

Female Sterilization

Kavita Nanda, MD, MHS

FHI 360

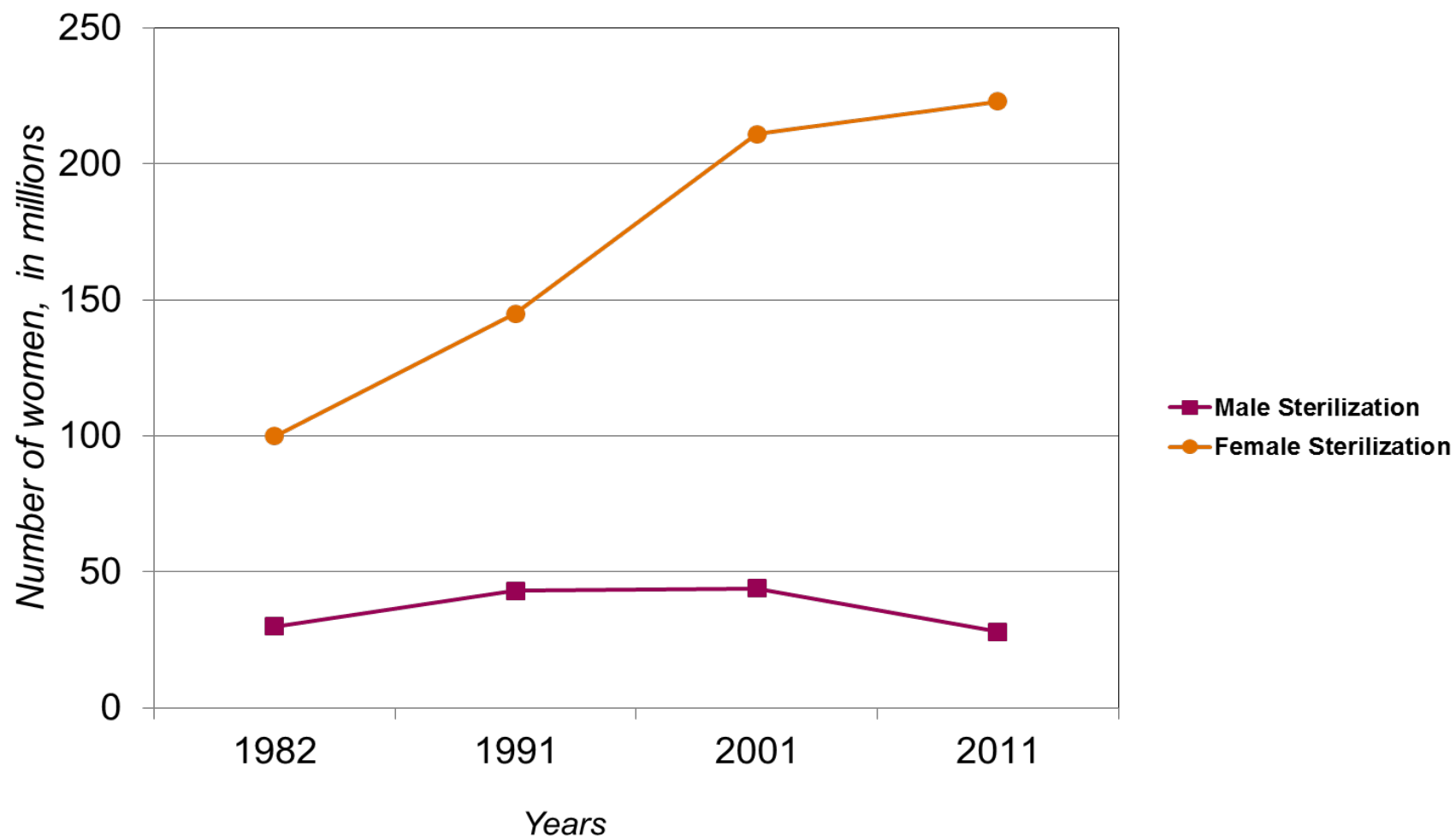
Expanding Contraceptive Choice

December 6, 2018

What is female sterilization?

