

Tubal Ligation & Tubal Occlusion

Female sterilization by tubal ligation is a permanent surgical procedure where the two fallopian tubes, which transport the eggs from the ovaries to the uterus, get disconnected. Tubal ligation is considered permanent, because reversal is costly, difficult, and not guaranteed.

Female sterilization by tubal occlusion is a permanent procedure where a micro-insert is placed into each of the fallopian tubes. The micro-inserts work with your body to form a natural barrier that keeps sperm from reaching the eggs, preventing pregnancy.

How does it work?

- There are a few types of one-day surgeries/procedures for female sterilization, which is performed by a gynaecologist:

Tubal ligation:

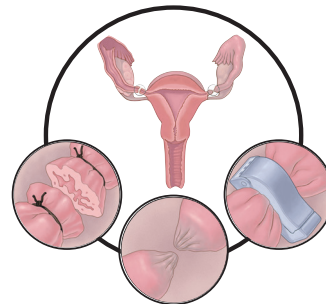
- Laparoscopy – using a general anesthesia, the doctor will make small incisions over the abdomen and either clip, burn or remove the fallopian tubes.
- Abdominally – during a caesarean section, a gynaecologist can access the fallopian tubes to either clip or remove them.

Tubal occlusion:

- Hysteroscopy – using only local anesthesia, a gynaecologist will put micro-inserts in your fallopian tubes through a vaginal approach. It takes 3 months for this method to be effective, at which time a confirmation test (e.g. x-ray, ultrasound) is done to make sure the tubes are fully blocked.

How effective is it?

- Although female sterilization is highly effective, failures do occur and can occur many years after the procedure. Failure rates vary on which technique is used.
- Be sure to review the latest data available with your health care provider before selecting the option that is most appropriate for your needs.



Advantages

- + Safe and highly effective
- + Long-lasting – permanent
- + Simple procedure
- + Does not interfere with sex
- + Does not affect sexual function
- + Discreet and cost-effective
- + No hormones
- + May reduce the risk of ovarian cancer (specific to tubal ligation)
- + No incisions or scars (specific to tubal occlusion with micro-inserts)
- + Can be safely performed in an outpatient setting (specific to tubal occlusion with micro-inserts)

Disadvantages

- Permanent and irreversible
- Risk of having regrets later on
- Not effective immediately when micro-inserts are used – must use another contraception method for 3 months and do a follow-up confirmation test (e.g. x-ray, ultrasound) that shows if tubes are fully blocked (specific to tubal occlusion with micro-inserts)
- Possible short-term surgery-related complications: pain, bleeding, infection at the incision site, trauma to adjacent organs in the abdomen
- Possible procedure-related complications during and following the micro-inserts placement: pain, cramping and vaginal bleeding (specific to tubal occlusion with micro-inserts)
- Risk of ectopic pregnancy if failure occurs
- Rarely, risk of not being able to put in the micro-inserts or of them slipping out (specific to tubal occlusion with micro-inserts)
- Follow-up may be required (x-ray) (specific to tubal ligation)
- Rarely, the fallopian tubes could reconnect by themselves (specific to tubal ligation)
- Does not protect against STIs