

the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL.8, NO.7

BULK RATE
U.S. POSTAGE
PAID
PERMIT NO. 9323
CHICAGO, IL

P.O. Box 982

Evanston, Illinois 60204

IN THIS ISSUE: Tubal Ligation



Dr. Robert Mendelsohn

The tremendous volume of mail I receive about an operation whose name now has been reduced to the initials BTL--bilateral tubal ligation--and which is widely promoted by gynecologists who call it "lunch-hour surgery" has stimulated me to devote an issue of my Newsletter to this subject.

I hope the information on the disadvantages and risks of tubal ligation contained herein will cause people to begin investigating the three safer methods of birth control which are overlooked in the education of most doctors--the diaphragm, proper breast feeding for child spacing, and the Billings Method by which a woman can determine her periods of fertility through investigation of her body's secretions.

Q

I am 37 years old and am expecting our fifth child.

I do not want to become pregnant again because of my age and for health reasons. My doctor tells me not to take birth control pills and not to use an I.U.D. He has suggested an operation a few hours after delivery of the baby in which a small incision is made below the navel, and the tubes are either cut or burned.

Does this operation produce any side effects in later years? Is it dangerous? I would appreciate any information you can provide.--Mrs. G.D.

A

*Side effects
of
tubal ligation*

Tubal ligation--which is what you've described--has become a rather safe procedure, as far as any immediate complications are concerned. However, despite decades of experience with this operation, the occurrence of side effects in later years has been poorly studied. Doctors do not really know whether the surgery produces, for example, later gynecological disorders, whether it causes tumors or whether it affects life expectancy.

In your case, the "health reasons" you refer to that would be affected by another pregnancy must be balanced against the uncertain long-term dangers of tubal ligation.

Q

I am considering having a tubal occlusion sterilization which is still experimental. Is it advisable to do this? Is it safe?--R.S.



Interrupting the fallopian tubes has been attempted by a variety of different techniques--tying them off, cutting them, burning them (cautery), plugging them, etc. Since you have been told that the surgical technique you are considering is experimental, your question should properly be directed to your own doctor, rather than to me. You should not be satisfied merely with his verbal responses. Instead, insist that he give you the scientific articles and other publications which describe the benefits and risks of this surgery, as well as the experimental experience in both animals and human patients. If you are unable to understand all the technical language, ask him to sit down with you and translate the information into English. Only through this kind of rational process can you reach a reasoned decision.

From time to time I have presented information on the risks of vasectomy, and many readers have written me questioning the risks of the female equivalent--tubal ligation. Let me share with you a study from Chicago's Mount Sinai Hospital (Journal of the National Medical Association, November 1979) on 522 patients who had elective tubal sterilizations and who were studied for at least seven years after surgery. Of these 522 women, 113 (22 percent) were re-hospitalized for various reasons, 36 of them (7 percent) for gynecological indications.

This study is important because the National Center of Health Statistics has reported that, in 1976, one of the partners of almost one-third of all couples of reproductive age in this country was surgically sterile. The statistics on tubal sterilizations show that 3.7 women out of 1,000 develop major complications, and the death rate is 2.5 per 100,000. (For those of you interested in the racial breakdown of sterilization procedures, while the total population of hospitalized women during the time of the Mount Sinai study was about 68 percent black, blacks accounted for about 81 percent of tubal ligations.)

The gynecological reasons for readmission to the hospital included menstrual irregularities, pelvic pain, and fibroid tumors, the latter occurring six to eight years after the sterilization. (All patients hospitalized for pelvic pain and fibroids were black.)

There are a few other interesting statistics in this study by obstetrician-gynecologist Pedro Poma, M.D., including the observation that two patients were pregnant at the time their sterilizations were performed! Almost one-half of the patients readmitted for these gynecological complaints had a hysterectomy during the follow-up period. The author emphasizes, "Besides the 22 percent who were re-hospitalized in this study, it is almost certain that an additional unknown number of patients from this study were admitted to other institutions for similar later complications because some physicians have affiliations with more than one hospital, and some patients change their physicians."

Only one patient was admitted for tubal reconstruction. Regarding this patient, the author states, "This does not reflect the true incidence of regrets, but only the persistence of the patient and the final compliance of her physician."

The article concludes with a recommendation that the physician provide the patient information about the irreversibility of tubal ligation and its risks to health which are immediate (death, surgical complication, and illness) and those which come later--failure (intrauterine or extrauterine--tubal--pregnancy), menstrual abnormalities, pelvic pain, sexual dysfunction and regrets over loss of fertility.

