



FAQ

FREQUENTLY ASKED QUESTIONS

FAQ035

CONTRACEPTION

Sterilization by Laparoscopy

- [What is sterilization?](#)
- [What is the sterilization procedure for women?](#)
- [How is tubal sterilization done?](#)
- [How effective is laparoscopic sterilization in preventing pregnancy?](#)
- [Does tubal sterilization protect against sexually transmitted infections?](#)
- [How is laparoscopic sterilization performed?](#)
- [What are the risks associated with laparoscopic sterilization?](#)
- [What are the benefits of laparoscopic sterilization?](#)
- [What should I expect after having laparoscopic sterilization?](#)
- [What should I consider when choosing a sterilization method?](#)
- [When should sterilization be avoided?](#)
- [What if I decide I want to become pregnant after I have laparoscopic sterilization?](#)
- [What are some alternatives to sterilization?](#)
- [Glossary](#)

What is sterilization?

Sterilization is a permanent method of **birth control**. It is the most popular form of birth control worldwide.

What is the sterilization procedure for women?

Tubal sterilization is sterilization for women. In tubal sterilization, the **fallopian tubes** are removed or cut and tied with special thread, closed shut with bands or clips, or sealed with an electric current. Tubal sterilization prevents the **sperm** from reaching the **egg**.

How is tubal sterilization done?

Tubal sterilization can be performed two ways: 1) with a **minilaparotomy** or 2) with **laparoscopy**.

How effective is laparoscopic sterilization in preventing pregnancy?

Laparoscopic sterilization is highly effective. Depending on how the fallopian tubes are closed, pregnancy rates within 10 years of having the procedure range from 18 out of 1,000 women to 37 out of 1,000 women.

Does tubal sterilization protect against sexually transmitted infections?

Tubal sterilization does not protect against **sexually transmitted infections (STIs)**, including **human immunodeficiency virus (HIV)** (see FAQ009 How to Prevent Sexually Transmitted Infections). Women at risk of STIs should use a male or female condom to protect against these infections.

How is laparoscopic sterilization performed?

In laparoscopy, an instrument called a laparoscope is inserted through a small incision made in or near the navel. Another small incision may be made for an instrument to close off or remove the fallopian tubes. The fallopian tubes can be closed off

by bands or clips. They also can be cut and closed with special thread or sealed with an electric current. The laparoscope then is withdrawn. The incisions are closed with stitches or special tape.

What are the risks associated with laparoscopic sterilization?

Sterilization by laparoscopy has a low risk of **complications**. The most common complications are those related to **general anesthesia**. There is a risk of injury to the bowel, **bladder**, or a major blood vessel. If an electric current is used to seal the fallopian tubes, there is a risk of burn injury to the skin or bowel. Other risks include bleeding from the incisions made in the skin and infection.

Pregnancy is rare after sterilization. If pregnancy does occur, the risk of an **ectopic pregnancy** is higher than in women who did not have sterilization.

What are the benefits of laparoscopic sterilization?

Laparoscopy has some benefits over minilaparotomy. Recovery usually is quicker. There are fewer complications. It usually is performed as outpatient surgery, meaning that you can go home the same day.

What should I expect after having laparoscopic sterilization?

After surgery, you will be observed for a short time to be sure that there are no problems. Most women can go home 2–4 hours after the procedure. You will need someone to take you home. You may feel some discomfort or have other symptoms that last a few days:

- Dizziness
- Nausea
- Shoulder pain
- Abdominal cramps
- Gassy or bloated feeling
- Sore throat (from the breathing tube if general anesthesia was used)

Most women return to their normal routines within 1 week of surgery.

What should I consider when choosing a sterilization method?

Deciding on a method of sterilization involves considering the following factors:

- Personal choice
- Physical factors, such as weight
- Medical history

Sometimes previous surgery, **obesity**, or other conditions may affect which method can be used.

When should sterilization be avoided?

You should avoid making this choice during times of stress (such as during a divorce or after losing a pregnancy). You also should not make this choice under pressure from a partner or others. Research shows that women younger than 30 years are more likely than older women to regret having the procedure.

What if I decide I want to become pregnant after I have laparoscopic sterilization?

If you choose to have sterilization and you change your mind after the operation, attempts to reverse it may not work. After tubal sterilization is reversed, many women still are not able to get pregnant. Also, the risk of problems, such as ectopic pregnancy, is increased.

What are some alternatives to sterilization?

Long-acting reversible contraception (LARC), such as the **intrauterine device (IUD)** or **birth control implant**, lasts for several years. IUDs and implants are about as effective at preventing pregnancy as sterilization. They can be removed at any time if you want to become pregnant.

Glossary

Birth Control: Devices or medications used to prevent pregnancy.

Birth Control Implant: A small, single rod that is inserted under the skin in the upper arm. The implant releases a hormone to prevent pregnancy.

Bladder: A hollow, muscular organ in which urine is stored.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Egg: The female reproductive cell made in and released from the ovaries. Also called the ovum.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

General Anesthesia: The use of drugs that create a sleep-like state to prevent pain during surgery.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system. If left untreated, HIV can cause acquired immunodeficiency syndrome (AIDS).

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Minilaparotomy: A small abdominal cut used for a surgery in which the fallopian tubes are closed off as a form of permanent birth control.

Obesity: A condition characterized by excessive body fat.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sperm: A cell made in the male testicles that can fertilize a female egg.

Tubal Sterilization: A method of sterilization for women. The fallopian tubes are tied, banded, clipped, or sealed with electric current. The tubes also can be removed.

If you have further questions, contact your obstetrician–gynecologist.

FAQ035: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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