



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ035
CONTRACEPTION

Sterilization by Laparoscopy

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What is sterilization?

Sterilization is surgery performed to prevent a woman from getting pregnant. It is meant to be permanent. With tubal sterilization, both **fallopian tubes** are blocked by tying, sealing, or attaching a ring or clip to them. The egg then cannot move down the tube to the uterus and the sperm cannot reach the egg. This prevents pregnancy. Sterilization often is done with a technique called laparoscopy.

What is laparoscopy?

Laparoscopy is a way of doing surgery. In laparoscopy, a device like a small telescope called a laparoscope is inserted into the pelvic cavity through a small incision. Laparoscopy can be done as an outpatient procedure. This means you usually can go home the same day.

Does sterilization protect against sexually transmitted diseases (STDs)?

Sterilization does not protect against **sexually transmitted diseases (STDs)** (see the FAQ [How to Prevent Sexually Transmitted Diseases](#)). If you are at risk of getting an STD, you still need to protect yourself by using condoms.

What should I consider before having sterilization?

Sterilization is a permanent method of birth control. You and your partner must be certain that you do not want any more children—now or in the future. If there is any chance that you may want to have children in the future, think about reversible forms of birth control.

Can all women have laparoscopic sterilization?

Laparoscopy is not right for all women. Sometimes previous surgery, obesity, or other conditions may mean that laparoscopy cannot be done and a hospital stay is required.

How is laparoscopic sterilization done?

On the day of your surgery, you will be given pain relief (anesthesia). After the pain relief is given, the surgery follows these steps:

1. A small incision (cut), about ½ inch long, is made in or near the navel.
2. A gas (in most cases carbon dioxide) may be passed into the abdomen to inflate it slightly. This moves the abdominal wall away from the intestines and allows the health care provider to see the pelvic organs more easily.

3. The laparoscope is inserted into the abdomen through the incision. This device has a bright light and lens like a tiny telescope. This allows the health care provider to see the pelvic organs.
4. A device may be placed on the cervix to help move the uterus.
5. A smaller device is inserted to move and hold the tubes. The device may be inserted either through the laparoscope or through a second tiny incision made just above the pubic hairline.
6. The fallopian tubes are closed by tying, banding, clipping, or cutting them, or by sealing them with electric current.
7. The laparoscope is withdrawn. The incisions are closed, usually with one or two stitches, and covered with a small bandage.

What are the benefits of laparoscopic sterilization?

After sterilization, a woman no longer needs to use other methods of birth control. It is effective right away. It does not affect a woman's sexual activity or menstrual cycle.

What are the risks of laparoscopic sterilization?

The following problems occur in about 1 out of every 1,000 women who have the operation:

- Bleeding from the incisions made in the skin
- Bleeding inside the abdomen
- Infection
- Major side effects from the anesthesia
- Bowel or bladder injury
- Burn injuries to skin or bowel

If you get pregnant after sterilization, it is more likely to be an **ectopic pregnancy**. This may cause abdominal bleeding that may require emergency surgery.

What should I expect after surgery?

After surgery, you will be observed for a short time to be sure that everything is all right. Most women are ready to go home within 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:

- Pain in the incision
- Mild nausea from the medications or the procedure
- Shoulder pain
- A scratchy throat (if a breathing tube was placed in your throat during general anesthesia)
- Cramps
- Discharge (like a menstrual flow)
- Feeling tired or achy
- Swollen abdomen
- Gassy or bloated feeling
- Dizziness

Glossary

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

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

Sexually Transmitted Diseases (STDs): Diseases that are spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

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

FAQ035: 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 institution or type of practice, may be appropriate.

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