

GENESIS OB/GYN, INC.

BILATERAL TUBAL LIGATION - INFORMATION + CONSENT FORM

DEFINITION: A bilateral tubal ligation is a sterilization procedure. Sterilization means that after this procedure you should not be able to conceive a baby in the future without drastic surgical techniques to reverse this procedure. Like all other procedures, it is not perfect and there is a 3-20/1000 failure rate for bilateral tubal ligation where a patient may have an ectopic (e.g. tubal) pregnancy or an intrauterine pregnancy. This failure rate is approximately the same as for vasectomy. Our recommendation is that all patients should consider vasectomy before considering bilateral tubal ligation as it is a much less risky procedure for the patient. It is done in a urologist's office and does not carry the risk of general anesthesia or intraabdominal surgery. For everyone making the decision to have a permanent sterilization procedure, you should talk about and consider the option of vasectomy.

Tubal ligation is a procedure that is done in the operation room under general or epidural anesthesia. It can be done immediately after a delivery when the uterus is accessible through the belly button, or it can be done in the operating room at any time under general anesthesia or epidural using a laparoscope and permanent clips for the ligation. When done after a baby, it is considered a post-partum tubal ligation and can be done during your hospitalization by opening the umbilical area with the scalpel and visualizing the Fallopian tube, placing a permanent clip across the Fallopian tube or actually removing part of the Fallopian tube and burning the end. Remember this is an irreversible procedure.

A bilateral tubal ligation when done through the laparoscope involves general anesthesia, entry into the abdomen through the belly button and placement of a laparoscope where we can visualize the tubes. Another incision is made above the bladder and the applicator is put through this incision and permanent clips are placed on both tubes.

FAILURE RATE: The body has an amazing ability to heal itself and restore the tubes to their normal anatomy. Most of the time we can overcome the body's ability to do this. In approximately 3-20/1,000 cases, however, the body prevails. This can result in pregnancy in the uterus or tube (ectopic pregnancy). There is no perfect sterilization procedure except for removal of the uterus, tubes and ovaries which is not recommended for just sterilization.

RISKS: Risks of tubal ligation include the risk of death from anesthesia which occurs in about 1 out of 30,000 procedures. The risk of hemorrhage, infection, bowel damage, bladder damage and ureteral damage also can occur. This is not a frequent risk but it is one that you should consider before undertaking this procedure. Injury to the bladder may necessitate a laparotomy, which means opening the abdomen, closing the bladder and a prolonged recovery between two to six weeks. Injury to the bowel can also require a laparotomy, meaning opening the abdomen, repairing the bowel and recovery time between three to six weeks.

CHOICE OF METHODS: There are a variety of methods for tubal sterilization. We may use Hulk clips, which are like permanent barrettes that are placed across the tube that crush it and lock and are there forever. They do not react with your bowel or any other of your bodily functions and can be seen on x-ray. Other techniques include cutting the tube and removing a part of this. This can be done through a laparotomy. Another common technique includes burning the tube or electrocoagulation.

Educate yourself by asking your particular physician which technique he or she wants to use at this time. Please be sure in your mind that you will never want to conceive a child in the future because this procedure is permanent.

Please sign the consent below:

I have read and understand that a tubal ligation is a procedure that has a 1 in 600 failure rate. I understand that other options are available for birth control and sterilization, but I choose this method as I do not plan to ever conceive another child. I understand the risks of anesthesia and of surgery and accept these risks. I have read the above form and understand it.

Patient: _____

Witness: _____

Date: _____