- Family planning method that provides permanent contraception to women and couples do not want any more children
- Often referred to as *tubal occlusion*, *tubal sterilization*, *tubal ligation*, *surgical contraception*, or *minilap*

Global trends in sterilization



General Overview

- Safe, simple surgical procedure
 - incidence of complications is low: 9-16/1,000 procedures
- Considered permanent
- Very effective;
 - failure rate: ~0.5% after one year increases to ~1.8% over ten years
 - ~1/3 will
 - be ectopic



Sterilization: Characteristics

- Advantages:

- Highly effective
- Safe
- Convenient for clients
- Has health benefits
- Cost-effective
- Small scar

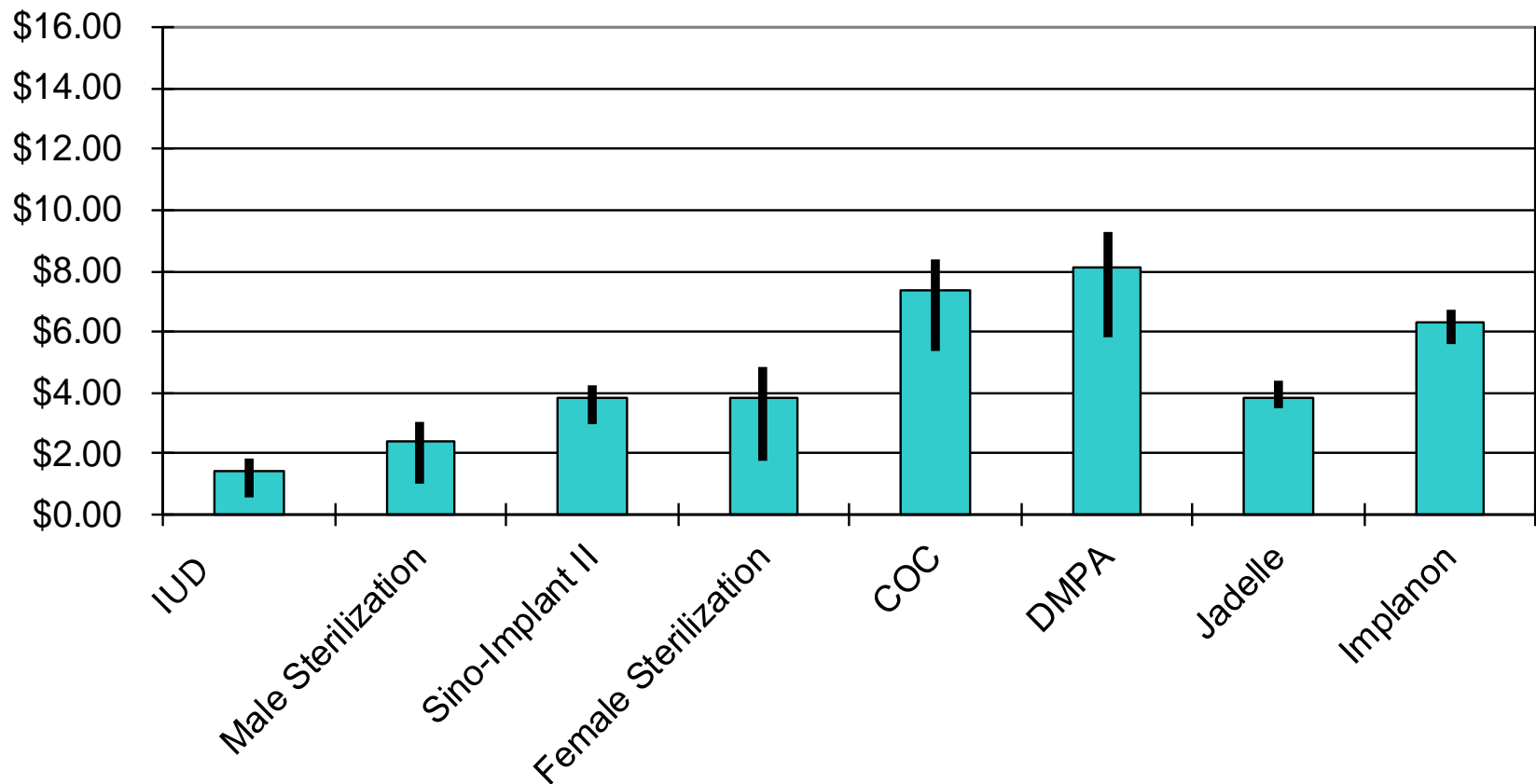


- Disadvantages:

