Female Sterilization

What is sterilization?
Sterilization is permanent birth control. There are several types of female sterilization procedures. All of them close off the fallopian tubes so that sperm and eggs cannot meet.

Why is sterilization done?
For women who are certain that they will never want to be pregnant in the future, sterilization provides a convenient, effective solution. Some women prefer the freedom that comes with no longer worrying about birth control, and find they are able to enjoy sex more. Others are glad to no longer have the side effects they have experienced from other birth control methods. If a pregnancy would be harmful to a woman’s health, sterilization provides a permanent, effective way to prevent it.

What are the alternatives?
There are nonpermanent birth control options that are as effective or nearly as effective as sterilization for preventing pregnancy.

- An IUD is a small device placed in the uterus containing either copper or a hormone. IUDs have a failure rate of less than 1 percent and last up to 5 years (hormonal) or 10 years (copper).
- The birth control implant called Nexplanon® has a failure rate of less than 1 percent and is effective for up to 3 years.
- With typical use, combination birth control pills (containing both estrogen and progestin) have a failure rate of 8 percent.

How is sterilization done?
All sterilization methods prevent egg and sperm from meeting in the fallopian tubes. Today, we have two main options for female sterilization: a procedure done in an office visit (hysteroscopic sterilization), or a surgical method. You and your doctor can decide on the method that’s best for you based on your individual needs.

Hysteroscopic sterilization (Essure)
Hysteroscopic sterilization (also called the Essure procedure) does not require surgery and can be performed in our medical offices.

During the procedure, we use an instrument with a very small camera called a hysteroscope to observe the inside of the uterus. We gently insert the hysteroscope into your uterus through your cervix. We then place small micro-inserts (coils) into each fallopian tube. Over time, tissue grows around these coils to completely block the fallopian tubes. An X-ray dye test is done 3 months after your procedure to confirm that your fallopian tubes have been completely blocked. For women who’ve had the Essure procedure, the risk of pregnancy is less than 1 percent.

Advantages
- It is a highly effective method of birth control.
- It can be done in a doctor’s office without general anesthesia, incisions, or bandages.
- You can usually go back to your normal activities right after the procedure.
- You are awake and we can talk to you throughout the entire process. You are given a sedative to help you relax before we start the procedure.

Disadvantages
- It takes about 3 months for scar tissue to form so that your tubes become blocked. During that time you will need to use another method of birth control.
- You have to come back and have an X-ray dye test to make sure the tubes are blocked completely before you stop using your backup method of birth control.
- In rare instances the coils cannot be placed or do not block the tubes, and another method of birth control or sterilization may be needed.

Surgical options
There are a few different methods of surgical sterilization.

In a laparoscopic tubal ligation, two very small incisions are made to close your fallopian tubes. The procedure usually takes about 15 minutes and is performed under general anesthesia. It is an outpatient procedure, so you can go home the same day as your surgery.

A minilaparotomy uses an incision lower on the abdomen. This can be done under general anesthesia, but can also be done under spinal or epidural anesthesia. The recovery time tends to be longer than for a laparoscopic tubal ligation.
A tubal ligation with a C-section is performed immediately after giving birth by C-section. We use the same incision as the one made for your baby’s birth to permanently close the fallopian tubes. It adds a few minutes to the length of surgery and your recovery time is the same.

A postpartum tubal ligation is done after a vaginal delivery, using a small incision at the belly button. This procedure can be done right after childbirth or a day or two later. If you have an epidural during delivery, we may be able to perform the procedure without additional anesthetic. Other times, the procedure can be done under general anesthesia so that you are asleep.

Postpartum tubal ligations are not available at all Kaiser Permanente facilities. Please ask your doctor if it’s available at your facility.

Advantages
• During surgical procedures, we can look at the inside of your abdomen to make sure there is no problem with your uterus, ovaries, or fallopian tubes.
• If you are already having a C-section, a tubal ligation at that time requires little additional inconvenience.
• These procedures are highly effective birth control, with a failure rate of less than 1 percent.

Disadvantages
• Laparoscopic sterilization is always done under general anesthesia. There are surgical risks of bleeding, infection, reaction to anesthesia, and injury to the internal organs.
• With surgical methods, it’s likely you’ll have more pain and a longer recovery time than with the Essure procedure.

How do I choose a sterilization procedure?
You and your doctor will discuss the benefits and risks of the procedures based on your medical history and personal preferences. Be sure that you understand the risks, benefits, and other options before you make a decision. Ask questions if anything is unclear to you. The costs of the different procedures may vary depending on your medical history and type of insurance coverage. We recommend that you determine what your costs would be for the procedure(s) you are interested in and take that into account as you make a decision. For information about costs, you can call your employer’s benefits office or Member Services.

How do I know if sterilization is right for me?
Only women who are certain they do not want to get pregnant in the future should consider sterilization. If you feel at all unsure, a long-acting but non-permanent method, such as an IUD or implant, may be a better choice. Sterilization is intended to be permanent. If you change your mind and decide that you want to get pregnant, you must have a reversal procedure to put the tubes together again. The reversal procedure doesn’t always work, so you may not be able to regain the ability to get pregnant. Additionally, the reversal procedure is expensive and may not be covered by insurance.

If you are considering postpartum sterilization, keep in mind that the way you feel about having more children may change in the weeks and months after your baby’s birth. Discuss your feelings and any concerns with your partner, counselor, or doctor before making a decision.

Keep in mind that a vasectomy for your partner is a very safe and effective alternative to female sterilization. If a vasectomy fails and you become pregnant, your risk of ectopic pregnancy is not increased, whereas if a tubal ligation or Essure procedure fails, the risk of an ectopic pregnancy is higher. Talk with your partner and your doctor to discuss whether a vasectomy may be a better option for you.

Other resources
Visit kp.org/mydoctor to:
• View most lab results and check your preventive health reminders
• Email your doctor
• Use interactive online tools to help keep you and your family healthy

Contact your Kaiser Permanente Health Education Center or Department for books, videos, classes, and additional resources.

If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.

For additional information regarding benefit coverage, call the Member Services Contact Center at 1-800-464-4000 or refer to your health plan, Evidence of Coverage (EOC).

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