
Contraception - tubal ligation

Summary

- Tubal sterilisation (sometimes referred to as tubal ligation or 'having your tubes tied') is a permanent method of contraception.
 - Using keyhole surgery, clips are put on the fallopian tubes to block the sperm and egg from meeting.
 - Your surgeon might recommend that your fallopian tubes are removed rather than clipped, to decrease your risk of ovarian cancer.
 - Tubal sterilisation does not give protection from sexually transmissible infections (STIs).
 - The best way to reduce the risk of STIs is to use barrier methods such as condoms with all new sexual partners.
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What is tubal sterilisation?

Tubal sterilisation, also known as tubal ligation or 'having your tubes tied', is a permanent method of contraception that you can choose if you are sure that you do not want to have children in the future.

Using keyhole surgery, the surgeon puts clips on the fallopian tubes to block the sperm and egg from meeting. In some instances, the fallopian tubes are removed rather than clipped.

How does tubal sterilisation prevent pregnancy?

When you ovulate, an ovum (egg) is released from the ovary and moves down the fallopian tube. If the ovum meets a sperm, conception may happen. Tubal sterilisation blocks the path of the sperm through the fallopian tube. Eggs are still released by the ovaries, but are broken down and safely absorbed by the body.

The ovaries are not affected by sterilisation. They will continue to release the same hormones and your periods will keep happening as usual. Sterilisation does not cause menopause or affect your sex drive or enjoyment of sex.

Even though tubal sterilisation can often be reversed, it is considered to be a permanent method of contraception.

Tubal sterilisation – issues to consider

If you are thinking about sterilisation, issues to talk about with your doctor include:

- your reasons for wanting to be sterilised
- whether tubal sterilisation is the best option for you
- whether removal of the fallopian tubes is a good option
- whether tubal sterilisation is recommended for women of your age
- whether other methods of contraception might be more suitable
- any side effects, risks and complications of the procedure.

Women with a disability who are incapable of giving their own consent

Under the *Guardianship and Administration Act 1986*, sterilisation is defined as a 'special medical procedure'.

A person is considered incapable of consenting to a special medical procedure if they:

- are incapable of understanding the general nature and effect of the procedure
- are incapable of indicating whether or not they consent to the procedure.

Where a woman with a disability does not have the capacity to consent to special medical procedures, a guardian cannot provide the consent for sterilisation on her behalf.

However, the **Victorian Civil and Administrative Tribunal** can consider an application for sterilisation and provide the consent where agreed.

Tubal sterilisation – operation procedure

Tubal sterilisation is an operation that is usually done under general anaesthetic using a procedure called laparoscopy. Between one and three small cuts are made around the navel (belly button). A telescopic device called a laparoscope is put in through one of the cuts.

A small camera at the tip of the laparoscope sends an image to a screen for the surgeon to see the internal organs. The surgeon works through these small holes to:

- put clips on the fallopian tubes, or
- put clips on the fallopian tubes and cut them, or
- cut and seal the fallopian tubes with heat (diathermy), or
- remove the fallopian tubes.

After tubal sterilisation

After having the operation, you can expect to:

- have some pain and nausea in the first four to eight hours (you may need pain medication for a short time)
- have some abdominal pain and cramps for 24 to 36 hours
- go home the same day
- have no changes to your periods
- have the stitches taken out after seven to 10 days
- see your surgeon for a check-up in six weeks.

Risks and complications of tubal sterilisation

Possible risks and complications from the tubal sterilisation operation include:

- an allergic reaction to the anaesthetic
- damage to nearby organs, such as the bowel or ureters
- infection, inflammation and ongoing pain
- haemorrhage (very heavy bleeding)
- infection of the wound or one of the fallopian tubes.

Longer-term possible risks and complications of tubal sterilisation include:

- pregnancy (the method is more than 99 per cent effective, but there is a very small chance of the tubes getting unblocked, which would mean a pregnancy could happen)
- ectopic pregnancy, where a pregnancy develops outside the womb (usually in the fallopian tubes) rather than in the uterus (womb).

Caring for yourself after tubal sterilisation

It is important to follow the advice of your doctor or surgeon. Suggestions for caring for yourself after having surgery include:

- Avoid intense exercise for seven days.
- You can take pain medication to manage the pain, but see your doctor if the pain is very strong.
- You can usually go back to work within a few days.
- You can start having sex again as soon as you feel ready. This is because the procedure starts working straight away.

Reversing tubal sterilisation

A person usually chooses sterilisation if they are sure that they do not want to have children in the future, but

circumstances can change.

Tubal sterilisation can sometimes be reversed, but this is not always successful. Success rates depend on the age of the person having the reversal, and the way in which the tubal sterilisation was performed. If the fallopian tubes were removed, this cannot be reversed, although IVF is possible.

To reverse the procedure, the fallopian tubes are reached through a cut in the abdomen and the surgeon re-joins the cut tubes using very small stitches.

Generally, the chance of getting pregnant after reversal of a tubal sterilisation is about 60 per cent, with about 50 per cent having a baby after a reversal procedure. The partner's age also impacts a woman's ability to get pregnant.

The risk of ectopic pregnancy after a successful reversal is quite high. This is because scar tissue can stop the fertilised ovum from moving down the fallopian tube.

Tubal occlusion

Tubal occlusion is a sterilisation procedure that, since 2017, is no longer available in Australia.

The procedure involves putting a tiny, flexible device called a micro-insert (Essure™) into each fallopian tube. After having the procedure, the body grows scar tissue around the micro inserts, which blocks the fallopian tubes.

Other methods of contraception

Other contraceptive methods include:

- hormonal implants
- hormonal and copper intrauterine devices (IUDs)
- hormonal injections
- oral contraceptive pills, such as the combined pill and the mini pill
- vaginal rings
- barrier methods, such as condoms
- vasectomy, which is a relatively simple method of permanent contraception for men.

Protection from sexually transmissible infections

Sterilisation does not give protection from sexually transmissible infections (STIs). It is important to practise safer sex, as well as to prevent an unintended pregnancy.

The best way to lessen the risk of STIs is to use barrier methods such as condoms with all new sexual partners. Condoms can be used for oral, vaginal and anal sex to help stop infections from spreading.

Where to get help

- **'1800myoptions'** can provide information on a range of private and public clinics and services Tel. **1800 696 784**
- Your **GP**
- **Pharmacist**
- Many community health services and public hospitals will have a family planning clinic, a sexual health clinic or women's health clinic
- **Family Planning Victoria** – comprehensive sexual and reproductive health services for people of all ages Tel. **1800 013 952** or **(03) 9257 0100**
- Some private clinics which offer abortion also offer contraceptive services.

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