- Slight chance of surgical complications
- Reversal limited
- Equipment expensive; needs maintenance
- Experienced personnel required



LARC and permanent methods have the highest cost-effectiveness per CYP



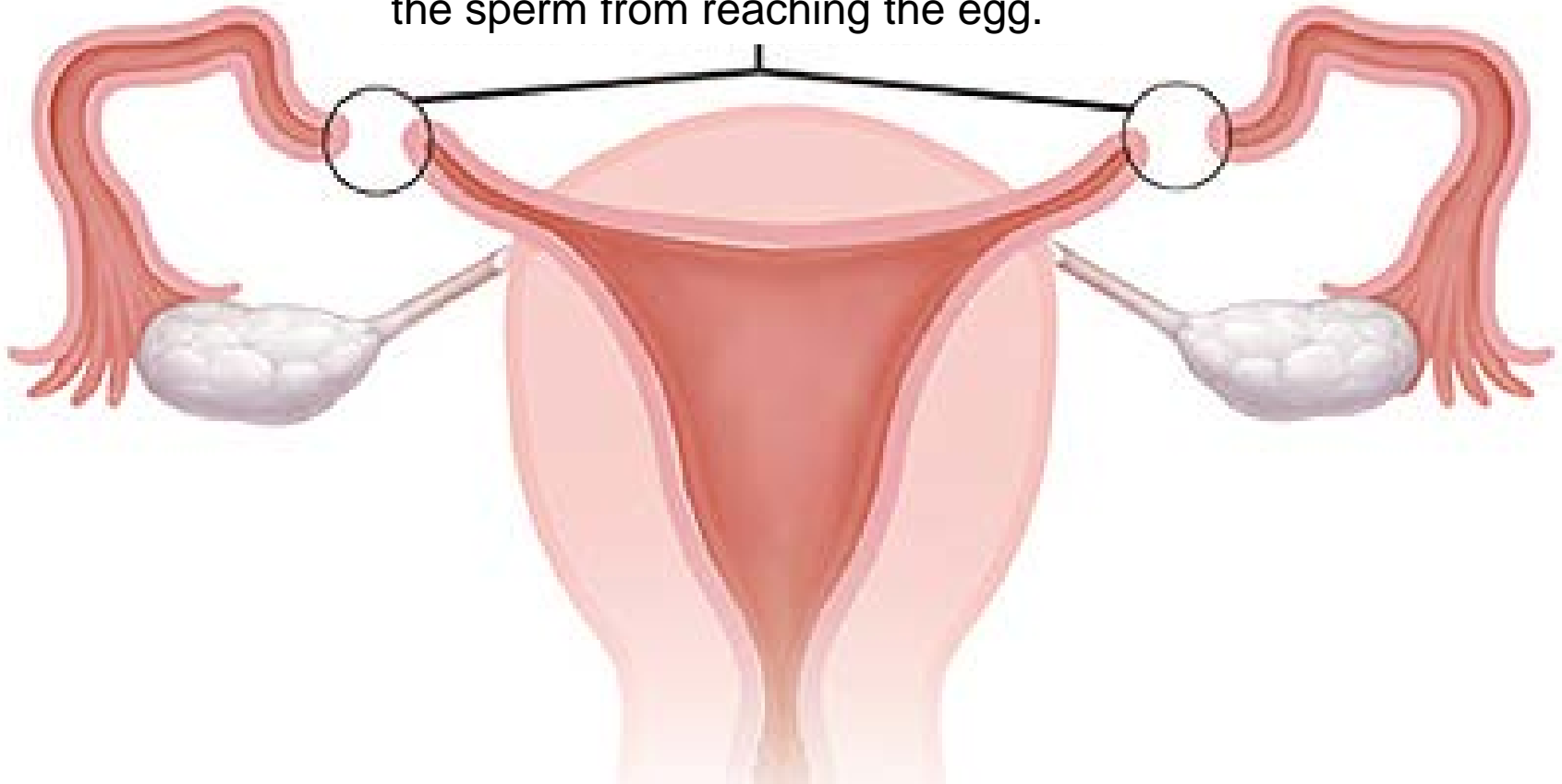
Sterilization is appropriate for women who:

