

what's the
EVIDENCE?

EVIDENCE

birth control pills do not increase the risk of breast cancer

oral contraceptives may put women with migraine at higher risk of stroke

Women who use oral contraceptive pills don't have a higher risk of getting breast cancer than non-users.

The conclusions of the study involving 9,257 women in the United States (conducted between August 1994 and December 1998) by a team led by Polly A. Marchbanks, Ph.D. and reported in the New England Journal of Medicine (Oral contraceptives and the risk of breast cancer, June 2002) stated that "among women from 35 to 64 years of age, current or former oral-contraceptive use was not associated with a significantly increased risk of breast cancer."

Of the study subjects, 4,575 had breast cancer while 4,682 women were without the disease. The data, after adjusting for various factors, showed that oral contraceptive use was not a relevant issue between those who had breast cancer and those who did not have it. The calculated odds ratio suggests, incidentally, that there may be a protective effect of any previous use of oral contraceptives against breast cancer.

Based on the evidence from this study, therefore, women can be advised that there would be no increase in the risk of developing breast cancer if she uses oral contraceptives.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 002
"Use of oral contraceptive pills does not lead to an increased risk of breast cancer"

The use of oral contraceptives by women of reproductive age with migraine can lead to higher risk of ischaemic (but not haemorrhagic) stroke. The risk is multiplied if the woman smokes and/or has high blood pressure.

The study by Chang, CL, Donaghy M., Poulter N. and the World Health Organization Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception, was reported in the British Medical Journal (Migraine and stroke in young women: case control study, 1999).

It involved 291 women from 5 European centers who have had strokes and a control group of 736 women. The study found that, while migraine alone is already a significant risk factor for ischaemic but not haemorrhagic stroke, women with migraine who had stroke had higher odds of having used oral contraceptives.

Furthermore, oral contraceptive use in the presence of hypertension and/or, especially, smoking tends to heighten the risk of ischaemic stroke associated with migraine.

The current recommendation, therefore, is not to prescribe combined oral contraceptives (COCs) to women with migraine due to the higher stroke risk.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 003
"Women with migraine who use oral contraceptives have an increased risk of stroke"

short-term use of oral contraceptives is safe for HPV-positive women

Women who tested positive for human papilloma virus (HPV) infection, which is believed to cause cervical cancer, can use oral contraceptives for less than 5 years without a higher risk of getting the cancer.

The results of the study by Dr. Victor Moreno and colleagues, reported in *Lancet* (Effect of oral contraceptives on risk of cervical cancer in women with human papilloma virus infection: The IARC multicentric case-control study, March 2002), revealed that women who had used oral contraceptives for 5 years or longer were 3 to 4 times more likely to develop invasive cervical carcinoma than those who did not use contraceptives.

The Philippines (where the prevalence of HPV in cancer of the cervix was 94%) was one of the country sites used in the study involving 1853 case women and 1916 controls. The study mentioned that exogenous female hormones, such as those used in oral contraceptives, are believed to be co-factors in the development of cancer of the cervix.

It also noted that extra effort should be made for women who are not sure if they are HPV-positive but are long-term users of oral contraceptives.

The conclusion is that women who are HPV-positive can use oral contraceptives for less than 5 years without incurring a higher risk for cervical cancer.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 004 "Short-term oral contraceptive use (<5 years) does not increase the risk of cervical cancer in women with human papilloma virus infection, but long-term use (>5 years) does increase the risk"

pregnancies following oral contraceptive not associated with down syndrome

The risk of Down syndrome is not higher for women who get pregnant after stopping her use of oral contraceptives, even for pregnancies that occur within her next cycle.

Down syndrome is a genetic condition that causes delays in physical and intellectual development. Individuals with Down syndrome have 47 chromosomes instead of the usual 46. It is the most frequently occurring chromosomal disorder.

Using data from the Spanish Collaborative Study of Congenital Malformations (ECEMC) from April 1976 to June 1998, Dr. Marja-Luisa Martinez-Frias and colleagues found from the survey of 1,527,579 live births that the risk for Down syndrome in infants born to mothers younger than 35 years old was comparable to the risk of other, older, mothers who are candidates for prenatal diagnosis.

