

Facts About **Sterilization for Women (Tubal Ligation/Tubes Tied)**

What is a Tubal Ligation (having your tubes tied)?

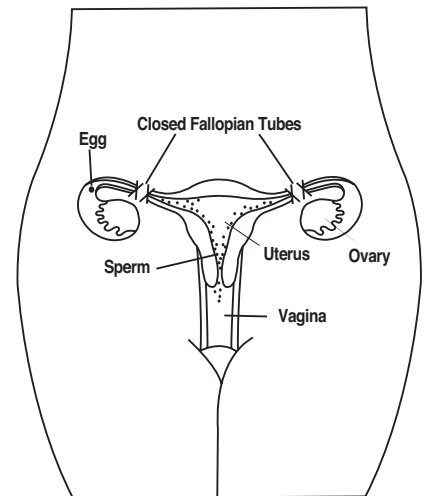
Having your “tubes tied” means having an operation that will close your Fallopian tubes. This will stop any egg from traveling from your ovaries to your uterus to start a pregnancy. This surgery – called Tubal ligation – is a relatively simple outpatient surgery done in an outpatient center or hospital. It can be performed under general anesthesia and you can go home the same day.

How is a tubal ligation done?

There are two ways your doctor can reach your tubes.

1. Laparoscopy – one or two tiny (1/2 inch) openings in your abdomen or belly after it is filled with a harmless gas.
2. Mini Laparotomy – a 1 to 2 inch opening in your abdomen or belly.

Once the opening is made, the doctor cuts and ties each tube with special thread, and closes it with bands, clips or seals it with an electric current.



How well does it work?

A Tubal Ligation is permanent birth control that is over 99% effective at preventing pregnancy. After this surgery, you do not have to use birth control when you have sex.

Why is a Tubal Ligation a good choice for me?

- Your male partner does not have to know about it or do anything different
- Safe and highly effective approach to preventing pregnancy
- Lasts a lifetime, so no need to worry about birth control again
- Quick recovery time after the procedure
- The procedure is simple to do and usually involves only a little bit of discomfort
- It is an outpatient procedure and you can go home the same day
- No significant long-term side effects

A Tubal Ligation is NOT right for you if:

- You want to have more children
- You are being pressured by a partner, friends or family
- You have one or both fallopian tubes closed or blocked
- You have had your “tubes tied” already
- You are allergic to contrast dye used during x-ray exams

Will I have any problems with the Tubal Ligation?

- You may feel some discomfort or have other symptoms that last a few days such as dizziness, nausea, shoulder pain, abdominal cramps, gassy or bloated feeling and/or sore throat (from the breathing tube if general anesthesia is used).
- Very rarely, the tubes that carry sperm can grow back together. When this happens there is a risk of pregnancy. In some cases, this leads to tubal or ectopic pregnancy—when the pregnancy happens in the fallopian tubes, this is a life-threatening condition.
- There is some risk of infection, pain or bleeding.

When can I get the Tubal Ligation?

You can have a tubal ligation at any time. If you are interested in getting a tubal ligation, talk with your doctor or clinic.

For Medicaid or other federal programs to pay for a tubal ligation, you must be 21 years of age and have signed a consent form giving permission 30 days before the procedure.

If you want to have your tubes tied while you are in the hospital right after your baby is born, you must sign your papers at least 30 days before your baby is due.

Once you have signed the papers, you can change your mind any time.

REMEMBER:

- Tubal Ligation does not protect you from STIs (sexually transmitted infections) or HIV (human immunodeficiency virus) you can get when you have sex. Protect yourself; use a condom every time you have oral, anal or vaginal sex.
- Even though you cannot get pregnant, you will still have a monthly period.
- You can still breastfeed your baby after you have your tubes tied.