

Great Valley OB/GYN

Female Sterilization

The intent of female sterilization is to cause permanent and irreversible inability to conceive a child. However, this result cannot be guaranteed. Any future surgical procedure to reverse the sterilization and restore fertility is likely to be very costly, not covered by insurance, and unlikely to be successful.

Even when the operation is performed properly, failure resulting in pregnancy occurs in up to 5% of cases. The risk of pregnancy persists for years after sterilization. When a future pregnancy does occur, approximately 33 % of the time the pregnancy is outside the uterus (ectopic pregnancy) and may require additional surgery or medication for its removal. Those pregnancies cannot proceed safely, nor can they be transplanted to the inside of the uterus. The likelihood of ectopic pregnancy as well as later regret at having had the procedure is highest in women under 30 years old.

There are numerous temporary and reversible methods of birth control including: birth control pills, patches and vaginal rings, Depo-provera injections, condoms, spermicide, diaphragm, intrauterine devices (IUDs), and natural family planning.

An alternative permanent method of birth control, vasectomy, is available for men.

There are several ways for female sterilization to be done. One way is to have laparoscopy performed in the operating room under general anesthesia. One or two small skin incisions are required. The abdomen is filled with carbon dioxide gas to allow visualization of the pelvic organs. The fallopian tubes are then electro-coagulated, causing destruction of a portion of the tubes. Most people go home after just a couple of hours. The principle risks of laparoscopic sterilization are infection, injury to intra-abdominal or pelvic organs requiring appropriate repair, and excessive bleeding which may require transfusion. Permanent nerve injury may occur. Hernia formation at the incision site(s) may occur. There are also risks related to general anesthesia. The mortality rate for this procedure is 1-2 deaths per 100,000 procedures performed. There will be a recuperation period after surgery which will involve some incisional pain. There may also be a few days of some shoulder and neck discomfort due to residual carbon dioxide gas in the abdomen until it is completely absorbed.

Essure is an alternative to laparoscopic sterilization. Essure involves placement of small flexible titanium coils in the fallopian tubes and is performed in the office using a local anesthetic. Recuperation may involve some cramping and a small amount of vaginal bleeding. An x-ray called a hysterosalpingogram (HSG) is recommended three months after coil placement to confirm that the tubes are blocked and no additional birth control method is needed. More information regarding Essure is available on their website.

Regardless of the method of sterilization, menstrual periods may be heavier and/or associated with more cramping after the procedure. Some women have also reported an increase in PMS symptoms including but not limited to severe mood swings, headaches, and breast pain. Sterilization does not protect against sexually transmittable infections.