- Have completed their childbearing
- Want highly effective permanent contraception
- May have difficulty with temporary methods
- No medical restrictions for age or parity
- Certain conditions may require special precautions



Mechanism of Action

Blocking the fallopian tubes prevents the sperm from reaching the egg.



Impact on Long-Term Health

- Decreased risk of ovarian cancer
- Decreased risk of pelvic inflammatory disease (PID)
- No post-sterilization syndrome
 - some incorrectly believe sterilization causes menstrual irregularities
 - irregularities more likely due to either normal aging process or stopping hormonal methods
- Does not increase need for hysterectomy

Dispelling Myths

- No loss of sexual desire
- Eggs do not build up in the body
- Menstruation occurs, but no longer signals fertility
- Tubes cannot easily be united for reversal



Approaches and Timing

Procedure	Timing	Technique
Minilaparotomy	<ul style="list-style-type: none"> • Post Partum • Post Abortion • Interval 	<ul style="list-style-type: none"> • Tubal Ligation & Excision • Mechanical Devices (Clips, Rings)
Laparoscopy	<ul style="list-style-type: none"> • Interval Only 	<ul style="list-style-type: none"> • Cautery • Mechanical Devices
Laparotomy	<ul style="list-style-type: none"> • In conjunction with other surgery 	<ul style="list-style-type: none"> • Tubal Ligation & Excision • Mechanical Devices
Hysteroscopy	<ul style="list-style-type: none"> • Interval 	<ul style="list-style-type: none"> • Essure • Adiana

