

■ INFORMATION ■ FOR WOMEN

Your Sterilization Operation

NOTICE:

YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

You will find a sample consent form at the back of this pamphlet.

Why This Pamphlet Is Important to You

Sterilization is an operation that is intended to be permanent. This pamphlet describes the sterilization operation for women and its benefits, discomforts, and risks. Other family planning methods that are not permanent are also described. You should feel free to ask your doctor any questions after you have read the pamphlet completely.

Both men and women can be sterilized. This pamphlet is about sterilization operations for women. (Ask your doctor or clinic for the pamphlet on sterilization for men.)

If the Federal government is to pay for your sterilization, certain conditions must be met. They are listed on page 8. The purpose of these conditions is to ensure that you understand sterilization and that you choose freely to have this operation.

Making Up Your Mind

Sterilization must be considered permanent. For most women, once this operation has been done, it can never be undone. Some doctors try to undo a sterilization with surgery. This is a difficult and expensive operation, and often it doesn't work. Some people call sterilization "tying the tubes." But don't think the tubes can be easily untied! They can't. So it's not a good idea to think your sterilization can be undone.

Make sure you do not want to bear children under any circumstances before you

decide to be sterilized. Are you sure you would not want to have children even if one of your present children died? Or your husband died? Or you got divorced and remarried? Be sure of your decision before you decide to be sterilized. Talk it over with your family or others you trust.

No one can force you to be sterilized! Don't let anyone push you into it. If you do not want to be sterilized, no one can take away any of your Federal benefits such as welfare, Social Security, or health care—including sterilization at a later date. No one can force you to be sterilized as a condition for delivering your baby or performing an abortion.

To have this operation paid for with Federal funds, you must be at least 21 years old. If you are married, discuss the operation with your husband. However, his consent is not required if Medicaid or any Federal government program is going to pay for your operation. Your consent to sterilization cannot be obtained while you are in the hospital for childbirth or abortion, or if you are under the influence of alcohol or other substances that affect your state of awareness. You must sign the consent form at least 30 days before you plan to have the operation. This is so you will have at least 30 days to think it over and discuss it with your family and others. You may change your mind any time before the operation and cancel your appointment.

Other Methods of Family Planning

There are many other ways to avoid pregnancy. Before you decide to be sterilized, think about other methods of family planning.

Temporary Methods of Family Planning

The following methods of family planning are temporary. This means that when you or your partner do not use them you can become pregnant. Temporary methods of family planning are effective only if you use them correctly. If you think you might want to become pregnant later, you should use a temporary method of family planning instead of sterilization. Ask your doctor or clinic for pamphlets and counseling on any of these temporary methods of family planning.

Birth Control Pill—A pill a woman takes regularly which is 97 percent effective in preventing pregnancy. It is usually safe. In some women the pill causes minor side effects such as darkening of the skin of the face, nausea, spotting, missed periods or tender breasts. More serious complications which occur infrequently include depression, increased tendency for abnormal blood clotting, increased risk of heart attack and stroke (especially in women over age 35 who smoke), and a small increased risk of liver or gall bladder disease.

Intrauterine Device (IUD)—A small piece of plastic is inserted into a woman's uterus (womb) by a doctor or family planning clinician. It is 94 percent effective in preventing pregnancy. IUD use can cause heavier periods and cramps. A serious complication in couples who are not mutually faithful is increased risk of sexually

transmitted infection which can cause infertility.

Diaphragm, Cervical Cap, or Contraceptive Sponge—A rubber cup or sponge a woman places in her vagina over her cervix before intercourse. The diaphragm or cap must be used with contraceptive gel or cream for it to be effective. The diaphragm or cap is 82 percent effective in preventing pregnancy. The sponge contains a contraceptive already. The effectiveness rate of the sponge is 82 percent for women who have not had children and 72 percent for women who have had children. There is little risk of serious complications, but minor side effects such as vaginal and urinary tract infections may occur. Benefits include some protection against sexually transmitted diseases.

Contraceptive Foam, Cream, Gel, Tablet or Film (Spermicide)—Spermicidal preparations a woman places in her vagina each time before intercourse. They are 79 percent effective in preventing pregnancy. They occasionally cause minor side effects such as allergic reactions. Benefits include some protection against sexually transmitted diseases.