I hope that this honest study will be followed by others which go far beyond a seven-year followup and which answer the most baffling question of all--where do these sterilized women's eggs go after they leave the ovary?

Armed with this Mount Sinai study, women for whom this "band-aid" form of sterilization is recommended now may ask their doctors to provide their own statistics for comparison.

According to "Making Choices," a 1983 publication of the Alan Guttmacher Institute, the largest number of tubal sterilization deaths are due to complications resulting from the use of general anesthesia. Anesthetic deaths account for four out of every 10 fatalities associated with tubal sterilization. The other two major causes of mortality from this kind of sterilization are infection and hemorrhage. The most serious long-term risk is ectopic pregnancy.

Q I am now six months pregnant. My husband had a vasectomy more than two years ago. I was totally shocked by this pregnancy, as was my husband. I have spoken with four other women who became pregnant anywhere from two to 10 years after their husbands were vasectomized. All their husbands returned to their doctors and received a positive sperm count. None of us was given any indication that a natural reversal was possible. We signed all kinds of forms saying we wanted no more children. Just what is the failure rate for vasectomies?

After this delivery, I'm considering having a tubal ligation, but a friend who recently had one says the failure rate for tubals is one out of 360! I feel doomed to being pregnant all my life unless I have a hysterectomy! If my husband has another vasectomy, might it again reverse? I'm 31 years old and have three children; I don't believe I could emotionally handle having an abortion.--M.M.

A
Failure rate Of course your doctor should have told you that vasectomies are not 100 percent effective. The failure rate for vasectomies, like that of tubal ligation, is generally put at less than one percent, but some studies show it ranging as high as six percent. Obviously a lot depends on the individual surgeon and the individual patient. For example, in 1974, Frank Speck of Pittsburgh had a vasectomy. His doctor, Richard Feingold, M.D., assured him that no further contraceptive measures were necessary. Nevertheless, Mrs. Speck did become pregnant. The Specks decided she would have an abortion, which was performed by Dr. J. J. Schwartz, who allegedly declared it successful. It was not, and Francine Speck was born.

Even a hysterectomy is not a 100 percent guarantee, since a lot depends on the type of hysterectomy and a variety of other factors. It is truly amazing how the mystical force of human reproduction manages to sidestep the best efforts of physicians to thwart it. In medicine, as in life in general, nothing is ever 100 percent.

Q In one of your columns, you mentioned microscopic techniques for vasectomy reversals for men. Are there any such reversals for women who have had tubal ligations? Please reply--I'm desperate.--Mrs. L.B.

A
Reversal Tubal ligation reversals using microscopic techniques are being performed in specialized centers, including the University of Pennsylvania and one in Vancouver, B.C. However, Dr. Melvin Cohen of Chicago, a specialist on fertility, informed me that only a small number of patients have had this kind of surgery. The operative procedure is relatively lengthy, and even in the most skilled of surgical hands, the success rate (in terms of

eventual pregnancy) falls below 50 percent. And the possibility of future ectopic (tubal) pregnancy is much greater.

If you are contemplating this surgery, ask your prospective surgeon how many such operations he has performed, how successful he has been, and what complications he has encountered.

Your problem underscores the difficulty of trying to compensate for past mistakes. Once Humpty Dumpty falls off the wall, how do we put him back together again?

Q

You often have written about the risks of vasectomy, but what about the risks of tubal ligation. Are there any? Can this procedure be reversed?--F.W.

A

I know of no better way to find out the dangers of one operation than from surgeons who promote a competing operation. If you want to discover the dangers of radical breast surgery, ask the doctors who recommend lumpectomy. Or if you want to learn the risks of tonsillectomy, talk to doctors who perform tympanostomy (placing plastic tubes in the eardrums).

Upon receiving your question, I immediately pulled out "The Vasectomy Book" by Marc Goldstein, M.D., and Michael Feldberg, Ph.D. (J.P. Tarcher, Inc.). Although the authors are encouraging vasectomies, they have honestly and comprehensively presented the dangers of all doctor-sanctioned methods of contraception (the Pill, the IUD, hysterectomy, tubal ligation, and vasectomy itself). They also present scientifically documented proof about the problems of vasectomy reversal.

