Sterilization by Laparoscopy
(Bilateral Tubal Ligation)

What is sterilization by laparoscopy?

Sterilization by laparoscopy is a common procedure used to perform tubal ligation in women. Tubal ligation is a method of sterilization that involves obstruction of the fallopian tubes.

The fallopian tubes are on either side of the uterus and extend toward the ovaries. They receive eggs from the ovaries and transport them to the uterus. Once the fallopian tubes are closed, the man's sperm can no longer reach the egg.

Laparoscopy enables the physician to complete tubal ligation by making a small incision near the navel. This smaller incision reduces recovery time after surgery and the risk of complications. In most cases, the woman can leave the surgery facility within 4 hours after laparoscopy.

Am I ready for sterilization?

A woman should carefully weigh her decision to undergo sterilization by laparoscopy. Though this procedure has been successfully reversed in some women, in almost all cases it causes a permanent loss of fertility.

Women who are unsure if they still want children should choose a less permanent form of contraception, such as birth control pills, an intrauterine device (IUD), or a barrier method (such as a diaphragm). Discuss these alternatives with your physician.

Your partner may also consider having a vasectomy, a method of male sterilization that involves severing and tying the vas deferens, a tube that transports sperm.

Why do women choose sterilization by laparoscopy?

For women who no longer want children, sterilization by laparoscopy provides a safe and convenient form of contraception. Once completed, no further steps are needed to prevent pregnancy. Tubal ligation also does not change a woman's menstrual cycle or cause menopause.
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However, laparoscopy may not be suitable for some women. In these cases, tubal ligation may be performed by laparotomy, a more extensive surgery that requires a larger abdominal incision and a day or two of recovery in the hospital.

How is the surgery performed?

You will be given a general anesthetic to relax your muscles and prevent pain during surgery. An intravenous line (I.V.) will be inserted into a vein in your hand or arm. Next, a device will be gently inserted into the vagina to move the uterus.

A small incision is then made near the navel. A laparoscope, a thin viewing tube about the width of a pencil, is passed through this incision and the abdomen is inflated to make the organs easier to view.

A special device for grasping the fallopian tubes is inserted through a second, small incision made at the pubic hairline. The fallopian tubes are sealed in one of two ways: with an electric current that makes the tube clot (electrocoagulation) or with a band or clip that is placed over the tubes. Your physician may also cut the fallopian tubes. After the fallopian tubes have been sealed, the laparoscope and grasping device are removed and a small bandage is applied over the incisions.

Recovering from the surgery

After surgery, patients stay in a recovery room and are observed for any possible complications. Patients are discharged after they receive instructions for home recovery. Patients are asked to see their physicians for a follow-up appointment within 2 to 8 weeks.

Preparing for laparoscopy

Before your laparoscopy:

- DO NOT eat, drink (including water) or smoke after midnight the evening before your surgery.
- Wear low-heeled shoes the day of surgery. You may be drowsy from the anesthesia and unsteady on your feet.
- Do not wear jewelry. (Wedding rings may be worn.)
- Wear loose-fitting clothing. You will have some abdominal tenderness and cramping after surgery.
- Bring a sanitary pad. You may have some vaginal bleeding after surgery.
- Remove nail polish prior to surgery.

Recovering at home
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- Don't drink alcohol or drive for at least 24 hours after surgery.
- You can bathe anytime after surgery.
- You may remove the bandage the morning after the surgery. Steri-strips, which resemble tape, can be removed 2 to 3 days after surgery.
- Patients can return to work three days after surgery. (If you need a physician's letter excusing you from work, please request one before the day of surgery.)

Discomforts

- Your abdomen may be swollen for several days after the surgery. Tylenol® may be taken to relieve pain.
- You may have a sore throat for a few days. Try using a throat lozenge.
- You may have mild nausea. Try eating a light evening meal the day of surgery. Tea, soup, toast, gelatin, or crackers may help relieve nausea.
- Gas in the abdomen may cause discomfort in the neck, shoulders, and chest for 24 to 72 hours after surgery. Try taking a warm shower, using a heating pad, or walking.

Vaginal bleeding and menstruation

Vaginal bleeding up to 1 month after surgery is normal. Many women do not have their next normal menstrual cycle for 4 to 6 weeks after surgery. When your normal cycle returns, you may notice heavier bleeding and more discomfort than usual for the first two to three cycles.

Sexual activity

You can resume sexual activity one week after surgery.

When to contact your physician

Contact your physician immediately if you experience any of the following:

- Persistent nausea and vomiting for more than 24 hours
- Temperature over 100 degrees Fahrenheit for more than 24 hours
- Redness, swelling, drainage or bleeding around the incision
- After the first day of surgery: Heavy bleeding with clots or soaking a sanitary pad within 2 hours

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