Condom, Rubber, Prophylactic—A thin sheath of rubber the man places over his penis each time before intercourse. In general use, it is 88 percent effective in preventing pregnancy. There are no serious side effects. A condom can be used with contraceptive foam, cream or gel, or with a diaphragm for extra protection. Condoms give protection against sexually transmitted diseases including HIV/AIDS.

Natural Family Planning—A type of family planning in which intercourse is avoided on the days each month when a woman is likely to get pregnant. In general use, it is

80 percent effective in preventing pregnancy. Natural family planning consists of several methods, all of which require instruction. Different methods involve some combination of:

- charting the menstrual periods;
- charting the woman's body temperature;
- checking the cervical mucus;
- checking the position and texture of the cervix.

Effectiveness requires cooperation between partners. There is no risk of complications. No drugs or devices are necessary. Natural family planning teaches a woman about her own fertility patterns.

Norplant —A set of 6 hormone-containing capsules that are inserted beneath the skin of the inner upper arm and can remain effective for 5 years. It is over 99 percent effective in preventing pregnancy. Its effectiveness is decreased in women who weigh over 150 pounds. Most women using Norplant will have an abnormal bleeding pattern. Other minor side effects may occur, such as headache, nervousness, nausea, dizziness. A health care provider must insert or remove Norplant in a procedure which lasts 15-20 minutes. Norplant does not protect against sexually transmitted diseases including HIV/AIDS.

Sterilization for a Man

A man can be sterilized by an operation called a vasectomy. This operation is intended to be permanent. It is simpler, quicker, and safer than the sterilization operation for a woman, so you and your partner may decide that it is better for him to have the sterilization operation. Sterilization does not offer protection against sexually transmitted diseases, including

HIV/AIDS. (Ask your doctor or clinic for the pamphlet on sterilization for a man.)

What About Abortion?

Abortion does not prevent pregnancy. It is an operation to terminate a pregnancy which has already started.

This pamphlet does not address abortion; it only addresses ways to avoid pregnancy.

When Can a Woman Have a Sterilization Operation?

A sterilization operation can be done at different times. A talk with your doctor or clinic can help you decide what might be most suitable for you.

A woman may choose to have a sterilization operation at any time in her life. It doesn't matter if she is not married or doesn't have children. It is up to her. Sterilization done at too young an age or before a woman has any children may result in regret later. Circumstances can also change in your life which might cause you to regret your decision to be sterilized.

A woman can have a sterilization operation right after having a baby. This means that a woman may want to be sterilized while she is in the hospital for the delivery. A woman should think about this early in her pregnancy because in order for the sterilization to be paid for with Federal funds she must sign the consent form at least 30 days before the baby is due. If the woman delivers prematurely or has emergency abdominal surgery at least 72 hours after she has signed the consent form, she does not need to wait 30 days, and the sterilization may be performed at the same

time as the other surgery. She should be sure that she does not want to have children again even if the baby does not live very long after birth.

A woman can have a sterilization operation at the same time she has a baby by cesarean section. A sterilization operation can be done at the same time through the same incision, but the woman must make up her mind at least 30 days before the baby is due.

A woman can have a sterilization operation when she is having another type of surgery if she has signed the consent form at least 30 days previously.

A woman can have a sterilization operation done at any other time as well. The operation need not be done at the time of childbirth, cesarean section or another surgery.

Facts About the Operation

The surgical method of family planning is called a tubal sterilization or tubal ligation.

In this operation the doctor blocks your two tubes to prevent the sperm and egg from uniting. (See figure below.) Menstruation (monthly period) continues following sterilization. Tubal sterilization will not cause menopause (change of life). Sterilization does not offer protection against sexually transmitted diseases, including HIV/AIDS.

Is the Operation Guaranteed to Work?

Tubal sterilization works almost all the time. On the average only 4 out of every

1,000 women who have the operation will still get pregnant. Failures occur when sterilization surgery is performed after the woman is already pregnant or when there is incomplete blocking of the woman's tubes. You should use some temporary method of family planning until you have your operation.

