

## Permanent Female Contraception (Sterilization)

Permanent contraception is also called “sterilization.” This procedure cannot be reversed and you will not be able to have a child in the future.

Permanent contraception may be the right option for you if:

- You have decided that you do not want to get pregnant and do not want to have a child in the future, and
- You are 100% certain of your decision.

You have been told about other options, most specifically:

- IUDs and implants: forms of birth control that work as well as sterilization that just blocks your tubes (called tubal occlusion), but can be stopped or removed if you decide you want a baby. These can be placed during an office visit.
- Vasectomy: male sterilization

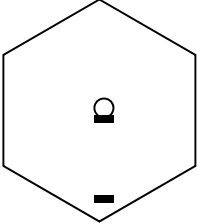
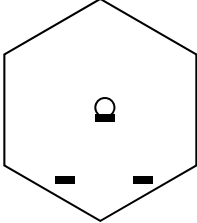
**If you decide to have a permanent contraception procedure, you will NOT be able to have a baby in the future.** There are risks, benefits, and possible discomforts that can happen with a permanent contraception procedure, outlined on the back page.

Permanent contraception is usually performed through a procedure called “*laparoscopy*.” A laparoscopic procedure is also known as “*tubal ligation*” or “*having your tubes tied*.”

For this procedure, you are asleep in an operating room. This surgery is performed inside your belly using a laparoscope, a thin telescope-like instrument. This surgery is immediately effective and you will no longer need any more birth control after the surgery is completed.

With a laparoscopic procedure, you may choose one of two ways to have the surgery:

1. **Tubal occlusion** blocks your Fallopian tubes with a clip or band, or burns a part of your tube.
2. **Tubal removal** is a procedure that removes your fallopian tubes completely. This option requires an additional incision and the surgery lasts 6-10 minutes longer than tubal occlusion. The pain and recovery is about the same as compared to tubal occlusion.

	<b>Tubal Occlusion</b>	<b>Tubal Removal</b>												
<b>How is the procedure done?</b>	<p>Performed in the operating room using a laparoscope, which is a thin telescope-like instrument that looks like a lighted tube. A camera on the tube allows the doctors to see inside your abdomen (belly). Usually <b>2</b> incisions are made in your belly. Instruments are passed through the incisions to <b>operate on the fallopian tubes.</b></p>  <p>The incisions in your tummy are usually 1 at the belly button and 1 above your pubic bone.</p>	<p>Performed in the operating room using a laparoscope, which is a thin telescope-like instrument that looks like a lighted tube. A camera on the tube allows the doctors to see inside your abdomen (belly). Usually <b>3</b> incisions are made in your belly. Instruments are passed through the incisions to <b>remove the fallopian tubes.</b></p>  <p>The incisions in your tummy are usually 1 at the belly button and 2 in your lower belly.</p>												
<b>Risks of Surgery</b>	<ul style="list-style-type: none"> <li>• <b>Failure to complete surgery</b> <ul style="list-style-type: none"> <li>• &lt;1 in 100 surgeries</li> </ul> </li> <li>• <b>Infection</b> <ul style="list-style-type: none"> <li>• 1 in 3000 surgeries</li> </ul> </li> <li>• <b>Bleeding requiring transfusion</b> <ul style="list-style-type: none"> <li>• 3 in 2000 surgeries</li> </ul> </li> <li>• <b>Anesthesia complications</b> <ul style="list-style-type: none"> <li>• 1 in 10,000 surgeries</li> </ul> </li> <li>• <b>Death</b> <ul style="list-style-type: none"> <li>• 1-5 in 100,000 surgeries</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Should be similar to tubal occlusion; BUT, some tubes have bad scarring that makes removal dangerous. A small percentage of women may only be able to have an occlusion procedure on 1 or both tubes.</li> <li>• May be minimally higher than tubal occlusion because of an extra incision</li> <li>• Should be similar to tubal occlusion</li> <li>• Should be similar to tubal occlusion</li> <li>• Should be similar to tubal occlusion</li> </ul>												
<b>Risks of Sterilization</b>	<ul style="list-style-type: none"> <li>• <b>Getting pregnant after the surgery</b> <ul style="list-style-type: none"> <li>• About 1-3 per 100 women over the 10 years after the surgery. The rate depends on your age when sterilized and the type of procedure.<sup>4</sup></li> </ul> <table border="1" data-bbox="503 1554 844 1680"> <thead> <tr> <th>Age</th> <th>5 yrs</th> <th>10 yrs</th> </tr> </thead> <tbody> <tr> <td>18-27 years</td> <td>1.8%</td> <td>3.3%</td> </tr> <tr> <td>28-33 years</td> <td>0.8%</td> <td>2.1%</td> </tr> <tr> <td>34-45 years</td> <td>0.4%</td> <td>0.5%</td> </tr> </tbody> </table> </li> <li>• <b>Ectopic Pregnancy</b> <ul style="list-style-type: none"> <li>• If you get pregnant after the procedure, about 15-30% of pregnancies will be in the fallopian tube</li> </ul> </li> <li>• <b>Regret</b> <ul style="list-style-type: none"> <li>• Depends on age, number of children, relationship status</li> </ul> </li> </ul>	Age	5 yrs	10 yrs	18-27 years	1.8%	3.3%	28-33 years	0.8%	2.1%	34-45 years	0.4%	0.5%	<ul style="list-style-type: none"> <li>• Less well known, but should be close to ZERO for women of all ages</li> <li>• Will be close to ZERO since no pregnancies would be expected</li> <li>• Depends on age, number of children, relationship status</li> </ul>
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<b>Risk of Ovarian Cancer later in life</b>	Decreases lifetime risk by 1/3	May decrease lifetime risk by about 1/2 and possibly more												