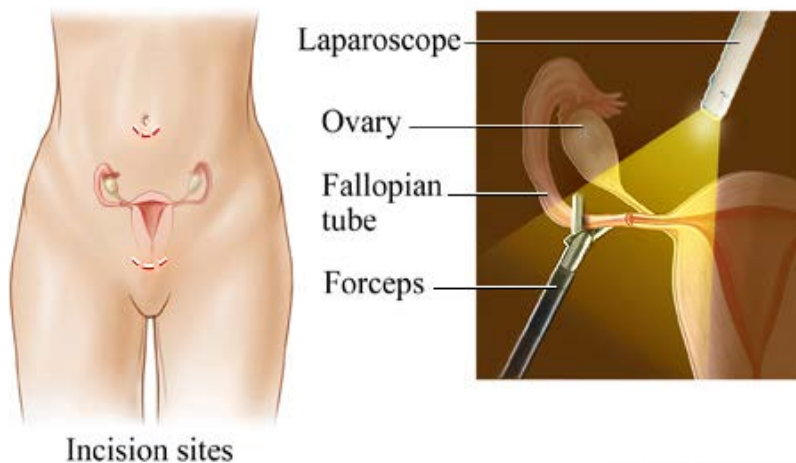


How does a tubal ligation work?

A fallopian tube is attached to each side of your uterus (womb). Tubal ligation is surgery to close your fallopian tubes. It is also called female sterilization or having your "tubes tied". Your surgeon uses a laparoscope to do the surgery. This scope is a long metal tube with a magnifying camera and a light on the end. It is put into your abdomen through one or more small incisions (cuts).

How is a tubal ligation performed?

During a tubal ligation, your fallopian tubes are burned shut, cut, or closed with a type of clip. Immediately after your tubes are closed, sperm will not be able to reach an egg and cause pregnancy. A tubal ligation is an effective and permanent (lifelong) form of birth



control. Before having this surgery, **you must be sure that you never want to become pregnant in the future.** You will still have monthly periods after your tubal ligation. A tubal ligation will not protect you from sexually transmitted diseases.

Are there any side effects or risks?

There are always risks with surgery. During any surgery, you may bleed more than usual, have trouble breathing, or get an infection. Blood vessels or organs such as your bowel or bladder could be injured during surgery. Although pregnancy is unlikely after a tubal ligation, there is a small chance of it. If pregnancy does occur, there is an increased risk of having an ectopic pregnancy (pregnancy in the tubes). A tubal ligation can be reversed but it does not mean you will be able to get pregnant again.

What are the other options?

Another permanent method of birth control is Essure, which is placing small coils in the fallopian tubes to block them. Other effective non-surgical methods include IUDs (intrauterine devices) and implants (such as Nexplanon). These non-surgical methods are just as effective as tying your tubes.

Getting ready for surgery

The week before your surgery:

Ask your doctor if you need to stop taking any prescribed or over-the-counter (OTC) medicine before your surgery. Medicines you may need to stop taking include aspirin, ibuprofen, or prescription blood thinners. Do not stop any of your medications without asking a doctor or nurse first.

You may need to have tests done before the surgery, such as blood tests. Ask your caregiver for more information about these and other tests that you may need. Write down the date, time, and location of each test.

Arrange to have a family member or friend drive you home after surgery.

The night before your surgery:

Your stomach needs to be completely empty (no food or water) for 6 to 12 hours before your surgery.

If you have diabetes, ask your caregiver for special instructions about what you may eat and drink before your surgery. If you use medicine to treat diabetes, your caregiver may have special instructions about using it before surgery. You may need to check your blood sugar more often before and after having surgery.

The day of your surgery:

Write down the correct date, time, and location of your surgery.

Medicines: Ask your caregiver before using any medicine on the day of your surgery. If you do need to take medicine by mouth on the day of your surgery, take it with as little water as possible. Bring a list of your medicines or the containers with you to the hospital.

Bathing: Take a complete bath or shower and wash your hair before your surgery. You may not be able to fully bathe until a few days after the surgery. Remove any nail polish.

Contacts, dentures, and hearing aids: Do not wear contact lenses the day of your surgery. You may wear your glasses. If you regularly wear dentures or hearing aids, wear them to the hospital. Your caregivers will need for you to hear them, and talk to them clearly before the surgery. You may have to remove them before going to the operating room.

Informed consent: You have the right to understand your health condition in words that you know. You should be told what tests, treatments, or procedures may be done to treat your condition. Your doctor should also tell you about the risks and benefits of each treatment. You may be asked to sign a consent form that gives caregivers permission to do certain tests, treatments, or procedures. If you are unable to give your consent, someone who has permission can sign this form for you. A consent form is a legal piece of paper that tells exactly what will be done to you. Before giving your consent, make sure all your questions have been answered so that you understand what may happen.

After your surgery: You will be taken to a recovery room. There, caregivers will watch you closely until the anesthesia wears off. You will most likely go home the same day. A bandage will cover the staples or stitches closing the incisions in your abdomen.

Avoid any tampons, douching or intercourse for the first 2-4 weeks after surgery. You may be given pain medications afterward; do not drive if you are taking narcotic painkillers.