Family Planning Tasmania.

Female sterilisation (tubal ligation)

Female sterilisation is also known as having your tubes tied. Sterilisation is a safe and permanent contraceptive method involving a surgical procedure.

Female sterilisation involves preventing the sperm from reaching the egg by blocking the fallopian tubes. Fallopian tubes are the tubes that the eggs travel down to the uterus.

The only form of female sterilisation is tubal ligation.

What is tubal ligation?

- Tubal ligation is where the fallopian tubes are blocked with small clips.
- It works by stopping the egg from moving through the fallopian tube, which prevents the sperm from meeting the egg.
- The ovaries will continue to produce eggs, but these will be absorbed by the body.
- Tubal ligation is 99.5% effective at preventing pregnancy.
- It should be considered as a permanent method of contraception.
- If reversal is attempted, the pregnancy success rate is around 50% .
- Tubal ligation is done through keyhole surgey, called a laparoscopy.This means small cuts will be made in the abdomen (belly) while under general anaesthetic (going under).

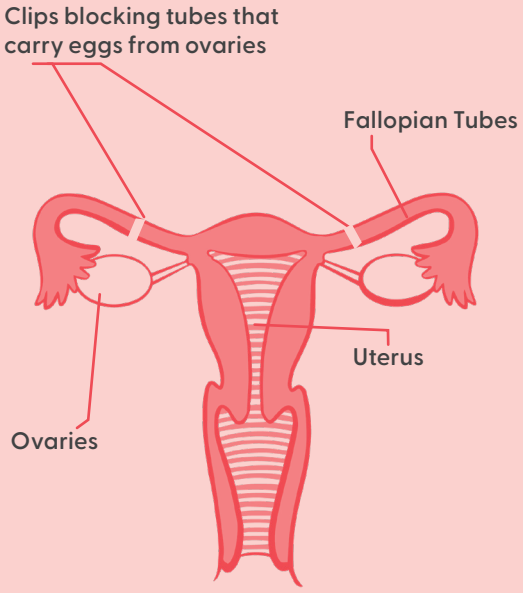
Quick facts about tubal ligation

Tubal ligation is 99.5% effective and one of the most effective methods of contraception. It is considered to be a permanent form of contraception (lasts forever).

There are four main types of tubal ligation. The most common is small clips inserted in the fallopian tubes. Other methods include having the tubes cut and tied, sealed using a cautery (heat), or blocked using a plastic band. Each method is equally effective.

Other forms of contraception should be used to prevent STIs, such as barrer methods of contraception like condoms.

Female Reproductive System



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How do I get a tubal ligation?

Step 1
Visit a doctor. If you are considering a tubal ligation you should make an appointment to speak to a doctor. They will explain the procedure, organise a referral for you to see a gynaecologist (women's health specialist doctor) and arrange any necessary tests.

Step 2
See a gynaecologist. During your appointment with the gynaecologist, they will carry out an assessment to see if you're suitable for the procedure. If you are deemed suitable and are a private patient, a date for the surgery will be arranged. If you are a public patient, you will be placed on the surgical waiting list.

Step 3
Tubal ligation Surgery. A small cut is made in the lower abdomen (belly) and the clips are placed on the fallopian tubes. You will need a general anaesthetic and can usually go home the same day. In some instances you may have to stay in hospital overnight.

Step 4
Recovery. You may experience some discomfort after your surgey. This is common.

Advantages of a tubal ligation

- Highly effective and permanent.
- Can be carried out at a public hospital at no cost (although waiting times can be long).
- Does not usually change your menstrual cycle. Those who have used hormonal contraception previously may notice a change in bleeding.
- Is an alternative to hormonal contraception.
- Does not affect sexual arousal, enjoyment, response or orgasm.

Possible side effects

- Scarring and/or bruising at the wound site.
- Post-operative infection.
- Abdominal and shoulder pain for a few days after the procedure.
- Damage to blood vessels or the bowel during surgey (this is very rare).

What else do I need to know?

- You can breastfeed after a tubal ligation.
- Tubal ligation does not protect you from sexually transmitted infected (STIs), soyou will need to use a barrier method of protectiono such as a condom to prevent STIs.

Is it right for me?

Tubal ligation may not be the best option if you:

- Don't have any children and think you might want children later
- Are young (particularly aged under 30).

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