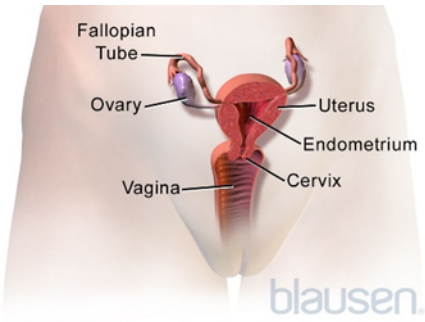
Surgical Birth Control Options

What are the surgical birth control options?

The two most common surgeries to prevent pregnancy are tubal ligation (tying the fallopian tubes) and salpingectomy (sal-pin-JEK-tuh-me) (removing them). Fallopian tubes carry eggs from the ovaries to the uterus. Tying or removing them blocks this path, so pregnancy cannot happen.

What is a tubal ligation?



Anatomy Reproductive System Female

This is also known as having your "tubes tied". Both fallopian tubes are cut or blocked. They are not removed. This surgery is usually done in the hospital after a person delivers their last child or in an outpatient surgery center.

Tubal ligation is not 100% effective in preventing pregnancy. Up to 1-2% of people who have a tubal ligation still get pregnant.

Tubal ligation increases the risk of ectopic pregnancy.
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This is a pregnancy that occurs outside the uterus. This can be a life-threatening condition.

Tubal ligation can sometimes be reversed with surgery.

What is a Bilateral Salpingectomy?

Salpingectomy is a surgery that removes both fallopian tubes. This will permanently prevent pregnancy. This surgery is more effective than tubal ligation and cannot be reversed. Pregnancy is only possible through IVF after this surgery.

Why might someone decide to have a Bilateral Salpingectomy instead of a tubal ligation?

Most ovarian cancers do not start in the ovaries as was once thought. Scientists recently discovered that most ovarian cancers start as tiny tumors in the ends of the fallopian tubes. Ovarian cancer is usually diagnosed when the cancer has spread and chances of survival are lower. There is no screening test. People who want permanent surgical birth control might choose bilateral salpingectomy (fallopian tube removal) to decrease their risk of getting ovarian cancer.

Studies have shown that bilateral salpingectomy is more effective in reducing the risk of ovarian cancer than having your tubes tied. Removing both fallopian tubes can reduce the risk by as much as 80%.

What are common benefits and risks of these procedures?

	Tubal Ligation	Salpingectomy
Benefits	• Prevention of Pregnancy • Reduced risk of ovarian cancer **by 25 percent**	• Prevention of Pregnancy • Reduced risk of ovarian cancer **by 80 percent**
Common Risks/Complications	• Bleeding • Infection • Injury to organs in the abdomen • Side effects from anesthesia • Scar tissue • Chronic pain • Need for a longer incision • Hernia • Ectopic pregnancy (when a fertilized egg grows outside of the uterus) • Failure: An estimated 1 out of every 200 women will experience an unplanned pregnancy after tubal ligation. • Most studies have shown that having your fallopian tubes tied will not result in the early onset of menopause because the ovaries are left in place.	• Bleeding • Infection • Injury to organs in the abdomen • Side effects from anesthesia • Scar tissue • Chronic pain • Need for a longer incision • Hernia • Lower risk of ectopic pregnancy than tubal ligation • Lower risk of failure (unplanned pregnancy) than tubal ligation. • Most studies have shown that having your fallopian tubes removed will not result in the early onset of menopause because the ovaries are left in place.

Take home message:

Most ovarian cancers actually start in the fallopian tubes, not the ovaries. There is no reliable screening test. The disease is often found after it has spread which makes harder to treat. Ovarian cancer affects 1 in 78 women and is a leading cause of cancer-related death. The risk can be lowered by 80% after both fallopian tubes are removed (bilateral salpingectomy). This is more effective than tying the tubes. This surgery can help save lives.

This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.