

Sterilization

What is sterilization?

Sterilization [stair-uh-lie-ZAY-shun] is a surgery to permanently prevent pregnancy.

- **For women**, sterilization requires blocking or removing the tubes where the egg is fertilized by sperm, or removing the uterus (womb).
- **For men**, sterilization requires cutting or tying the tubes that carry sperm from the testes to the semen, or removing both of the testicles.

Why do I need it?

You may choose sterilization for these reasons:

- If you're a woman who does not want to become pregnant at any time in the future
- If you're a man who does not want to cause a pregnancy at any time in the future

Your doctor may recommend sterilization if:

- Becoming pregnant would put your health in danger, or put your health at risk
- Your doctor thinks this is the best way to address another health concern

What happens before the procedure?

You will be given anesthesia medicine. It may be local (to numb a small area), regional (to numb below the waist), or general (to numb your whole body).

What happens after the procedure?

After the operation, you may have some pain or discomfort from the incision (cut) or you may have pain in the lower abdomen (belly). This can be controlled with medicine.

Talking with your healthcare provider about sterilization

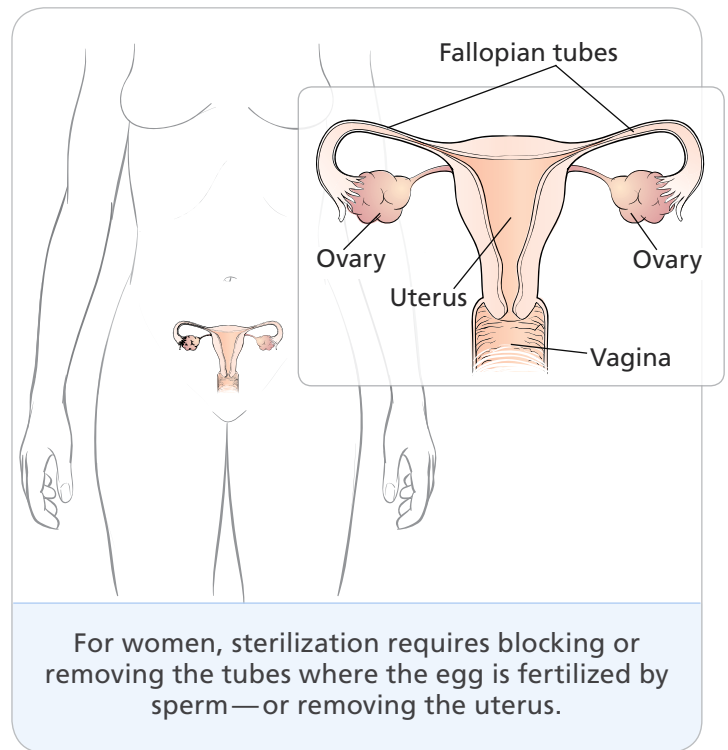
The table below lists some possible benefits, risks, and alternatives for sterilization. Discuss these with your healthcare provider, and be sure to ask any questions you have.

Possible benefits	Risks and possible complications	Alternatives
<ul style="list-style-type: none"> • Hysterectomy (removal of the uterus) and bilateral orchiectomy (removal of the ovaries) permanently prevent pregnancy in all cases. (See page 2 and page 3 for details.) • Other methods permanently prevent pregnancy in more than 99 out of 100 cases. 	<ul style="list-style-type: none"> • Surgical complications. These can include complications of the anesthesia, infection, bleeding, and death. • Rare failure to prevent pregnancy. There are rare instances of pregnancy after sterilization procedures. There is no way to predict these failures. • Ectopic pregnancy. In the rare case of pregnancy after tubal ligation, there is a higher risk of a pregnancy growing in the fallopian tubes. • Future desire for children. Sterilization procedures should be considered permanent and irreversible. • Sexually transmitted disease. Sterilization does not prevent sexually transmitted disease. 	<p>There are many other methods of birth control. Talk with your doctor about whether another, less permanent method might be a good choice for you.</p>

Sterilization methods for women

There are 4 types of sterilization methods commonly used for women:

