Permanent Birth Control Methods



This decision aid is to help you and your health care provider talk about methods of birth control and choose what's right for you. Most people can safely use these methods. Your health care provider can tell you whether these methods are safe for you.

	FEMALE STERILIZATION:			MALE STERILIZATION:
	BY LAPAROSCOPY	BY MINILAPAROTOMY	BY HYSTEROSCOPY	VASECTOMY
How is it used?	A health care provider uses instruments inserted through one or two small incisions in your abdomen to be able to see and close your fallopian tubes ^{1,2}	A health care provider makes an incision in your abdomen and moves your fallopian tubes up so they can be seen ¹ . The provider then closes your tubes ¹ .	A health care provider inserts an instrument through your vagina and places small devices in your fallopian tubes ^{1,3} . Scar tissue forms around the devices and closes your tubes ^{1,3} .	A health care provider makes one or two incisions or a small puncture in the skin of the scrotum and closes the tubes that carry sperm ^{1,4}
How often?	Once ⁵	Once ⁵	Once ⁵	Once ⁵
How does it work?	Prevents sperm from reaching an egg ¹	Prevents sperm from reaching an egg ¹	Prevents sperm from reaching an egg ¹	Prevents sperm from being released ¹
When does it start working?	Immediately ⁶	Immediately ⁶	After 3 months, when an X-ray shows that your fallopian tubes are closed ^{3,6}	After 2 to 4 months, when a test shows that there are no longer sperm in the semen ⁶
How many people become pregnant in the first year?				
Not always following the instructions:	Fewer than 1 in 100 people ⁷	Fewer than 1 in 100 people ⁷	Fewer than 1 in 100 people ⁷	Fewer than 1 in 100 people ⁷
Always following the instructions:	Fewer than 1 in 100 people ⁷	Fewer than 1 in 100 people ⁷	Fewer than 1 in 100 people ⁷	Fewer than 1 in 100 people ⁷
What are some of the side effects?				
Abdominal cramps or other pain following the procedure?	Possible ⁸	Possible ⁸	Possible ⁹	Possible ⁴
Dizziness, nausea, vomiting, bleeding, or other symptoms following the procedure?	Possible ²	Possible ⁵	Possible ⁹	Possible ⁴
Minor complication (e.g., infection)?	Possible ⁸	Possible ⁸	Possible ⁹	Possible ⁴
Major complication (e.g., injury requiring surgery)?	Possible ⁸	Possible ⁸	Possible ⁹	Posible ⁵
Pain that continues for some time?	Possible ⁸	Possible ⁸	Possible ⁹	Possible ⁴
Does it protect against sexually transmitted infections (STIs)?	No ¹⁰	No ¹⁰	No ¹⁰	No ¹⁰



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Supporting Document

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Notes:

- This decision aid includes a statement about the general safety of the birth control methods described. The *U.S. Medical Eligibility Criteria* for Contraceptive Use¹¹ and published updates^{12,13} provide guidance on who can safely use each birth control method and may be used to facilitate the provision of individualized information on method safety.
- For Female Sterilization by Laparoscopy, by Minilaparotomy, and by Hysteroscopy, 12-month typical-use and perfect-use effectiveness data are for female sterilization in general.
- To enhance comprehension, 12-month typical-use and perfect-use effectiveness data are displayed both using raw numbers ("X in 100 people") and using a visual aid based on the following:

o Less than 1%: 000000000 o 1% to 9%: 000000000 o 10% to 19%: 00000000 o 20% to 29%: 00000000

Information Sources:

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