## factsheet

# PERMANENT CONTRACEPTION: TUBAL LIGATION



## What is tubal ligation?

Tubal ligation is the main sterilisation procedure for women and people with a uterus. It is a permanent form of contraception.

Tubal ligation is a surgical procedure that blocks the fallopian tubes that carry the egg to the uterus. Blocking the fallopian tubes prevents the egg and sperm meeting. This stops pregnancy from occurring. The ovary will still release an egg each month, but it will be absorbed by the body.

Sterilisation is permanent, and some types of surgeries cannot be reversed. It is important to think carefully about whether you do or do not want to have the option to have a child in the future.

Sterilisation is a decision to make for yourself. Nobody should force you to have a sterilisation. If you are thinking about sterilisation, take your time and avoid making decisions while you are under pressure or stress.

## How is the procedure undertaken?

Tubal ligation is an operation done under general anaesthetic (putting you to sleep). It is usually done using a procedure called a laparoscopy (or keyhole surgery).

One or two small cuts are made in the abdomen, one at the belly button and one below the pubic hairline. A tiny telescope called a laparoscope is put in through one of the cuts so that the doctor can see the fallopian tubes. The fallopian tubes are then closed with clips, rings or by cutting and tying. This can be done as a day procedure.

Sometimes a laparotomy (a larger cut in the abdomen) is used for tubal ligation instead. Most people need to stay in hospital for a few days after a laparotomy for the cut to heal.

#### How well does it work?

Tubal ligation works immediately and is more than 99.5% effective at preventing pregnancy. Sterilisation does not protect you against sexually transmitted infections (STIs). You should still consider using condoms as protection against STIs.

## Can the procedure fail?

While sterilisation is 99.5% effective at preventing pregnancy, it can still fail.

If you do get pregnant after sterilisation, there is an increased chance of having an ectopic pregnancy (pregnancy outside the uterus) which can cause dangerous internal bleeding.

It is important to see your doctor straight away if you become pregnant after sterilisation.

#### What should I expect?

Sterilisation does not cause any changes to your periods. It does not affect sexual intercourse or libido (sexual feelings). Some people feel more relaxed after the procedure as they are no longer worried about getting pregnant.

### What about complications?

Procedures that involve a general anaesthetic might cause nausea or tiredness over a couple of days.

After laparoscopy, there may be some tummy or shoulder pain which improves over a day or two. It can be about 7 days before you feel completely well again.

As with any operation, complications such as bleeding and infections are possible, but they are not common.

#### Can it be reversed?

It can sometimes be possible to repair the fallopian tubes after laparoscopic sterilisation.

Only about 50% of women can get pregnant after the reversal. The success rate will depend on many factors including the woman's age and the type of sterilisation.

There is also a higher risk of ectopic pregnancy after reversal.

# How do I get the procedure?

To get a sterilisation, speak to your GP or visit a Family Planning Australia clinic. They can refer you to a private gynaecologist or public hospital.

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#### For more information

- Visit your nearest Family Planning Australia clinic <u>fpnsw.org.au/clinics</u>
- Chat to a nurse via Talkline 1300 658 886 or fpnsw.org.au/talkline
- National Relay Service (for people who are d/Deaf, hard of hearing or have speech communication difficulties) – 133 677
- Translating and Interpreting Service (TIS National) – 131 450
- Family Planning NSW client resource on contraception – What suits me? fpnsw.org.au/healthinformation/contraception/contraceptionon-options

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