Female Sterilization

What Every Woman Should Know about


Where can I learn more about Natural Family Planning?

**One More Soul (OMS)** is a non-profit organization dedicated to spreading the truth about the blessings of children, the harms of contraception, the benefits of Natural Family Planning, and the virtue of chastity. We carry a wide variety of educational resources, including tapes, videos, CDs, DVDs, and books. Natural Family Planning classes are available each month in English and Spanish.

Please call us or visit our web site [www.OMSoul.com](http://www.OMSoul.com) for more information about tubal sterilization reversal.

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What Every Woman Should Know about

- Tubal Ligation
- Sterilization by Tubal Inserts
- Sterilization Reversal

by Lili Cote de Bejarano, MD
Before 1930 no Christian church accepted sterilization or any form of contraception. The Catholic Church and some Protestant churches still teach that intentional sterilization is an immoral form of birth control.

If you are married, the modern methods of Natural Family Planning (NFP) are the safest, healthiest, and least expensive alternatives for family planning.

If you are single, abstinence is the best option and always works!

What is female sterilization?
Female sterilization means making a woman permanently infertile, usually by cutting, tying, or blocking her fallopian tubes.

What are the fallopian tubes?
The fallopian tubes are two organs situated sideways in the lower abdomen attached to the uterus. They conduct the ovum from the ovaries toward the uterus and also nurture the ovum and the sperm. If fertilization occurs, the fallopian tubes nurture and transport the human embryo to the uterus.

What is tubal ligation?
Tubal ligation involves closing off the fallopian tubes by cutting, burning, tying, or fastening a clip (or a combination of these methods) to cause permanent sterility (infertility). It is a surgical procedure carried out under anesthesia.

Two common surgical procedures for getting one's "tubes tied" are:
- **Laparoscopy**: Usually small incisions are made in the lower abdomen. Carbon dioxide gas is pumped in to inflate the abdomen, and a fiber-optic light is inserted. Then, surgical instruments are inserted to cut, tie, or burn the fallopian tubes.
- **Mini-laparotomy**: This procedure requires a small incision in the lower abdomen. The fallopian tubes are closed by clips, burned, or cut and tied.

What is non-surgical sterilization?
There is a new non-surgical method of permanent female sterilization. In a procedure called hysteroscopy, micro-inserts are passed through the vagina, cervix, and uterus, and placed in the fallopian tubes. The micro-inserts cause a tissue barrier to form that prevents sperm from reaching the egg.

Does female sterilization have health risks?
**Risks from anesthesia and surgery**
- Infection
- Bleeding
- Respiratory problems
- Adverse effects from anesthetics
- Damage to abdominal organs
- Bowel perforation
- Death

**Risks from tubal ligation itself**
- Menstrual disorders
- Ovary dysfunction
- Ectopic pregnancy
- Remorse

Long-term psychological effects such as depression and anxiety have been reported by women after tubal ligation. The probability of undergoing hysterectomy within 14 years after sterilization is 17%.

Is sterilization 100% effective?
NO. Failure rates from 0.8 to 5.4% have been reported for tubal ligation. Pregnancy can occur if the cut ends of the tubes grow back together, if the tube was not completely cut or blocked off, or if a plastic clip or rubber band is loose or comes off. Failure rates for the non-surgical sterilization procedure have not been determined.

Warning!
Sterilization does not protect against sexually transmitted diseases including AIDS.

Is sterilization morally acceptable?
Many sterilized women later desire to have their fertility restored. Some have entered new relationships and want a child with their new partner; some want a return to physical wholeness; some believe that they have done something immoral and are seeking spiritual restoration. There are, however, significant obstacles to sterilization reversal; for example, the surgery is more extensive and expensive than the original procedure, and it is typically not covered by insurance. Also, a return of fertility is not guaranteed; the success rate varies depending on a woman's age, the type of sterilization performed, and the skill of the surgeon.

What are my options?
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