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Heart to Heart Talk

With Philip S. Chua, M.D.

Contraception

Does “the pill” cause cancer?

There is no evidence to date that taking birth control pills definitely causes cancer in women, but experts say the risk of breast and cervical cancer is slightly increased among women taking oral contraceptives. Possible side effects of these pills include nausea, vomiting, headache, depression, water retention and leg swelling, gall stone formation, breakthrough bleeding, inhibited ovulation for months, melasma skin lesions, high blood pressure, thickening of the blood and development of blood clots in the legs or pelvis (Deep Venous Thrombosis or DVT), which could tear off and travel to the lungs causing pulmonary embolism (clots blocking the lung arteries), some of which could be fatal.

What is tubal ligation and what is vasectomy?

These are two surgical procedures for permanent birth control. Tubal ligation is sterilization for women, where the fallopian tubes are ligated (tied by sutures) to prevent the ova (eggs) from being transported to the uterus. Vasectomy is sterilization in men, where the vas deferens (two tiny tubes, one connected to each testicle where semen is formed) are cut to prevent the semen from being ejaculated.

Are these procedures permanent?

While very rare and practically unheard of, there are case reports in the medical literature of spontaneous recanalization (where the cut channels, either vas deferens or fallopian tubes, rejoined together on their own to re-establish the channels), making pregnancy possible once again. However, for all intents and purposes, once vasectomy or tubal ligation is done, these should be considered permanent sterilization.

How common and how safe are these procedures?

In the United States, where family planning is seriously practiced, one partner is sterilized in about 1/3 of all married couples. So, in 33% of all married couples, either the husband had a vasectomy or the wife had a tubal ligation or a hysterectomy (removal of the uterus). These surgical procedures, like any operations, are not devoid of possible complications, but they are very safe.

Vasectomy could be done in about 20 minutes in a surgeon's office, under local anesthesia, and the patient walks out a few minutes thereafter. Tubal ligation is a more extensive surgery requiring general anesthesia, and where the gynecologist has to open the abdomen, or (more recently) doing the ligation through laparoscopy (a lighted and seeing "telescope" is used through small incisions in the abdomen, the procedure seen and monitored live on a video screen). This simpler procedure does not require overnight hospitalization, hence it is very popular.

Can vasectomy and tubal ligation be "reversed"?

Yes, re-anastomosis (hooking the cut ends together) of the vas deferens of the fallopian tubes can be done, even after several years following the original procedures. Since the vas deferens are smaller in caliber, the reconstructive operation is more tedious and difficult compared to re-anastomosing the fallopian tubes, which are larger structures. Pregnancy rate after reconstruction of the fallopian tubes is about 50-80% and the vas deferens about 45 to 60%.

Is a man sterile immediately after a vasectomy?

No, about 15 to 20 ejaculations are usually needed after vasectomy before sterility is achieved. Semen analysis follows the procedure, and the man is not considered sterile until he subsequently produces two sperm-free ejaculates.

Does vasectomy make a man impotent or less potent?

No, vasectomy does not cause impotence or a decrease in libido or sexual desire. Most medical literature reports the opposite. Following the procedure, men appear to have more sexual drive and potency. Part of this could be due to the sense of security and freedom vasectomy confers on them and their partners. Tubal ligation does not reduce libido, either, and it also gives the women similar sense of security and peace of mind.

Does vasectomy protect the man from venereal disease?

No, vasectomy does not protect anyone from catching sexually-transmitted diseases. This is a myth that must be dispelled once and for all. Without prudence and without proper protection, any man, with or without a vasectomy, is equally susceptible to venereal diseases.

Who should be sterilized, the male or the female?

After a careful consideration of all ramifications, following a consultation with the physicians, the husband and wife should make the joint decision as to who should undergo the sterilization procedure. Vasectomy is a lot simpler procedure, and equally effective. However, if the Gynecologist found an intra-abdominal condition in the woman which needs to be explored, tubal ligation might be the

choice. Tubal ligation is also done following a Cesarean Section (while the abdomen is still open) when the delivery is the last one desired by the couple. Since there are other medical factors involved, it is best for the couple to discuss this matter in detail with their physicians before hand.

What is the advantage of a hysterectomy over tubal ligation?

Elective hysterectomy (removal of the uterus) is an acceptable means of sterilization when other chronic conditions of the uterus exist, like severe dysmenorrhea, cervical dysplasia, or menorrhagia. Although a more extensive surgery than tubal ligation, hysterectomy has long term advantages: it is 100% effective as contraception, the absence of menstrual disorders, and the prevention (or preclusion) of possible development of leiomyomas (benign uterine tumors) or uterine cancers. Again, the expert advice of the Gynecologist is most essential in this matter.

What are the other contraceptive methods?

The contraceptive regimen (in their order of popularity) are oral steroid pills, condoms, spermicides, withdrawal, diaphragm, progestin subdermal implants, periodic abstinence, and intrauterine devices (IUDs). A new modality, polysiloxone capsules containing levo-norgestrel that are implanted under the skin, was first introduced in 1991. Pregnancy rates are less than one percent per year for oral contraceptives, IUDs and subdermal implants, and about 5% per year for the five coitus (sex intercourse) related methods listed above. It should also be noted here that sometimes condoms could have holes in them, damaged by rough handling or poor storage conditions. In these cases, the condom will be not be effective in preventing pregnancy or sexually-transmitted diseases.

What causes failure in contraception?

There are many factors affecting failure rates in the non-surgical contraceptive methods, like the level of education, degree of motivation, age, strength of character, etc. These are inversely related to the failure rates. In general, the partners who are more mature, more educated, with greater strength of character and higher degree of motivation have lower failure rates. Sex drive, especially in the young, where the hormones are at their peak level, is such a powerful force that contraception has always remained a dilemma and a challenge to the family planners. Nature is not easy to tame.

Please use usual footnote. Thank you