

Tubectomy (female sterilization)

Tying and cutting the tubes that carry eggs (egg-tubes) is tubectomy. There are several ways of doing this procedure. In many states this operation is done using laparoscope (doorbeen). It blocks the meeting of ovum and sperms. This is a popular sterilization method in India.

Two methods of tubectomy

Mini-laparotomy is the conventional method

This involves opening the abdomen through a small incision and operating by hand. Local anaesthesia is given by injection.

The mini-lap method needs hospitalization for two days. It is useful for post-childbirth tubectomy, when the womb is still high in the abdomen and easy to reach.

Laparoscopy

This involves inserting a laparoscope into the abdomen and applying tight plastic rings on the tubes. Laparoscopy can only be performed when the womb returns to its normal size and position (at least six weeks after childbirth).

Although tubectomy performed by an experienced surgeon is usually successful, laproscopic sterilization may sometimes fail.

Complications are rare in case of tubectomy; sometimes there may be internal bleeding, infections, and possible tubal (ectopic) pregnancy later if a tube happens to reopen.

In cases of major complications attributable to sterilization, failure and unlikely event of death, you should help in accessing compensation available as per FP insurance scheme. You will get more information from your ANM.

Reversing sterilization (recanalization)

For all practical purposes, sterilization operations are permanent procedures. But, in unusual circumstances like death of all children, recanalization to join the cut ends of tubes together can be adopted by the couple. But in both men and women, only one in four such procedures succeed. These facilities are available in big hospitals only.