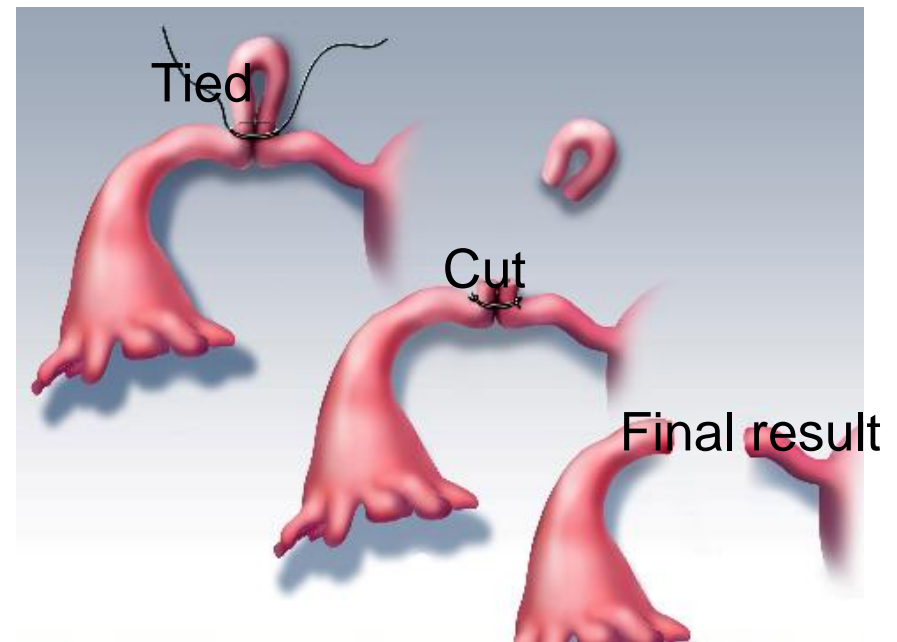
Minilaparotomy

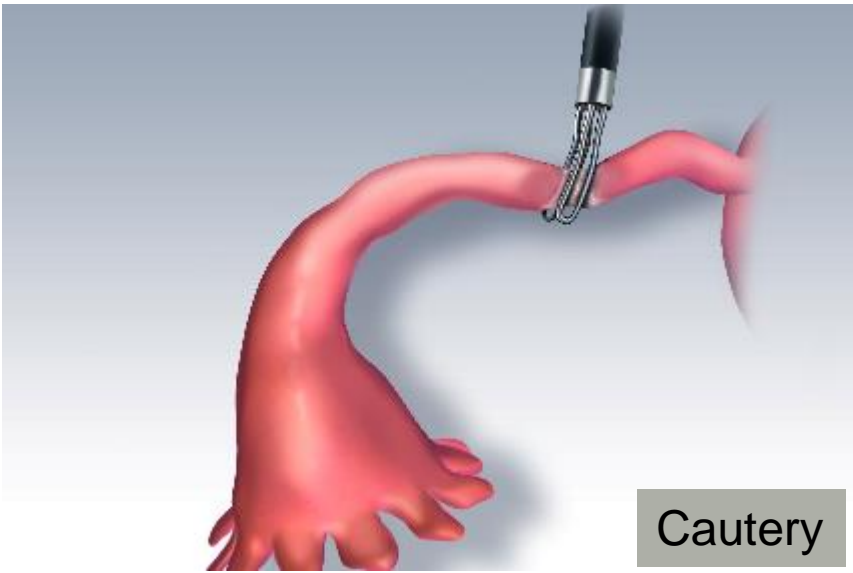
- Simple, safe, effective
- Small incision (<5 cm)
- Can be used for postpartum sterilization
- Can be done under local anesthesia
- Low cost
- Does not require high-level equipment/facilities



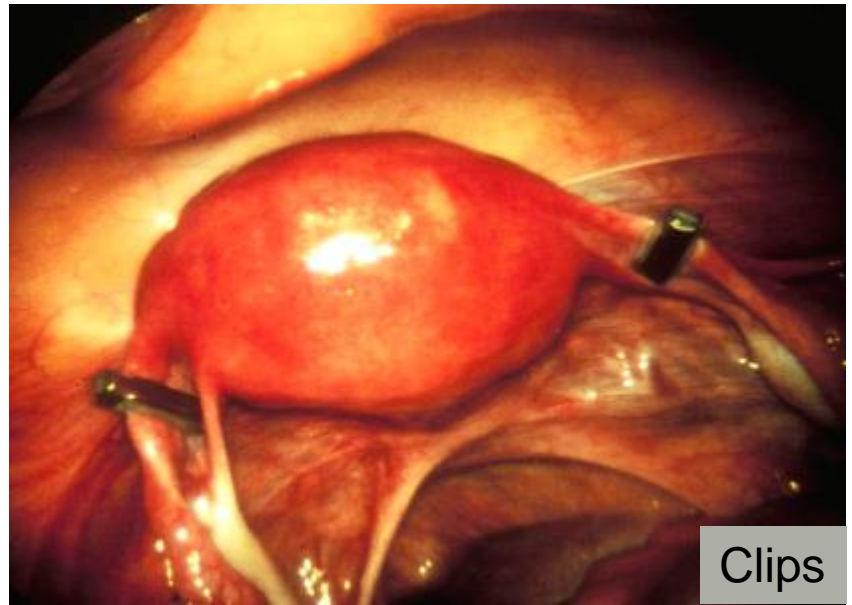
Techniques: partial salpingectomy (Pomeroy)

- Most common
- Ligation with excision:
 - tube formed into loop
 - base of loop ligated
 - loop excised
- Easy technique
- Highly effective