The Anesthetic

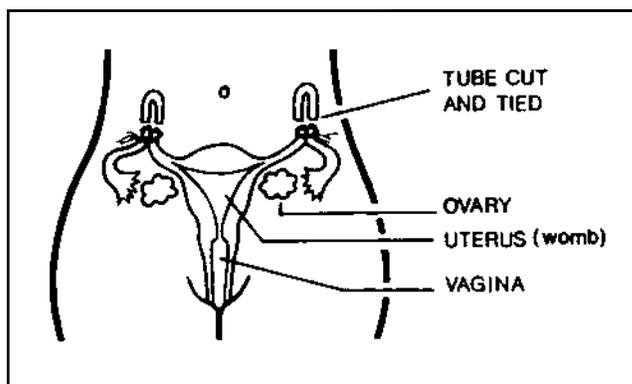
With any method of sterilization, you will first be given an anesthetic (a drug to keep you from feeling pain during the operation). A medical person who specializes in anesthesia may do this part of the operation.

Sometimes the operation is done under "general" anesthesia. That means you will be asleep during the operation. The drugs used are a gas which you inhale and/or a liquid given to you by injection.

Sometimes the operation is done under "local" anesthesia or "spinal" anesthesia. That means you are awake.

A local anesthetic is given by injection into the skin. It makes your skin numb.

A spinal anesthetic is given by injection low in the spine. This type of injection makes you feel numb from the waist down.



With local or spinal anesthesia, you may also be given pills or another injection to help you relax.

You should have a chance to discuss and participate in the decision regarding your type of anesthesia before your operation.

Benefits of Tubal Sterilization

The benefits of tubal sterilization are:

- You never have to use a temporary method of family planning again (such as the pill or the diaphragm).
- You don't have to worry about getting pregnant.

Discomforts and Risks

No matter which type of operation you have, you can expect to feel pain and soreness in your abdomen for a few days. You can take medicine to help relieve the discomfort.

If you had general anesthesia, you may have a sore throat for a day or two from the tube used to keep your airway open while you were asleep. This goes away quickly and is not serious. Spinal anesthesia may give some persons a temporary headache.

Sterilization operations have some risks, including a very small risk of death. This is true of any type of operation. Serious problems rarely happen. Most of the time serious problems can be treated and cured by the doctor without further surgery; however, an operation may be necessary to correct some of these problems.

Some of the medical problems you could have during or after a sterilization operation include:

1. You may bleed from the incision on your skin or in your vagina.
2. You may bleed inside your abdomen. (Another operation may be necessary to stop the bleeding.)
3. You may get an infection on or near the stitches or inside your abdomen.
4. The operation may not make you sterile. The operation cannot be guaranteed 100% to make you sterile. On the average 4 out of 1,000 women get pregnant after the operation. When this happens there is a possibility that the pregnancy may be in the tube. This would require immediate medical or surgical care.
5. As in other operations, the anesthetic drug used to put you to sleep or to make the operation painless may cause problems. You may vomit while under anesthesia and additional complications may result. As with all surgery, complications sometimes lead to death.
6. You may have damage to your internal organs, such as your bowel or bladder. More medical care or another operation may be necessary to repair the damage.
7. Some women have reported irregular periods, increased cramping or changes in their periods after sterilization.

Go back to your doctor at once if you get a fever or severe pain in your abdomen soon after surgery. Either of these could be signs that you have an infection.

Four Types of Tubal Sterilization

The operation you have depends on your health and your doctor. Talk to him or her about which operation you will have.

1. Laparotomy, Mini-laparotomy
2. Laparoscopy
3. Postpartum tubal sterilization
4. Vaginal tubal sterilization

Laparotomy, Mini-Laparotomy

In both of these operations, the doctor makes an incision (cut) in the lower portion of your abdomen. The difference between the two is the length of the incision and the extensiveness of the surgery. In a mini-laparotomy the incision is very short (one or two inches) and leaves only a small scar. In a laparotomy it is much longer (three to five inches) and leaves a longer scar. Ask your doctor which method he or she uses.

Through the incision on the abdomen, the doctor can reach both tubes, one at a time. The doctor can either remove a section and then use surgical thread to tie the tubes shut or seal them with electric current, bands or clips. After the tubes are sealed, the incision on your abdomen is stitched closed.

The operation, including the anesthesia, takes about 30 minutes. With a mini-laparotomy, you will probably stay in the hospital less than 24 hours and be back to normal in two or three days. With a laparotomy, you will probably be in the hospital two or more days, and it may be two weeks before you feel back to normal.

Laparoscopy

Using a special needle, the doctor inflates your abdomen with gas which pushes your

intestines away from your uterus and tubes.

The doctor then makes a small incision about one-half inch long near your navel. A "laparoscope," or special instrument, is inserted through this incision. It is a thin metal tube with a light on it which allows the doctor to see your tubes, and through which the doctor can insert the operating instruments. Your tubes are sealed by the use of electric current, bands, or clips. Some doctors make a second small incision near the pubic hair line to insert one of the operating instruments.

