Tubal sterilisation — laparoscopy

01 What is it?

Voluntary sterilisation is an operation on both fallopian tubes that makes them no longer open: sperm can no longer reach the egg. Here, it is performed by laparoscopy (keyhole surgery).

This sheet, given to you by Dr Gatri, is intended to complement the explanations provided during your consultation. Do not hesitate to ask her if you have any questions.

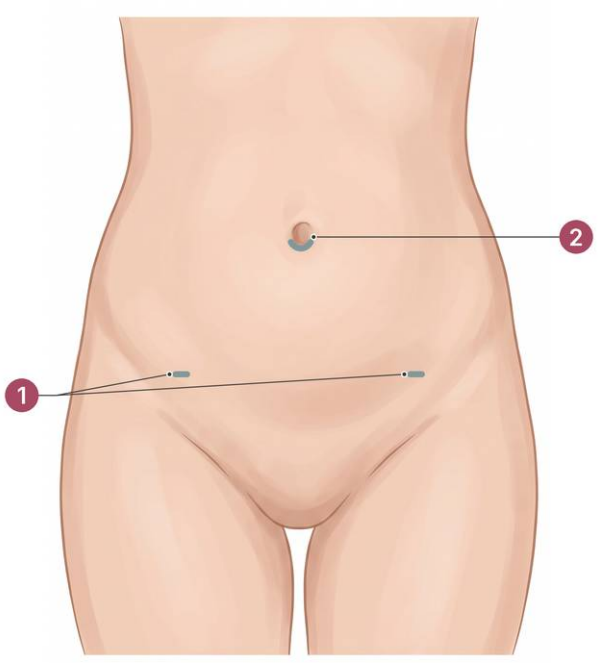


FIGURE 1 — The incisions for laparoscopy (diagram, front view).

1. Two or three other small incisions in the lower abdomen
2. Incision at the navel, for the camera

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

The tubes may be removed in part (a segment of each tube) or completely. The contraceptive effectiveness is the same; the choice is your surgeon's. Some surgeons use clips or coagulate and divide the tubes.

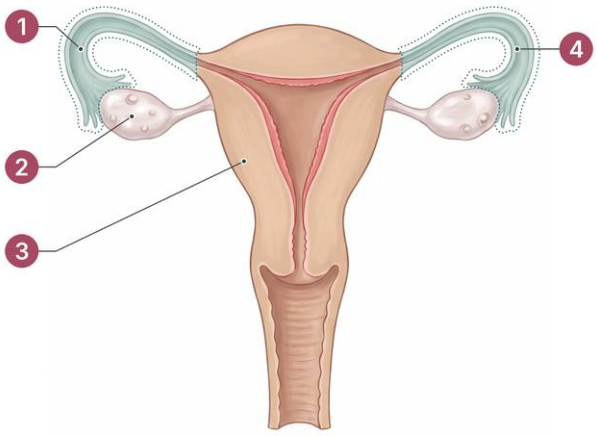


FIGURE 2 — Tubal sterilisation: both tubes removed (diagram, front view).

1. An operation on both fallopian tubes
2. Ovary
3. Uterus
4. The tubes may be removed completely (as here) or in part (a segment of each tube).

In blue-green, outlined with dots: the part removed during the operation.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

This sheet is based on the patient information sheets of the CNGOF "Cœlioscopie" (1999, revised 2017) and of the CNGOF and the SCGP "Stérilisation volontaire à visée contraceptive" (2024), adapted to the practice of the clinic.

02 Why this procedure?

It gives you permanent, immediate, non-hormonal contraception, with no effect on your

menstrual cycle, your libido or your hormonal balance.

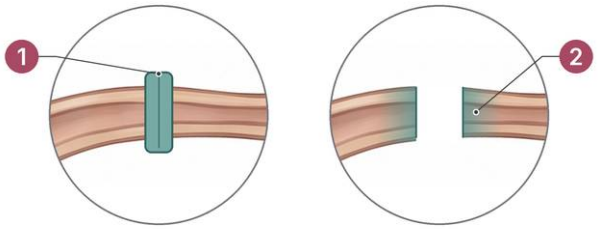


FIGURE 3 — Other techniques on the tubes: clip, coagulation and division (diagram, close-up).