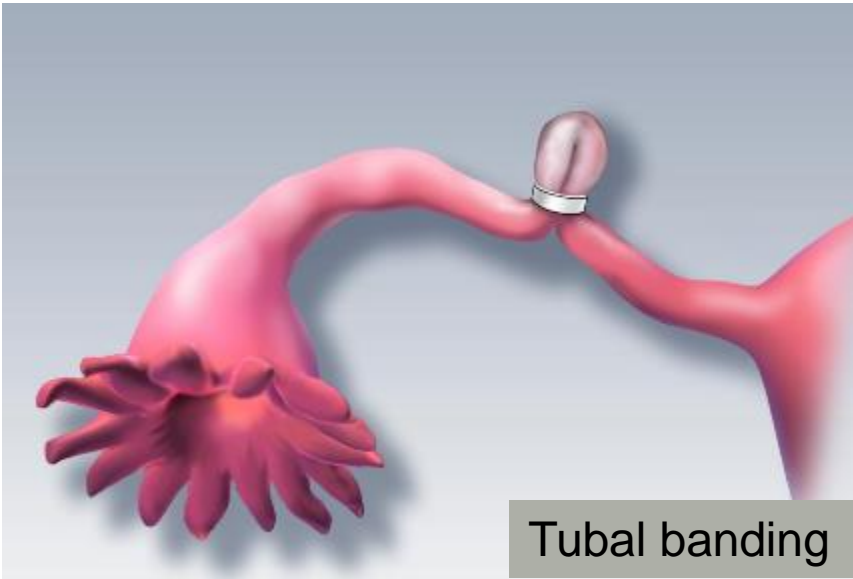




Cautery



Clips



Tubal banding



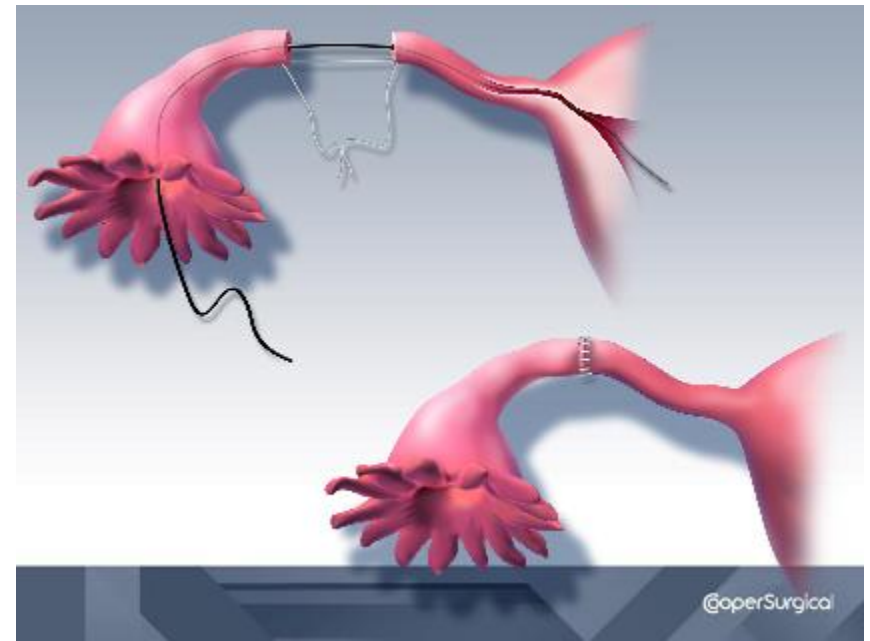
hysteroscopic

Complications rare, but can occur

- During surgery
 - injury to organs
 - anesthesia reaction
 - bleeding
- Post-operative
 - infection
 - bleeding
- Long-term
 - adhesions
 - ectopic pregnancy

Reversibility

- Sterilization is considered permanent
 - some women may experience regret
 - reanastomosis is possible but not widely available



Sterilization – Counseling

- Informed choice
 - discuss the woman’s reproductive desires
 - discuss alternatives to sterilization, including LARC
 - give preferred method if possible
- Carefully discuss decision to end fertility
- Discuss risks and benefits of surgery, including risk of ectopic pregnancy
- If doubts about sterilization, recommend delay
- Informed consent

Thank you!