In the section of their book dealing with tubal ligation, Drs. Goldstein and Feldberg point out that it is much more difficult to reverse tubal ligation than it is to reverse vasectomy. Even with the most modern microsurgical techniques, success rates in reversing tubal ligation are only about 30 percent (about 20 percent less than the average for successful vasectomy reversal). The complication rates for tubal ligation--all higher than those for vasectomy--include hemorrhage, disturbance of the heart rhythm, bowel perforation, infection, and severe pain. When performed through an abdominal incision, there is a small but definite risk of death. Tubal ligation increases the risk of ectopic pregnancy which, if not detected in time, also can lead to death. Surgical failure and recanalization occur in one of every 200 cases. The emotional complications of tubal ligation (like those of hysterectomy) are common enough to be labeled the "empty womb syndrome" characterized by guilt, drop in self-esteem, and depression. The fear of having become less feminine or less completely a woman is well recognized.

Thus far, tubal ligation, unlike vasectomy, is not known to cause immunologic changes in the body, a phenomenon that has been linked in later life to premature atherosclerosis, thrombophlebitis, pulmonary embolism, kidney disease, and arthritis.

Q

I am 22 years old and am expecting my first baby in a few months. After the baby is born, I would like my doctor to tie my tubes as a means of contraception. My husband and I feel that is the safest way to avoid another pregnancy, yet we don't know whether this procedure is permanent or reversible. Can you give us any information on this surgery, and can you tell us whether there are any risks? Is the procedure reversible?--D.R.

A

In the previous question, I have dealt with the technique aspects of your question. So let me turn to the ethical implications. You may have to shop around in order to find a doctor who will carry out this sterilization procedure on a woman of your age who has only one baby. Physicians like me who are Jewish know that traditional Jewish law prohibits steri-

lization except for medical reasons. Other religions have their individual sexual codes. I have no doubt that you will be able to find a physician concerned enough about the population explosion and believing in "situational ethics" who will carry out your wishes.

Some doctors will justify cutting a woman's tubes on the grounds that "the patient asked for it." I always look with suspicion on this kind of statement since I know doctors do not use that response when patients ask (or even demand) Laetrile, home births, vegetarian diets, megavitamins, or referral to a chiropractor.

As you shop around for the answer to your questions, you will learn about the controversies surrounding tubal ligation, and you also will learn a lot about the level of ethical standards of different physicians.

Q

Ever since I had a tubal ligation six years ago, I have had very heavy bleeding during menstrual periods. This lasts about two days, and the flow is sometimes so heavy that I have been unable to go to work. My problem has been somewhat relieved by my taking norethindrone, but I am wondering what side effects this drug may have caused: I have noticed a sizable reduction and sagging in my breast tissue, and I also have developed excess facial hair. My doctor recently prescribed Provera, and I wonder whether the same effects will occur.--T.M.

A

*Heavy bleeding
after
tubal ligation*

Norethindrone is the generic name of a variety of drugs whose indications include abnormal uterine bleeding. You should not be surprised that hair is growing on your face since this particular adverse reaction (hirsutism) is clearly listed in the prescribing information. Because the warnings for this drug include the possibility of breast cancer, have you questioned your doctor about the changes in your breast tissue?

You also might ask your doctor to share with you the complete listing of side effects for this drug as well as for his newly-prescribed Provera, a highly controversial drug. And while you are at it, you might try to remember whether the doctor who did your tubal ligation told you that abnormal menstrual bleeding is a common result of that "band-aid" surgery.

Q

I am an overweight 25-year-old mother of three children who range in age from five months to three years. After having a tubal ligation following the birth of the youngest, I have had a severe pain on my right side. This burning pain starts at the bottom of my ribs and continues to my pelvic bone.

I have been back to my gynecologist who did an exam and said everything is fine. He suggested I do some exercises which he said should help, but the exercises only made the pain worse. I then went to my regular doctor who ran some tests and X-rays and said everything is normal. She suggested I go back to my gynecologist who in turn prescribed Motrin. I've been taking the medicine for a week, and it hasn't helped. What really bothers me is that no-one seems to know what is causing my pain. My doctors don't have any suggestions. Do you?--S.W.

A

Pain persists

When your doctor prescribed Motrin, did he tell you it causes epigastric (pit of the stomach) pain in three to nine percent of all users? Abdominal distress in one to two percent? And abdominal cramps in one to two percent? That might convince you to try another doctor. Be sure you ask him for printed information on the complications of tubal ligation so that, in addition to receiving his opinion, you can form your own.

Q I am a 31-year-old female, the mother of two, in good health both physically and mentally. I take a daily vitamin, and I take no medication--the Pill included--since I was sterilized two years ago by tubal laparoscopy.

