



Hysteroscopic Sterilization

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What is sterilization?

Sterilization is a permanent form of birth control.

What is tubal sterilization?

Sterilization procedures for women are called **tubal sterilization**. Tubal sterilization involves closing off the **fallopian tubes**. Tubal sterilization prevents the egg from moving down the fallopian tube to the uterus and prevents the sperm from reaching the egg.

Does tubal sterilization protect against sexually transmitted infections?

Sterilization does not protect against **sexually transmitted infections**, including **human immunodeficiency virus (HIV)** (see FAQ009 How to Prevent Sexually Transmitted Infections).

What is hysteroscopic sterilization?

Hysteroscopic sterilization is a type of tubal sterilization procedure that uses the body's natural openings to place small implants into the fallopian tubes. These implants cause tissue growth that blocks the tubes. No surgical incision is needed.

How effective is hysteroscopic sterilization in preventing pregnancy?

Less than 1 woman out of 1,000 will become pregnant within 5 years of having the procedure.

How is hysteroscopic sterilization performed?

Hysteroscopic sterilization involves inserting a tiny device into each fallopian tube with a **hysteroscope**. The hysteroscope is an instrument that is inserted through the **vagina** and **cervix** and then into the **uterus**. It allows the inside of the uterus and the tubal openings to be seen. Once the devices are in place, scar tissue forms around them.

Is hysteroscopic sterilization effective right away?

No. It takes about 3 months after the procedure for the tubes to become completely blocked by the scar tissue. While the scar tissue is forming, it is possible to become pregnant. After 3 months, an X-ray procedure called **hysterosalpingography (HSG)** is done to make sure that the fallopian tubes are blocked. A backup birth control method should be used until an HSG test result confirms that the fallopian tubes are blocked.

Where is hysteroscopic sterilization performed?

This type of sterilization often can be performed in your health care professional's office with **local anesthesia**. A drug to make you drowsy may be given as well. It also can be done in an operating room with **general anesthesia**.

What are the benefits of hysteroscopic sterilization?

Hysteroscopic sterilization uses your body's natural openings and does not require incisions in your skin. It can be done with local anesthesia. For these reasons, recovery from hysteroscopic sterilization usually is quicker than from other types of sterilization.

What are the risks of hysteroscopic sterilization?

Hysteroscopic sterilization has the following risks:

- It may not be possible to place the devices in one or both fallopian tubes. Even when the devices are placed in both tubes, there is a risk that one or both tubes will not become completely blocked. In either case, the procedure cannot be relied on for birth control.
- There is a risk of injury to the uterus or fallopian tubes injury during the procedure. If this happens, the device can move out of place and embed itself in the abdomen. Surgery may be needed to remove the device.
- Pregnancy is uncommon after any type of sterilization procedure. However, if it does occur, there is a higher risk that it will be an **ectopic pregnancy**. Ectopic pregnancy can be a medical emergency.
- In rare cases, women report pain that does not go away after having hysteroscopic sterilization. If this happens, the devices can be removed using hysteroscopy or laparoscopy.

What can I expect after hysteroscopic sterilization?

Most women are able to resume normal activities within 24 hours. Some women do have discomfort during the procedure or for up to 1 week afterward. Side effects may include the following:

- Pain (similar to that of menstrual cramps)
- Nausea and vomiting
- Dizziness and light-headedness
- Bleeding and spotting

Glossary

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

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

General Anesthesia: The use of drugs that produce 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 and causes acquired immunodeficiency syndrome (AIDS).

Hysterosalpingography (HSG): A special X-ray procedure in which a small amount of fluid is placed into the uterus and fallopian tubes to detect abnormal changes in their size and shape or to determine whether the tubes are blocked.

Hysteroscope: A device that is used to look inside the uterus and to do procedures.

Hysteroscopic Sterilization: A sterilization procedure in which the opening of each fallopian tube is blocked by scar tissue formed by the insertion of small implants, preventing sperm from entering the fallopian tubes to fertilize an egg.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

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

Tubal Sterilization: A method of female sterilization in which the fallopian tubes are tied, banded, clipped, sealed with electric current, blocked by scar tissue formed by the insertion of small implants, or removed completely.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

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

FAQ180: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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