- 1 Tubal [TOO-bul] ligation [lie-GAY-shun]**, or “having your tubes tied.” The fallopian [fuh-LOH-pee-un] tubes (where the egg is fertilized) are blocked using one of these methods.
 - **Laparoscopic [lap-er-uh-SKOP-ik] technique:** A small incision (about ½ inch) is made below the navel (belly button) and another above the pubic bone. A laparoscope [LAP-er-uh-skope], a small tube with a camera at the end, is inserted. Small tools are inserted through the laparoscope and the fallopian tubes are clipped, closed off using heat, or closed with a plastic-type ring.
 - **Open abdominal [ab-DOM-uh-nl] technique:** A larger incision (2 to 5 inches) is made in the abdomen. The tubes are tied and a loop of the tied tube is cut so the tube can no longer carry eggs to the uterus.
 - **Vaginal [VAJ-uh-nl] technique:** An incision is made through the upper portion of the vagina into the abdominal area. The tubes are tied, and part of the tube is removed.
- 2 Hysterectomy [his-tuh-REK-tuh-mee]:** The uterus is removed. This procedure is usually done to treat another medical condition. It can be done with one of these methods:
 - **Vaginal:** The uterus is removed through an incision in the top of the vagina.
 - **Abdominal:** The uterus is removed through an incision in the abdomen. The incision can be vertical, from the navel to the pubic bone, or horizontal, across the “bikini line.”
- 3 Salpingectomy [sal-pin-JEK-tuh-mee] or oophorectomy [oh-uh-fuh-REK-tuh-mee]:** Salpingectomy is the removal of the tubes. Oophorectomy is the removal of the ovaries. These procedures can be done through a larger incision in the belly or a smaller incision and a laparoscope.



- 4 Hysteroscopic [HIS-tuh-ruh-SKOP-ik] tubal occlusion:** A small device called a “micro-insert” is placed inside each fallopian tube. The device expands to fill the tube and over a period of weeks, scar tissue grows around the device. This blocks the fallopian tube so sperm cannot reach the egg. This method does not require an incision and can be performed in a doctor’s office.

Where can I learn more?

Learn more about sterilization from the following experts:

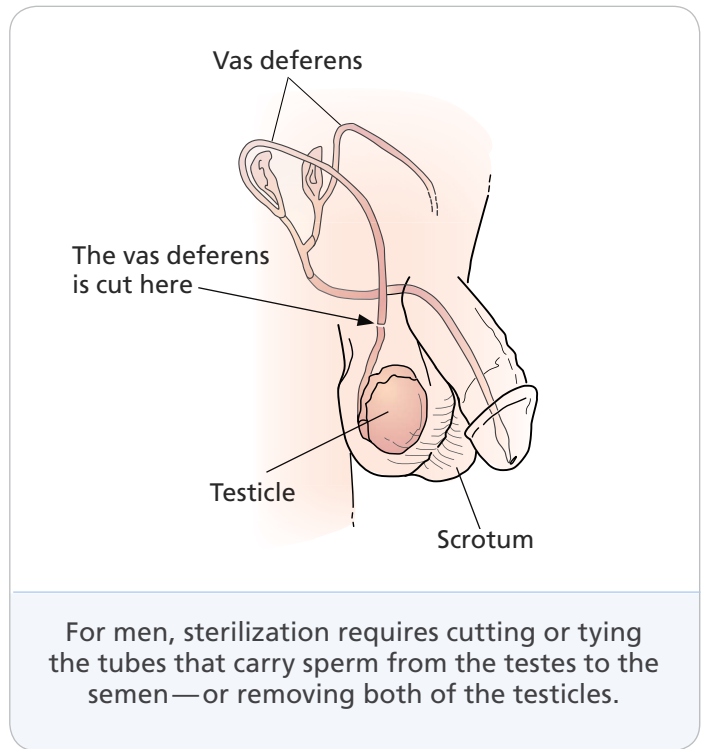
[American College of Obstetricians and Gynecologists](#)

[US Department of Health and Human Services](#)

Sterilization methods for men

There are 2 types of sterilization methods commonly used for men:

- 1 Vasectomy** [vah-SEK-tuh-mee]: The doctor makes a small incision in the side of the scrotum. The doctor then removes a small section of the vas deferens (the tubes that carry sperm from the testes to the semen). The open ends are cut and tied or sealed, and the incision is closed. A vasectomy is usually done in a doctor's office, under local anesthesia. You may feel some pain for the next few days.
- 2 Bilateral orchiectomy** [awr-kee-EK-tuh-mee]: This is a procedure to remove both testicles. It is usually done to treat another health concern, such as testicular cancer. The doctor makes an incision about 4 inches long along the bikini line. The doctor then pushes the testicles up through the incision, detaches them, and closes the incision. The procedure takes about an hour and often requires an overnight hospital stay.



Questions for my doctor

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