### Female Sterilization
These methods block or break the Fallopian tubes so that eggs cannot meet sperm. There are a few ways that clinicians can do this.

<table>
<thead>
<tr>
<th>Surgical Methods (&quot;tubal&quot; or &quot;tubes tied&quot;)</th>
<th>Non-surgical Methods (Essure®)</th>
<th>Male Sterilization This method prevents sperm from leaving the testes.</th>
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</thead>
<tbody>
<tr>
<td><strong>How does it work?</strong></td>
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<td>This method works by snipping the cord in the scrotum that holds the sperm.</td>
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<td>Clinicians reach the tubes through two small cuts in the belly. Then, bands or clips are put on the tubes, or a piece of each tube is removed.</td>
<td>A clinician places a metal coil into each tube. The clinician reaches the tubes through the vagina. There are no cuts.</td>
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<td><strong>How well will it work?</strong></td>
<td></td>
<td>98-99.9%, varies with method</td>
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<tr>
<td>97%</td>
<td></td>
<td>&gt;99%</td>
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<td><strong>How much does it cost?</strong></td>
<td></td>
<td>Covered by most insurance plans and Medicaid; NOT covered by Medicare. If not covered, costs $350 to $1,000.</td>
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<tr>
<td>Covered by most insurance plans and Medicaid (if over age 21). If not covered, costs $1,500 to $6,000.</td>
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<tr>
<td><strong>Pros</strong></td>
<td></td>
<td>This method reduces the worry of pregnancy and provides permanent and highly effective birth control. It is more effective and cheaper than most female sterilization procedures.</td>
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<tr>
<td>These methods reduce the worry of pregnancy and provide permanent and highly effective birth control. Some methods can be done right after giving birth. Works right away.</td>
<td>This method reduces the worry of pregnancy and provides permanent and highly effective birth control. You can return to normal activities within 24 hours. Can be done in the clinician’s office. No general anesthesia. No cuts.</td>
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<td><strong>Cons</strong></td>
<td></td>
<td>You may feel regret. Does not protect against HIV and other sexually transmitted infections. If you cannot use general anesthesia or have certain diseases of the reproductive organs, this method is not for you. This procedure must be done in a hospital operating room. The risks include infection, bleeding, and reactions to general anesthesia. Rarely, pregnancy may occur. If it does, there is a 30% chance it will be ectopic (outside the uterus). Post-procedure pain may occur and you may need a day or two to recover.</td>
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<tr>
<td>You may feel regret. Does not protect against HIV and other sexually transmitted infections. If you are sensitive to nickel or have certain diseases of the reproductive organs, this method is not for you. Risks include infection and bleeding. It takes up to 3 months to work. You should use a back-up birth control method during this time.</td>
<td>You may feel regret. Does not protect against HIV and other sexually transmitted infections. If you have a current infection in your penis, prostate, or scrotum (such as an STI), this method is not for you. Risks include infection and bleeding. Sperm may still be present for up to 12 weeks. A back-up method should be used until a semen test shows no sperm. Post-procedure pain may occur and you may need a day or two to recover.</td>
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