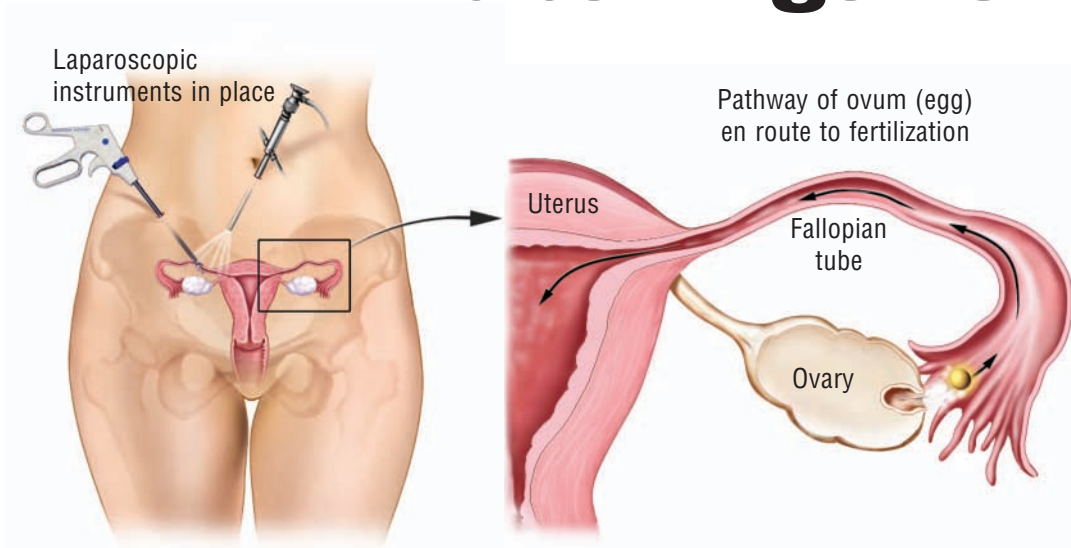
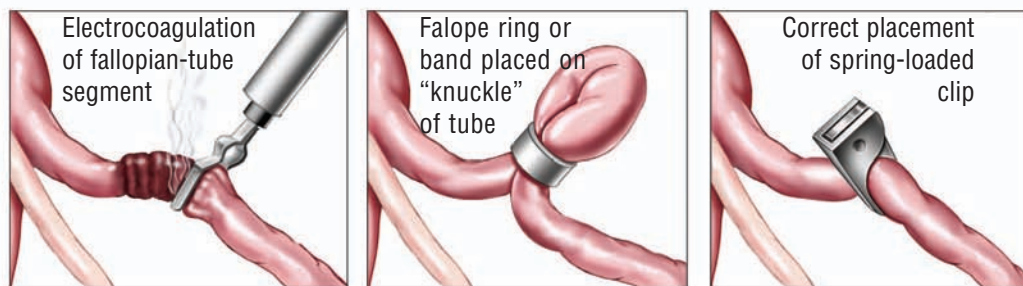


Tubal Ligation



Methods of laparoscopic sterilization



Permanent Sterilization Procedure

Tubal ligation is a surgical procedure for women that is performed to achieve permanent sterilization. During this surgery, which is informally referred to as "tying the tubes," a woman's fallopian tubes are closed off, effectively preventing pregnancy. The procedure, which costs several thousand dollars, is a popular method of permanent birth control.

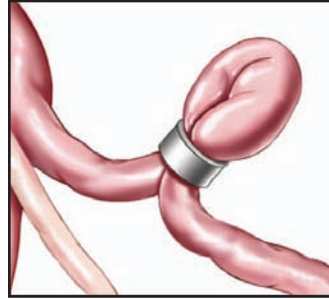
An elective surgery that can even be done immediately after childbirth, tubal ligation is performed on an outpatient basis. It is safe and requires only a short recovery period. The procedure may cause moderate pain, but this usually can be controlled with nonprescription or mild prescription pain relievers. Most patients are counseled to avoid intense exercise for several days after undergoing a tubal ligation, but normal activities can be resumed soon after arrival home.

Tubal ligation is a highly effective form of birth control, even years after the procedure has been performed. It is recommended as a permanent method of contraception for women who are sure that they do not want to become pregnant at any time in the future. Although tubal ligation is considered permanent, a surgical procedure exists that, in some cases, can reopen the fallopian tubes and restore the possibility of conception. An alternative method of conception for a woman who has undergone tubal ligation but later decides she wants to become pregnant is in vitro fertilization (IVF). IVF involves removing an egg from the woman's ovary, fertilizing it in a laboratory setting with the man's sperm, and implanting the fertilized egg in the woman's uterus.

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This Highly Effective Form of Birth Control Should Be Considered Permanent



There are several different techniques for performing this relatively simple surgery.

Commonly known as “having the tubes tied,” tubal ligation is a surgical procedure that permanently closes off a woman’s fallopian tubes, preventing her from becoming pregnant in the future. The fallopian tubes are the means by which a woman’s egg travels from her ovary to her uterus. Once these tubes are closed off, an egg can no longer be fertilized by sperm traveling up the tube.

About the Surgery

Tubal ligation is typically an outpatient procedure that requires some amount of light anesthesia. The surgery, which takes no more than 30 minutes, is performed laparoscopically. A *laparoscope* is a thin, tubelike tool with a tiny camera that is inserted into the abdomen through a small incision. The surgeon closes off the fallopian tubes by either clamping them shut or cauterizing the tissue with an instrument threaded through the laparoscope.

Tubal ligation is a safe procedure. The patient may experience mild pain and abdominal tenderness following surgery, and nonprescription or mild prescription pain relievers usually provide effective relief. Because anesthesia is used, there is a risk of dizziness or nausea; rarely, a reaction to the anesthetic may occur. As with any type of surgery, there is a small risk of infection, bleeding, or injury to the surrounding tissues.

Its Effectiveness

Tubal ligation is effective for nearly all patients, but occasionally a woman becomes pregnant following the procedure. This may happen if the patient’s fallopian tubes are not completely closed off. This situation occurs in only a very small percentage of patients (about 1 in 200), however. If an egg becomes fertilized after tubal ligation has been performed, the pregnancy is more likely to be *ectopic*. This means that the fertilized egg begins to grow in the fallopian tube instead of in the uterus. An ectopic pregnancy is considered a medical emergency and must be treated surgically before the fallopian tube bursts.

It is important for the patient to be aware that tubal ligation does not protect against sexually transmitted diseases such as herpes, genital warts, or HIV/AIDS. It protects only against pregnancy.

Reversing the Procedure

Sometimes, a woman who has had a tubal ligation will later decide that she wants to become pregnant after all. This is more often the case when the surgery was performed early in the woman’s childbearing years. There is a possibility that the surgery can be reversed and the fallopian tubes reopened. Reversal of the procedure requires major surgery, and even if it is successful, there is no guarantee that pregnancy will occur. In vitro fertilization is an option for a woman who has undergone tubal ligation who now wishes to become pregnant. Because it is difficult to reverse, tubal ligation should be performed only with the patient’s full understanding of its permanence.