

FEMALE STERILIZATION - TUBAL LIGATION / OCCLUSION

A method of sterilization by blocking the fallopian tubes so that the ovum (egg) is unable to meet the sperm for fertilization. It is often referred to as “having a woman's tubes tied.”

Why is it done?

This is for prevention of unwanted pregnancy. It is important to receive adequate information and advice from your doctor before deciding to undergo this surgery. Sterilization is considered a permanent form of birth control, although in some cases it can be reversed.

Before the procedure

- Consent for sterilization should be signed.
- Relevant investigations that may be taken will depend on your medical illness and age. This may include blood tests, ECG (electrocardiogram) and chest X-ray.
- You are required to fast for at least 6 hours before surgery (no food or drinks at all for 6 hours). For example, if the surgery is in the morning, you should skip breakfast. If it is in the afternoon, you can have an early light breakfast (eg. tea/coffee/milo and toast) but make sure that this is taken at least 6 hours before the surgery. Please reconfirm this with your doctor.

Description of procedure

- The procedure is performed in a hospital as a daycase, usually under general anaesthesia.
- Several techniques are available to get access to the tubes, and these are:
 1. Laparoscopy (most common procedure) – this involves the use of a laparoscope (which is a small lighted telescope) inserted below the patient's umbilicus (navel) into the abdominal cavity. It is connected to a high resolution television camera so that the doctor can see the internal organs.
 2. Mini-laparotomy involves an approach through an incision just below the umbilicus (navel). This approach is favoured in women having the tubal ligation immediately following delivery.
 3. A laparotomy, which requires a standard surgical incision through the abdomen, is a more complicated method of tubal ligation and is usually reserved for cases when there is scarring from previous surgery, or the laparotomy is necessary for another condition.
- When the procedure is done via a laparoscopy, the tubes are clamped off using either a clip (Filshie) or band. This is not actually ligation but tubal occlusion. With a laparotomy, the tubes are handled directly and a segment is generally removed. The cut segments are then tied with absorbable sutures.
- If an incision was made, the skin is closed with sutures. Often, the sutures used are absorbable and don't need to be removed.
- A new medical device and procedure that is designed to provide a non-incisional alternative to tubal ligation has been introduced but currently not widely available. This is the ESSURE system, whereby the fallopian tubes are blocked by insertion of a plug (soft, flexible coils called “micro-inserts”). Eventually, this will form a tissue barrier (like scar tissue) to block the tubes so that sperm cannot reach the egg. This procedure is performed with the help of a hysteroscope (a telescope which is inserted into the uterine cavity via the vagina and cervix).

Possible Complications

- Inadvertent injury to surrounding structures.
- Infection or bleeding.
- Failure of the sterilization procedure (about 0.5% or less for all techniques). This may result

in an ectopic pregnancy.

- Possibility of regret in later years
- Some women might have some irregularity in the timing of their menstrual cycles.

Post-procedure care

- Similar to most daycase procedures, you will be allowed to return home on the same day.
- Bathe and shower as usual. Wipe dry the incision site with a clean dry towel after the shower.
- Pain relief medication should generally be required for only 2 to 5 days following the procedure.
- Antibiotics are not routine given unless if infection is present.
- Resume your normal activities, including work, as soon as possible following the surgery. This may take a few days to a week. Recovery is generally faster with laparoscopy than with laparotomy.
- Avoid vigorous exercise for 2 weeks after surgery.
- If you had laparoscopy, there may be slight vaginal bleeding for a few days. You can resume driving 3 days after returning home if you are able to do normal activities and are pain-free.
- Sexual relations may be resumed when your doctor has determined that healing is complete.
- There is no specific dietary restriction. Eat a healthy and balanced diet.
- Please note that this method is not 100% effective. A small proportion of women who had sterilization may still conceive. Therefore, you should see your doctor if you have missed your period or if you suspect that you may be pregnant.

See your doctor immediately if there is:

- Increasing pain, swelling, redness, discharge or bleeding in the surgical area.
- Excessive vaginal bleeding.
- The urge to urinate frequently, especially if associated with pain and abnormal urine colour.
- Persistent and abnormal vaginal discharge.
- Increasing nausea and vomiting, with or without abdominal distention.
- Short of breath or feel faint.
- Signs of infection, including headache, muscle aches, dizziness or a general ill feeling and fever.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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