

Tubectomy

(Female sterilization)

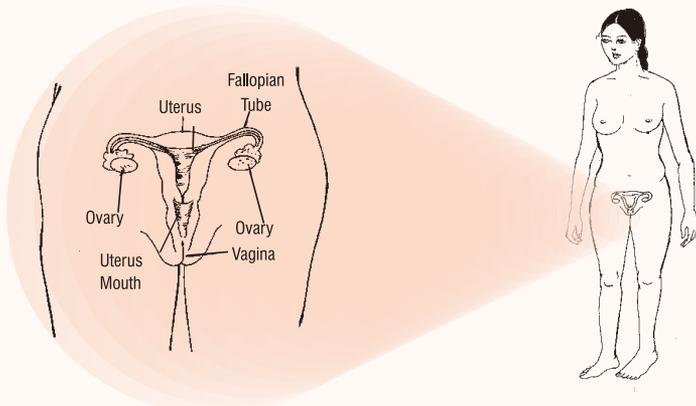


Tubectomy or female sterilization is a permanent contraceptive method for women. This is a method that can be chosen once a couple/woman decides that they/she do(es) not desire any more children. A large number of women opt for tubectomy every year and the surgery is available free of cost at most government health facilities.

Compared to tubectomy, vasectomy or male sterilization is a simpler procedure. However, since very few men volunteer to undergo vasectomy, it is generally women who choose to undergo tubectomy in order to limit their family size.

Female reproductive system

The uterus of the woman is located in the lower abdomen. There are two ovaries, one each on either side of the uterus, and each ovary is connected to a fallopian tube. These are the female reproductive organs. From the time a girl attains puberty, an egg matures in one of the ovaries alternately every month and is released from the ovary into the adjacent fallopian tube. The egg is released usually at the end of the second week following menstruation. If sexual intercourse takes place during this period, then the man's sperm that is ejaculated into the woman's vagina comes in contact with the woman's egg. The egg is fertilized and gets implanted in the uterus. This marks the beginning of a pregnancy.



Female Reproductive System

How does tubectomy work?

During tubectomy, the fallopian tubes that transport the egg and the sperm are either cut or blocked. As a result, the male sperm and the female egg are prevented from meeting each other, thus preventing fertilization and conception.

When can tubectomy be done?

There is a prevalent belief that one can undergo tubectomy only immediately after childbirth or an abortion. This is not true. A woman can undergo tubectomy any time in her life, completely unrelated to being pregnant. It is prudent to carry it out immediately after a period, to ensure that there is no previous conception that may make it appear like a failure of tubectomy, but is not necessary.

There are two different methods of performing tubectomy.

- 1. Minilap Tubectomy**
- 2. Laparoscopic tubectomy**

Minilap tubectomy

This surgery can be performed either under general anaesthesia or local anaesthesia. A 2-3 inch vertical or transverse incision is made on the woman's lower abdomen. The fallopian tubes on both sides are then picked up through these incisions, cut and tied up.

Following the minilap surgery, the woman should rest at least for a week and not lift heavy weights for 2-3 months.

Laparoscopic tubectomy

In the laparoscopic tubectomy method, a specialized instrument called laparoscope which is fitted with special lenses is used. In order to introduce the laparoscope into the abdomen, a tiny half inch incision is made on the lower abdomen, usually close to the navel. The abdomen is then inflated by pumping air into it so that the fallopian tubes and other organs can be clearly seen. Another instrument is then inserted through another small incision on the lower abdomen and using this, the fallopian tubes are blocked by cutting them, applying specially designed clips on them, or by making them clot using electric current. Dressing is then applied to the incisions. Good sterilization procedures must be utilized during the operation

Following laparoscopic tubectomy, one needs to stay in the hospital only for 6-8 hours. Since the method does not require a large incision on the abdomen, pain after surgery is much less compared to the minilap procedure and recovery is quicker. However, the laparoscopic procedure needs to be performed by surgeons who have special training and expertise in the procedure.

Both methods of tubectomy have a very small chance of failure. Very rarely, the blocked tubes may join up again and the woman may get pregnant. The chances of this happening are higher when the tubes are blocked using clips and not cut and tied.

Advantages of tubectomy

Tubectomy is a permanent contraceptive method. While there is a small chance of failure with any contraceptive method, failure of tubectomy is very rare. Therefore, one can engage in sex without the fear of pregnancy.

Tubectomy may not be a suitable method for women with the conditions mentioned below. Women with these conditions may use other contraceptive methods or the male partner could opt for undergoing vasectomy instead.

- Women with mental disorders and those affected by mental disorders following pregnancy.
- Women who have had eclampsia (convulsions due to high blood pressure) before, during or after childbirth.
- Women who have had heavy bleeding following childbirth.

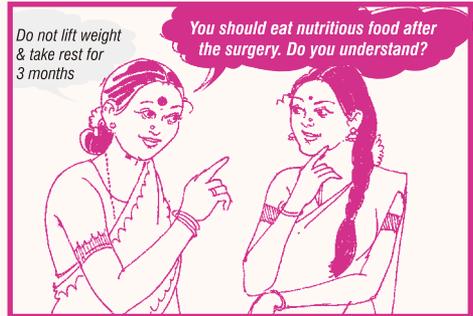
- Women suffering from hepatitis, anaemia, tuberculosis, asthma, high blood pressure, thyroid disorders, diabetes, cancer.
- Women with skin infections or lumps in the lower abdomen.

There is a general belief that a woman becomes obese or very thin following tubectomy. However, there is no medical basis to this belief.

Tubectomy is a permanent contraceptive method. If one wishes to have children after having undergone tubectomy, another surgery can be performed to reverse tubectomy. However, this can be very expensive and chances of success for this surgery are very low.

Care following tubectomy

Following tubectomy, the woman should rest for at least a week. It is important to consume nutritious food including green vegetables, fruits, milk and eggs for at least a month after the surgery. No special dietary restrictions are needed.



The wound on the abdomen should be kept clean and dry till it is fully healed. Sexual activity can be resumed after two weeks.

What are the changes in the body after tubectomy

The only change that happens in the body after tubectomy is that the egg that forms in the ovaries cannot reach the other end of the fallopian tube. But eggs continue to mature and be released, and get absorbed into the body. Menstruation will continue to occur as before. There is no change in sexual drive and one can engage in all sexual activity as before the tubectomy.



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