

## Sterilisation (Tubal Ligation) at Caesarean Section Information Leaflet

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### Introduction

This information is for women who may have a Caesarean Section birth and have considered having a sterilisation at the same time. Sterilisation can prevent future pregnancies. The fallopian tubes link the ovaries to the womb (uterus). When they are tied off, the egg does not reach the womb and therefore a pregnancy does not occur. This procedure is known as sterilisation or tubal ligation.

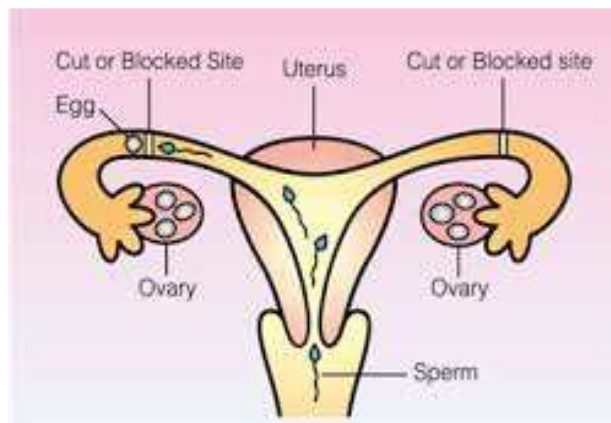


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### Why Do A Sterilisation Procedure?

- If you are sure you do not want to get pregnant again.
- If future pregnancies may be dangerous to your health.
- If you cannot, or do not want to use any other form of contraception.
- It is more than 99% effective at preventing pregnancy.

### How Is The Sterilisation Done?

- Once the baby is born and placenta (afterbirth) is removed, the uterus (womb) is sewn back together. The surgeon will then locate the fallopian tubes, which are attached to each side of the uterus. Each of these two tubes needs to be operated on to stop a pregnancy occurring. This usually means removing a piece from the middle of the tube and tying each end.
- The surgeon then makes sure there is no bleeding and finishes the operation like any other caesarean.

### Why Do A Sterilisation at a Caesarean Section?

- You will have already been given an anaesthetic for the caesarean, which will work for the sterilisation as well.
- It is usually easy to see the tubes when doing a caesarean and so the sterilisation operation should not be difficult.
- A separate operation can be avoided in the future and for some women this is a much safer option than having two procedures.

## Does It Make The Caesarean Any Longer Or More Dangerous?

- Usually it takes about ten minutes extra to do the sterilisation as part of the operation.
- If there is a lot of unexpected internal scarring from previous surgery it may take longer. Very rarely it may be impossible to do the sterilisation because of such scarring.
- There is a possibility that the tubes can bleed when they are cut. Dealing with this bleeding can make the whole operation longer. (There is the risk of heavy bleeding with all caesarean sections and the very small chance that further steps including a hysterectomy can be necessary. Please read the information sheet about caesarean sections.)

## What Risks Are There If I Have The Sterilisation Done During My Caesarean Section?

- You may regret having the operation in the future.
- The risk of heavy bleeding as above. This is not greatly different than for a Caesarean section alone. Occasionally the procedure has to be abandoned as it is more important to control the bleeding.
- The risk of infection and blood clots occurring after the operation. These are also similar to a caesarean section alone.
- The risk of the sterilisation failing. For all sterilisation operations there is a chance that the woman may become pregnant in the future. This is thought to happen in about 2-5 in 1000 operations but may be more common if the sterilisation is done during a caesarean.
- The risk of an ectopic (tubal) pregnancy occurring in the future. An ectopic pregnancy is when the egg is fertilised but the pregnancy is not in the womb. This is less likely than a normal pregnancy occurring but can be a life threatening condition.

## Can The Sterilisation Be Reversed?

This cannot be guaranteed and a reversal operation may not be available on the NHS. Therefore you must be sure that you want to be sterilised before requesting this procedure.

## Will My Periods Be Different?

Many women find that their periods are different after giving birth. The sterilisation itself will not change your periods.

## What Other Options Are There?

As well as many other forms of contraception there may be the option of having sterilisation done during the first few months after your baby is born. You should discuss this possibility with your doctor.

**As with all operations, you need to understand the risks and benefits of having a sterilisation carried out during your caesarean section. It is important that you ask the doctors and midwives who are looking after you to explain anything that you do not understand.**

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician. The hospital is heavily involved in research and you might be asked to consider taking part in a research study. A midwife or doctor will discuss this with you and answer any questions that you may have.

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at [pals@lwh.nhs.uk](mailto:pals@lwh.nhs.uk)

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