1. Clip on the tube
2. Tube coagulated and divided

Close-up of a segment of fallopian tube. In blue-green: the clip, and the coagulated ends of the tube.

Diagram Wagram Clinic, 2026.

The contraceptive effect is immediate: you can stop your contraception on the day of the operation.

It is not necessary to have had children. The operation can be performed at any age, but it serves no purpose after the menopause.

03 How does the procedure take place?

The operation is always performed under general anaesthetic. It lasts about 1 hour.

An incision is made at the navel to insert the camera, and two or three other small incisions are made in the lower abdomen for the instruments. The abdomen is inflated with carbon dioxide. The tubes are coagulated, then divided, and sent for analysis. The gas is then released and the incisions are closed.

During the operation, your bladder may be emptied using a urinary catheter, which is removed before you wake up.

In the event of operative difficulty, a larger incision in the abdomen (open surgery, laparotomy) is exceptionally necessary.

Day surgery: you go home the same day.

04 What the procedure does not guarantee

This is a permanent and irreversible operation: a natural pregnancy will no longer be possible afterwards.

The risks of failure are part of the information given to you at the first consultation.

05 Risks and complications

Apart from a possible complication during or after the operation, this surgery has no effect on your body, your cycles, your hormones or your daily life.

During the operation, the risks are very rare. They are those of any laparoscopy, linked to the neighbouring organs: injury to the bowel, the bladder or the ureter, or to a blood vessel. In the event of heavy bleeding, a blood transfusion may be given; in the event of a major complication, the abdomen may be opened (open surgery).

During the operation, it may be necessary to perform a vaginal or rectal examination, to inject a blue dye, to place a manipulator in the uterus to move it, or to leave a vaginal pack and a urinary catheter in place for a while.

After the operation, a haematoma, bleeding inside the abdomen or at the scars, or an infection (abscess) may occur. A further hospital stay is sometimes necessary; treatment is adapted case by case (antibiotics, transfusion or further surgery).

Nausea, vomiting or drowsiness due to the anaesthetic are possible, as well as abdominal pain that may spread to the shoulders, caused by the gas introduced.

The risk of phlebitis and pulmonary embolism is exceptional. As with any surgery, this operation may very exceptionally involve a life-threatening risk or serious after-effects.

06 Alternatives

- Doing nothing: keeping another method of contraception. The various contraceptive methods suited to your situation are presented to you at the first consultation.
- Changing your mind: you can withdraw, without having to give a reason, up to the day of the operation.
- Other techniques on the tubes: clips or coagulation and division. The choice of method is made with your surgeon, after full information.

07 Contraindications

You must be of legal age.

Certain risks may be increased by your condition, your medical history or a treatment taken before the operation. It is essential to tell the doctor about your medical history (personal and family), all your treatments and medicines, and any allergies.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the operation removes this additional risk. If you smoke, talk to your doctor, the surgeon and the anaesthetist, or call Tabac Info Service on 3989.

08 Before the procedure

The law requires a reflection period of four months between your first medical consultation and the written confirmation of your choice, when you sign the consent form. The signed consent form and your written confirmation must be in your file without fail.

The pre-anaesthetic consultation is mandatory, at least 48 hours before the operation, except in urgent cases.

On the day of the operation, after premedication, you are taken to the operating theatre; a drip is set up, then you are put to sleep. A gynaecological examination is carried out under anaesthesia before the instruments are inserted.

09 After the procedure and your instructions

You will spend time in the recovery room, then in your room or your bay in the day-surgery unit. The drip is removed, and you go home with the agreement of the anaesthetist and the surgeon.

You are given a prescription for painkillers and, if needed, for nursing care.

You may shower as soon as you get home. Avoid baths and swimming for 15 days, so that healing takes place properly. You may resume sexual intercourse normally.

Depending on your medical history, or if the operation lasted longer than expected, anticoagulant injections may be prescribed for you to prevent phlebitis or pulmonary embolism.

Time off work is 7 to 10 days depending on your work, and may be extended in the event of a complication.

A follow-up consultation takes place within three to four weeks, to check healing and give you the result of the analysis of the tubes. Wait for this consultation before resuming completely normal activity.

10 When to seek medical advice without delay

After you return home, contact the surgical team, day or night, in the event of pain, bleeding, vomiting, fever, a purulent or foul-smelling discharge from a scar, or any other abnormality.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.