During the past 18 months, I have suffered excessive hair loss from my head. There has been little regrowth, and it has become so noticeable that I have been asked whether I am going bald. I do not "overdo" my hair--no teasing, coloring, excessive brushing, or permanent waving.

Because I also have had excessive facial and body hair, a year ago (during my annual physical) my doctor performed blood tests and hormonal tests (prolactin and testosterone). He advised me that the tests were ultra-sensitive, so I abstained from all sexual activity for two days before taking them. All the tests showed normal. A visit to a dermatologist resulted in a suggestion of hair transplants.

I realize there is nothing I can put on my head or take by mouth to encourage regrowth, but I wonder whether there might be a medical reason for such excessive hair loss. Someone suggested that a microwave oven, which I use frequently, might be the cause of this problem. What is your opinion?--Mrs. J.Y.

A
Hair loss

Since your tubal sterilization was done two years ago, and your hair loss began 18 months ago, why haven't your doctors entertained the possibility of a link between those two events? After all, hair loss in women is frequently associated with hormonal changes in their bodies. The Pill can cause hair loss. So can pregnancy. Thinning of hair at the time of menopause occurs to some degree in all women. Some degree of ovarian dysfunction occurs with any tubal sterilization method because the blood supply to the ovaries is reduced. If the blood supply is reduced too much, irregular vaginal bleeding may result, and in some cases, because of this bleeding, a hysterectomy may have to be performed.

In a 10-year-old study from the Royal Hampshire Hospital in England (as cited in "The Birth Control Book," by Howard I. Shapiro, M.D., Avon, \$3.50), 39 percent of women who had tubal sterilization (by cauterizing through a laparoscope) reported increased menstrual blood loss 10 to 28 months following surgery. Twenty-one percent of these women experienced greater menstrual pain, and 19 of the 257 women had to have hysterectomies. These problems were attributed to extensive disruption of the ovarian blood supply caused by the sterilization procedure. Such a change in your ovarian function resulting from the decreased blood flow to the ovaries may not show up on these hormonal tests, regardless of how "ultra-sensitive" the doctor claims they are. As suspicious as I am of microwaves, I would suggest that you and your doctors begin to investigate your tubal sterilization as Suspect Number One in the case of your hair loss.

Q

I am 35 years old and am expecting my fourth child this month. I am planning on having a tubal ligation right after the birth. My doctor says he will do it through the navel. Are there any side effects from this surgery--either immediate or long-term? I will be having an epidural block. Thank you for your help--I have been unable to find any information about side effects from this surgery.--K.G.

Q

Are there any long-term side effects from tubal ligation? Can these effects be caused by the method used--such as surgical cut vs. electric searing method, etc.?--S.C.

A

Long term
effects

Even though doctors now know where the sperm goes in a vasectomized male, they don't know where the eggs go in a woman who has had a tubal ligation. Doctors now must inform every man facing a vasectomy that the sperm, whose normal channel of exit has been blocked, finds its way into the bloodstream where antisperm antibodies subsequently appear, indicating a derangement of the immunologic system which theoretically may lead to serious damage in later life.

Such antibodies persist even after vasectomy reversal. But since doctors don't know what happens to eggs whose normal channel of exit is blocked, a doctor will often tell a woman, "Oh, the eggs simply dissolve inside the body." Well, maybe they do, and maybe they don't. Nobody knows. But doctors do know that, just as vasectomy reversal presents its own dangers to men, reconstructive surgery to reopen the tubes presents dangers to women, including a greatly increased risk of tubal (ectopic) pregnancy. (See "The A to Z of Women's Health," by Christine Ammer, Facts on File, \$19.95.) Since so many men and women are seeking reversals of their original sterilization procedure, the risks of surgical reversal are a crucial element in the decision to have surgical sterilization in the first place.

As for you, Mrs. K.G., your doctor has told you he would carry out the operation through your navel, but whether he does it through your navel or through your abdomen or through your vagina, he apparently has not told you the immediate side effects. However, I presume you are aware of the risk of hemorrhage and infection, as well as the risk from anesthesia. I assume you are aware that tubal ligation, like any form of surgery, carries an inevitable, irreducible death rate.

Since your doctor plans to use epidural anesthesia, I hope you will make sure that he is not using the high dosage form of Marcaine (bupivacaine) which has been discontinued because it has been linked to 20 cases of cardiac arrest. (Until late 1983, Marcaine had been one of the most widely-used anesthetic agents for "safe" epidural blocks.)

