

Postpartum Sterilization Information Sheet

General indications for the proposed procedure/treatment:

Sterilization is a surgical procedure that is done to prevent a woman from getting pregnant. It is very effective. Almost one half of women who choose sterilization have it after the birth of a baby.

Description of Procedure:

On the day of surgery, an IV (intravenous) line will be started. The IV allows the body to receive fluids and medicines during the procedure.

The patient will be given anesthesia. The type of anesthesia used depends on medical history, choice, and the advice of the doctors. If regional anesthesia is used, the patient may be given medication to help her relax before it is given. With epidural or spinal block anesthesia, an injection is given in the lower back, and the lower half of the body is numbed. The patient may be awake during the operation but will not feel any pain.

When general anesthesia is used, a tube may be placed down the throat to aid in breathing during the operation. If this type of anesthesia is used, the patient will not be awake during the operation.

After a woman gives birth, the still-enlarged uterus pushes the fallopian tubes up, just under the abdominal wall below the navel. In most cases, a small, 2 to 2 and 1/2 -inch incision through the relaxed abdominal wall is all that is needed to bring the tubes into the doctor's view for the operation. If the patient is having a cesarean birth, sterilization may be performed through the incision already made.

Each fallopian tube is then tied (or cut) to keep the egg from joining with the sperm. One way this is done is by closing off (tying) a section of each tube with surgical threads and cutting out the section between the ties. After the tubes are "tied" and the section between the ties is removed, the incision below the navel is closed with stitches and a bandage. The operation takes about 30 minutes. Having it done soon after childbirth usually does not make the hospital stay any longer.

Risk of the Procedure:

The risk of getting pregnant after having postpartum sterilization is about 1 in 100 over a 10-year period. If pregnancy occurs after sterilization, it is more likely to be an ectopic pregnancy. It may rupture the tube and cause abdominal bleeding that may require emergency surgery. See the doctor if a menstrual period is missed after the procedure and pregnancy is suspected.

All surgeries have some degree of risk, but serious problems are rare with sterilization. Each of the following problems occurs in less than 1% (1 in 100) of women who have this operation:

- Bleeding from the incisions made in the skin
- Bleeding inside the abdomen

- Infection
- Major side effects from the anesthesia
- Bowel or bladder injury
- Burn injuries to skin or bowel

Procedure Alternatives, if any:

The procedure alternatives to sterilization include IUD, Hormonal Contraceptives, and Barrier Contraceptives

Probable consequences of Declining Procedure:

The probable consequences of declining sterilization is the chance of future pregnancies

Person(s) Performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a resident/fellow who is observed by a physician who is a member of the medical staff. Residents/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be based on their level of competency.