Tubal sterilisation — open surgery (laparotomy)

Tubal interruption through an opening in the abdomen

01 What is it?

It is a permanent method of contraception: an operation is performed on both fallopian tubes to prevent the sperm and the egg from meeting. Here, the operation is performed through an opening in the abdomen (open surgery, laparotomy).

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.

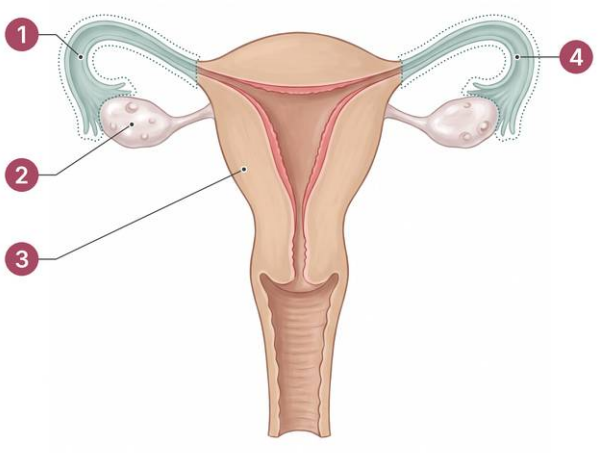


FIGURE 1 — Tubal sterilisation: both tubes removed (diagram, front view).

1. An operation on both fallopian tubes
2. Ovary
3. Uterus
4. Total salpingectomy (as here): the whole tube; or partial: 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.

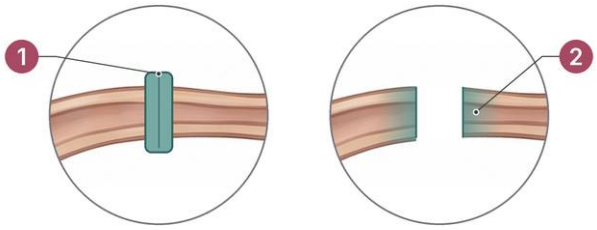


FIGURE 2 — Other techniques on the tubes: clip, coagulation and division (diagram, close-up).

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.

This sheet is based on the patient information sheet of the CNGOF and SCGP "Stérilisation volontaire à visée contraceptive" (in French, 2024), adapted to the practice of the clinic.

02 Why this procedure?

Tubal sterilisation guarantees immediate, non-hormonal contraception, with no effect on your menstrual cycle, your libido or your hormonal balance. Its effect is immediate: you can stop your contraception on the day of the operation.

Open surgery has been chosen in your case. The reason chosen in your case is shown on your quote and explained to you at the consultation.

03 How does the procedure take place?

At the Clinique de la Muette, always under general anaesthetic.

What the operation removes. Bilateral salpingectomy is "total" if both tubes are removed completely, and "partial" if a segment of each tube is removed. The contraceptive effectiveness is the same. Some surgeons use clips, or coagulate and divide the tubes. The tubes removed are sent for analysis.

What open surgery changes. The abdomen is opened through a suitable incision. There is no gas inflation and no shoulder pain. On the other hand, the hospital stay and recovery are longer: the operation is not done as day surgery.

04 What the procedure does not guarantee

This is a permanent and irreversible operation, which makes a natural pregnancy impossible afterwards.

It serves no purpose after the menopause and does not protect against any sexually transmitted infection.

The legal framework for sterilisation: you must be of legal age; the operation can only take place at the end of a four-month reflection period after the first medical consultation, and after your written confirmation; you have the right to change your mind up to the day of the operation.

05 Risks and complications

Common or expected. Pain at the scar, tiredness in the first few days, bowel function slowed for a few days. Nausea, vomiting and drowsiness related to the anaesthetic.

Serious and rare. Haematoma, bleeding inside the abdomen or at the scar, infection (abscess), which may require a further hospital stay, an antibiotic, a transfusion or further surgery. Injury to a neighbouring organ — bowel, bladder, ureter — or to a blood vessel. Phlebitis and pulmonary embolism. Like any surgery, this operation may, very exceptionally, carry a risk to life or of serious after-effects.

Specific to open surgery. When you return home, avoid carrying heavy loads for a few weeks, as this could affect the strength of the scar or even cause an incisional hernia.

What the operation does not do. Apart from these complications, this surgery has no side effects on your body, your cycles, your hormones or your daily life.

06 Alternatives

All reversible methods of contraception remain possible: copper or hormonal intrauterine device, implant, hormonal contraception, condom. None of them is permanent.

Vasectomy is the male equivalent; it is performed by another practitioner.

Not deciding anything today is always possible: you have the right to change your mind, without having to give a reason, up to the day of the operation.

07 Contraindications

Smoking that has not been stopped. Smoking increases the risk of complications from any surgery; stopping 6 to 8 weeks before the operation removes this additional risk.

Current infection, a blood clotting disorder or anticoagulant treatment that has not been adjusted, current pregnancy.

Any doubt about your wish to have children. Sterilisation is irreversible: doubt is a sufficient reason not to operate on that day.

It is essential to inform the doctor of your personal and family medical history and of all your treatments and medicines.

08 Before the procedure

Your file must contain the signed consent form and your written confirmation, signed at the end of the four-month reflection period following the first medical consultation. You have the right to

change your mind, without giving a reason, up to the day of the operation.

A pre-anaesthetic consultation is always carried out; except in an emergency, it takes place at least 48 hours before you go to the operating theatre.

You will be admitted the day before or the same morning.

If you smoke, tell the surgeon and the anaesthetist.

09 After the procedure and your instructions

You will spend time in the recovery room before returning to your room. You will be given a prescription for painkillers and, if necessary, for nursing care.

Washing. You may shower as soon as you return home; baths and swimming should be avoided for fifteen days, while the wound heals.

Carrying loads. Avoid carrying heavy loads for a few weeks: this is what protects the strength of the scar.

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

Follow-up consultation within three to four weeks, to assess healing and give you the result of the analysis of the tubes removed. It is recommended to wait for this visit before resuming completely normal activity.

Time off work. The length of your time off work is prescribed by Dr Gatri.

10 When to seek medical advice without delay

After returning home, call day or night in the event of pain, bleeding, fever, vomiting, purulent or foul-smelling discharge from the scar, or any other abnormality.

Pain in the calf or difficulty breathing require a prompt call: phlebitis and pulmonary embolism must be ruled out.

11 Your questions for Dr Gatri

For example: why open surgery in my case? will the salpingectomy be total or partial? how many days in hospital, and how much time off work for my job? what happens if I change my mind the day before?