Mrs. S.C., I hope your doctor will tell you that, regardless of the method used, any sterilization operation on the tubes inevitably destroys a considerable portion of the blood supply to the ovaries. This is the best biological explanation of the high incidence of emotional depression as a long-term side effect of tubal ligation, analogous to the "empty nest syndrome" which occurs when the ovaries are removed during hysterectomy.

Although tubal ligation has been carried out for many decades, there is an almost total absence in the medical literature of scientific studies on long-term side effects. Thus, scientists do not know whether tubal ligation carries a high or low incidence in later life of atherosclerosis, Parkinson's disease, or multiple sclerosis (all of which are conditions suspected to be caused by vasectomy). In addition, scientists don't know whether tubal ligation carries with it a high or low incidence of cancer, abnormal vaginal bleeding, psychosis, suicide, divorce, etc.

Groups of women now are organizing in order to find some of these answers. You might begin your search by writing to Nora Coffey, president of a new foundation, HERS, 501 Woodbrook Lane, Philadelphia, Pa. 19119, and inquiring about the information they have gathered on the long-term effects of tubal ligation from women who themselves have had this surgery.

The People's Doctor Newsletter
P.O. Box 982
Evanston, Illinois 60204

Published monthly. Subscription rate: \$24.00 annually.
Robert S. Mendelsohn, MD, Editor
Vera Chatz, Managing Editor

© The People's Doctor Newsletter, Inc.

Another View

by Marian Tompson
Executive Director,
Alternative Birth Crisis Coalition



Sandra, the mother of six children, was calling for information on tubal ligation, and she was obviously upset. She had heard a local radio talkshow host make the on-the-air statement that all welfare mothers should be sterilized because "We're sick and tired of supporting your kids, and no one else wants them." Sandra, who had been on welfare herself for a few years, had objected strongly to this taunt. As a result, she had been invited to appear on the show. Now she needed some facts.

I told her that tubal ligation has become the most widely used method of contraception among married couples in the U.S. In 1982, 669,000 women chose to undergo this form of voluntary sterilization. As a result, we now are seeing a rise in complications related to this procedure. For example, ectopic (tubal) pregnancies are becoming more common. It has been reported that one in 13 cases of ectopic pregnancies occur in women who have undergone tubal sterilization.

Nora Coffey, founder of Hysterectomy Educational Resource and Service (HERS) in Philadelphia, says she is doing more and more counseling of women who undergo hysterectomy after having had a tubal ligation.

Ms. Coffey explained to me: "We are finding that in women with premenstrual syndrome, the symptoms--such as depression, anxiety and mood swings--often become very exaggerated after a tubal ligation. And where these symptoms might have occurred cyclically before, over time they increase to where they might occur daily, becoming so unbearable that the woman ends up having a hysterectomy because she thinks this might alleviate her misery. She doesn't realize that a hysterectomy often produces the very same symptoms. Recently several doctors have admitted to me that they are now seeing and recognizing many of the same symptoms in tubal ligation patients that they have seen after hysterectomies."

According to the February 14, 1984 Ob-Gyn News, women over 35 years of age and women whose menstrual flow lasts from seven to nine days are nine and eight times more likely, respectively, to have a hysterectomy within two years after sterilization. It also was reported in Ob-Gyn News (December 15-21, 1982) that morbidity is higher when the procedure is done after childbirth, particularly Caesarean section. Yet according to the National Center for Health Statistics, 47.1 percent of women over 35 who have a repeat C-section are sterilized at the same time.

Most deaths--and death is a risk after tubal ligation--occur from complications of anesthesia, infection, and hemorrhage. Women who continue to take oral contraceptives up to the time of the operation are at risk of a heart attack during surgery.

A fairly new procedure using silicone plugs was at first thought to be a breakthrough because it was potentially reversible (some investigators report a 25 percent rate of "regret" following sterilization). However, this now is in doubt, as it appears the entire plug cannot be removed. Fragments which remain in the tubes or peritoneal cavity can impair fertility, and the plugs themselves may cause damage to the fallopian tubes.

"But the issue goes beyond the risks of sterilization," Sandra pointed out. "Welfare families are victimized by a system that encourages husbands and boy friends to run out on their pregnant female partners. The high cost of medical care surrounding childbirth can force a family to go on welfare just to be able to have a hospital delivery. If instead we offered them the choice of a less expensive midwife-assisted birth at home, they might be able to keep off welfare, and at the same time they would receive the kind of care that would help cement family bonds and encourage families to stick together. Instead of sterilization, a woman would be helped to breastfeed properly, thus delaying ovulation, and with education about her reproduction system, she could have more control over her life."

Sounds so simple and yet so worth a try.