After the gas in your abdomen is released, the incision is closed.

The operation, including the anesthesia, takes about 30 minutes. You will probably stay in the hospital less than 24 hours and be back to normal in two or three days. Because of the gas, you may feel a pain in your neck or shoulders, and you may feel bloated after the surgery. This goes away after a day or two.

Postpartum Tubal Ligation

This operation is done in the hospital shortly after a woman has a baby. The doctor makes a small incision below your navel. The doctor then closes off a section of each tube using surgical threads. After the tubes are tied, a small section between the ties is removed. The incision below your navel is stitched closed.

The operation, including the anesthesia, usually takes about 30 minutes. Having the operation may make your hospital stay a day or two longer. How fast you get better will depend on how you feel after having the baby.

SUMMARY

If you are sure you do not want to bear children and you want to become permanently sterile, then tubal sterilization is a safe, effective option. It requires a short stay in the hospital, and problems are rare.

If You Have Questions

If there is anything that is not clear to you, or anything you are worried about, it is important that you ask these questions. All of your questions should be answered to your satisfaction before the operation.

REMEMBER

You may change your mind at any time before the operation. Make sure you do not wish to bear children under any circumstances before you decide to be sterilized.

Vaginal Tubal Ligation

In this operation, the doctor makes a small incision far back in the vagina. Through this, the doctor finds your tubes, then closes them off with electric current, bands, or clips, or by removing a small section and closing the ends with surgical threads. After the tubes are sealed, the incision in your vagina is stitched closed.

Sometimes the doctor will use a metal tube with a light (called a culdoscope) to find your tubes.

The operation, including the anesthesia, usually takes about 30 minutes. Your stay in the hospital will probably be less than 24 hours. You should be back to normal in two or three days. After this type of operation, you should not have intercourse for three to four weeks so the vagina can heal.

What About Hysterectomy?

Hysterectomy is the removal of the uterus. A hysterectomy should be done only when there is a disease of the woman's uterus or some other problem that is appropriately treated by removal. Hysterectomy should never be performed for sterilization alone.

A hysterectomy is a much more serious operation than a tubal sterilization. A hysterectomy takes much longer to do, and the woman is in the hospital longer. There are more discomforts, and there is a greater chance of serious complications as a result of hysterectomy. For these reasons, neither Medicaid nor any other Federal program will pay for a hysterectomy if you are having it solely to avoid bearing children.

RULES FOR STERILIZATION OPERATIONS FUNDED BY THE FEDERAL GOVERNMENT

- You must be at least 21 years old.
- You must wait at least 30 days to have the operation after you sign the consent form except in instances of premature delivery or emergency abdominal surgery that take place at least 72 hours after consent is obtained.
- Your consent to sterilization cannot be obtained while you are in the hospital for childbirth or abortion, or under the influence of alcohol or other substances that affect your state of awareness.
- You may, if you choose, bring someone with you when you sign the consent form.
- Your consent is effective for 180 days from the date you sign the consent form.

Your consent to sterilization must be documented by signing a consent form identical or similar to the sample attached to this pamphlet.

SAMPLE CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ . When I first asked for _____
(doctor or clinic)

the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ . The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____
Month Day Year

I, _____, hereby consent of my own free will to be sterilized by _____
(doctor)

by a method called _____ . My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature *Date: Month Day Year*

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- American Indian or Alaska Native
- Black (not of Hispanic origin)
- Asian or Pacific Islander
- Hispanic
- White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter *Date*

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent *Date*

Facility

Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____

Name: individual to be sterilized *Date: sterilization operation*

I explained to him/her the nature of the sterilization operation _____, the fact that _____, the fact that _____
specify type of operation

it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery
Individual's expected date of delivery: _____
- Emergency abdominal surgery:

(describe circumstances): _____

Physician

Date

This pamphlet has been prepared by the U.S. Department of Health and Human Services. It describes the sterilization procedures used in current medical practice. The pamphlet contains a sample of the consent form which, unless another form is approved by DHHS, *must* be used for sterilizations paid for with Federal funds. Both the pamphlet and consent form comply with regulations: 42 CFR 50.201 et seq. and 42 CFR Part 441, Subpart F.

Issued, 1978; Revised, 1991; Reprinted 2001.