Many women enjoy sex more after having a tubal because they no longer have to worry about getting pregnant.

A small percentage of women later regret having had a tubal sterilization. You should think carefully before having a tubal, especially if you are young or do not have children.

Will a tubal sterilization protect me from STIs and HIV?

No. Tubal sterilization will not protect you from sexually transmitted infections like chlamydia, gonorrhea, genital warts, herpes, syphilis, or HIV. If you are at risk for STIs or HIV, you should use a condom every time you have sex, even if you have had a tubal.

Can tubal sterilization be undone?

Tubal sterilization should be considered permanent. In some cases, a later operation can be done to reconnect your tubes, but you still may not be able to get pregnant. Pregnancy also may be possible through in vitro fertilization (IVF) or similar procedures, but they are expensive, may not be covered by insurance, and may not work.

Are there any forms I need to fill out?

You will need to sign a consent form before your operation. If you have Medi-Cal, you must sign the consent at least 30 days before your operation. You do not need permission from your partner or anyone else. After signing the consent, you can still change your mind at any time before the operation.

Is a tubal the same as a hysterectomy?

No. During a tubal, none of a woman's female organs are removed.

Are there other ways to prevent pregnancy?

Before you make up your mind about tubal sterilization, you might also want to think about vasectomy, permanent birth control for men. Vasectomy is safer, simpler and less expensive than tubal sterilization.

If you think you might want children in the future, you or your partner should use a reversible method of birth control. Some of the reversible methods are as effective as sterilization but when you stop using them you are still able to get pregnant. Your options for reversible birth control are listed in the table at the end of this pamphlet.

Tubal sterilization may be a good choice for you if:

- You are sure you do not want children in the future, even if your partner does.
- Pregnancy would be dangerous to you or your baby's health.
- You cannot use or do not want to use other reversible birth control methods.
- You have a medical problem that you could pass onto your children.

Think carefully about your decision to use permanent birth control! Tubal sterilization and vasectomy are safe, effective and provide permanent protection from pregnancy. Talk with your clinician and make sure all of your questions have been answered.

Make up your own mind about what is right for you.

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METHODS OF BIRTH CONTROL

Method	Pregnancies in 100 couples in the first year of typical use
Vasectomy	**Less than one**
Tubal sterilization	**Less than one**
Intrauterine contraception	**Less than one**
Contraceptive injection	**Less than one**
Birth control pills	**5**
Contraceptive patch or ring	**2**
Male Condoms	**14**
Diaphragm, cervical cap	**20**
Periodic abstinence	**25**
Withdrawal	**19**
Spermicides	**26**
No method	**85**

Additional copies of this brochure may be obtained from the Department of Health Care Services web site: http://www.dhcs.ca.gov/Pages/PermanentBirthControl.aspx

Permanent Birth Control for Women

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

There are two kinds of birth control, reversible and permanent. Permanent birth control for women is called tubal sterilization or a “tubal.” Permanent birth control for men is called vasectomy. This pamphlet is about tubal sterilization. For more information about vasectomy, ask for the pamphlet, “Permanent Birth Control for Men.”

The information about tubal sterilization in this pamphlet will help you decide if permanent birth control is right for you. Don’t let anybody else make the decision for you. It is your choice.

You may want permanent birth control if:

- You are sure you do not want children in the future, even if your partner does.
- Pregnancy would be dangerous to you or your baby’s health.
- You can’t use or do not want to use other birth control methods.
- You have a medical problem that you could pass on to your children.

How does tubal sterilization work?

Every month, a woman’s ovaries release an egg that moves down the fallopian tubes to the uterus. If a man’s sperm meets the woman’s egg in the fallopian tubes, the woman may get pregnant. After the tubal sterilization, both tubes are blocked so that the sperm cannot reach the egg. This prevents pregnancy.

What happens to the egg?

An egg is still released from the ovary each month, but your body absorbs it.

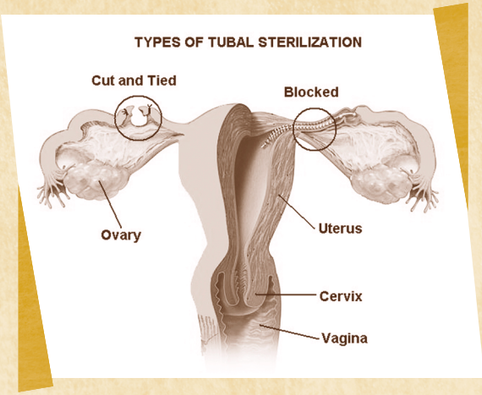
How is tubal sterilization done?

The operation is done under anesthesia in an office, surgery center, or hospital. The choices for anesthesia include:

- **General anesthesia** - You are in a deep sleep and you do not feel anything.
- **Local anesthesia** - You are awake and medicine is used to numb the area where the operation will be done.
- **Spinal or epidural anesthesia** - Medicine is used to make your body numb from your waist down.

After you get the anesthesia, there are several ways a doctor can reach your fallopian tubes:

- **Laparoscopy** - One or more small cuts are made in the skin on your belly. The doctor uses a laparoscope (a thin metal tube with a light) to see inside your abdomen and reach your fallopian tubes.
- **Mini-laparotomy** - The doctor reaches the fallopian tubes through a small cut in the skin on your belly.
- **During C-section** (operation on the uterus to deliver the baby) - The doctor reaches the fallopian tubes through the same cut that was used to deliver the baby.
- **Through the cervix** - A hysteroscope (a thin metal tube with a light) is placed through the cervix (opening to the uterus) into the uterus. After the doctor reaches your tubes, there are several ways to block or close them.



Which type of tubal would be best for me?

Talk with your doctor about the different types of operations and anesthesia. Then you and your doctor can decide which would be best for you.

What are the risks?

Any operation can cause health problems—some minor and some serious. Minor problems just after the operation may include soreness near the skin cut, cramps, nausea, vomiting, and sore shoulders, neck, or throat. Some women notice later changes in their menstrual periods, but these changes are not related to the sterilization.

Serious health problems are rare. Serious health problems may include bleeding, infection, injury to the intestines or bladder, and heart or breathing problems from the anesthesia.

When can I have the tubal?

The operation can be done:

- While you are in the hospital after having a baby.
- At the same time you have a baby by C-section.
- At any time if you are not pregnant.

What should I expect after the operation?

Most women will go home on the same day of the operation. You will want to take it easy for a few days. Your doctor will give you instructions for follow-up care.

After the tubal, when can I start having sex again?

You can start having sex as soon as you feel comfortable.

When can I stop using my current birth control method?

That depends on how your doctor closes the tubes. Your doctor will tell you when you are no longer at risk for pregnancy and can stop using other types of birth control.

How effective is tubal sterilization?

Tubal sterilization is a very effective and permanent way to prevent pregnancy. However, there is a small chance that you could get pregnant after the operation, even though the tubal was done right. A pregnancy after tubal sterilization may not be in the uterus. This serious problem is called ectopic pregnancy. If you think you might be pregnant after having a tubal, contact your doctor immediately.

How will having a tubal affect me?

Tubal sterilization will NOT:

- Change female hormones.
- Make a woman go through the change of life (menopause).
- Cause weight gain.
- Lower a woman’s sex drive.
- Cause skin or breast changes.
- Protect against sexually transmitted infections (STIs) and human immunodeficiency virus (HIV).
- Fix sexual, emotional or relationship problems.