Tubal Ligation
Tubal Ligation

We have written this pamphlet to help you learn about tubal ligation.

What is a tubal ligation?
A tubal ligation is a permanent form of birth control. It is commonly known as having your “tubes tied”. A woman’s fallopian tubes are closed by clips, rings, or by tying them. This prevents sperm from reaching an egg to fertilize it. You will still have your periods. There should be no change in the amount of your normal monthly bleeding.

- It is not 100% effective.
- You may have some discomfort for 2-7 days. This is usually helped with mild pain pills like acetaminophen (Tylenol™).
- It may be difficult to find a doctor who will do the procedure if you are young or do not have children. It is still possible, if you are sure you want this method and understand it is a permanent method of birth control.
How is a tubal ligation done?
• A tubal ligation is done in an Operating Room.
• You are usually asleep.
• It is usually done through small incisions in your abdomen, rarely through your vagina.
• You should be able to go home on the day of your surgery.

How effective is a tubal ligation?
A tubal ligation is effective immediately. It is more than 99% effective in preventing pregnancy.

What are some advantages of a tubal ligation?
• It is very effective. Only about 2 - 4 (or more) out of 1000 may get pregnant after having a tubal ligation. This depends on the way it is done. You should discuss the method with your doctor.
• There will be less fear of an unwanted pregnancy.
• There are no side effects from the hormonal methods of birth control.
• There are no pills or injections to remember.
• No other birth control supplies are needed.
• Lovemaking may be more spontaneous and enjoyable because you are not worried about birth control.
• It is a good method of contraception for women who smoke.
• It is paid for by the provincial health care plan.

What are some disadvantages of a tubal ligation?
• It is permanent, difficult and costly to reverse. The cost of having the procedure reversed (re-opening the tubes) is not paid by MSI and is often not successful.
• It does not provide protection from sexually transmitted infections.
• There are possible risks and complications from surgery and/or anesthesia.
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