This was reported in the *Journal of Perinatology* (Periconceptual exposure to contraceptive pills and risk for Down syndrome, 2001). Though deemed insignificant, the data analysis noted a trend toward protection against Down syndrome with respect to use of oral contraceptives.

The possible relationship was analyzed by looking at cases of mothers who became pregnant during the use of oral contraceptive pills and those who stopped contraception before getting pregnant.

The conclusion: Contraceptive pill users do not have an increased risk of giving birth to children with Down syndrome.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 009 "There is no increased risk of Down syndrome in pregnancies that follow previous use of oral contraceptives"

short-term IUD users have fertility rates comparable to pill users

Those who use intrauterine devices for less than 42 months can expect to have the same or better fertility rates as users of oral contraceptives and barrier methods. Long-term IUD users (more than 78 months), however, may experience a comparably longer period of return to fertility.

Studying the records of 558 women over a 14-year period, Dr. H. Doll and colleagues reported in the *Journal of Obstetrics and Gynaecology* (Return to fertility in nulliparous women after discontinuation of the intrauterine device: comparison with women discontinuing other methods of contraception, March 2001) that short-term IUD users showed a fertility pattern "more favorable" than those seen in discontinuing oral contraceptives.

An increasing duration of IUD use was associated with decreasing fertility, with those who used it for more than 78 months being the most impaired.

Therefore, users of IUD for a relatively short time (about less than 4 months) have comparable rates of return to fertility to those who discontinue oral contraceptives, but those using IUD for more than 6 years may experience longer return to fertility.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 011
"OC pills and short-term IUD use offer quicker return to fertility for nulliparous women compared to long-term IUD use"

3rd generation oral contraceptives carry less risk of myocardial infarction

Compared with second generation products, third generation oral contraceptives are associated with a reduced risk of myocardial infarction.

The *British Medical Journal* (Third generation oral contraceptives and risk of myocardial infarction: an international case-control study, 1996) reported on a study conducted by Dr. MA Lewis and colleagues involving 651 women, 153 of whom have had myocardial infarction, which showed an overall trend toward protection from MI among users of third generation contraceptives compared to the entire study sample.

Compared to non-users, however, the risk of MI was slightly higher among third generation contraceptive users. It was noted that smoking aggravated the risk of myocardial infarction.

The study was conducted in 16 centres in Austria, France, Germany, Switzerland, and the United Kingdom.

The essence of the finding was that, compared to 2nd generation oral contraceptive users and non-users, those who use 3rd generation oral contraceptives do not face a higher risk of myocardial infarction.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 018
"The use of third generation oral contraceptives is not associated with myocardial infarction"

EVIDENCE

**combined oral contraceptives not
linked to weight changes**

**users of oral contraceptives
have lower risk of
epithelial ovarian cancer**

No evidence has yet been found to link the use of combined oral contraceptives with weight gain among users.

The results of 42 trials by Dr. MF Gallo and associates, reported in Cochrane Review (Combination contraceptives: Effects on weight, Issue 2, 2003), found no statistically significant differences in weight between oral contraceptives and placebo.

Women of reproductive age without medical contraindications to combination contraceptives participated in the trials, three of which had a comparison control group. The study noted that, while available evidence was insufficient to determine the effect of combined oral contraceptives on weight, no large effect was evident.

In general, therefore, health care providers prescribing combination oral contraceptives do not need to weigh women and there is no evidence that taking oral contraceptives would lead to weight gain.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 019
"The use of combined oral contraceptives is not associated with weight changes in users"

Women who have used oral contraceptives have lower risk of epithelial ovarian cancer than those who have never used them. Furthermore, the protective effect increases with longer use (over 5 years).

The study, by Dr. C. Bosetti and colleagues, covered 2,768 patients with confirmed ovarian cancer and 6,274 controls. The results, reported in the International Journal of Cancer (Long term effects of oral contraceptives on ovarian cancer risk, 2002), revealed that the subjects diagnosed to have epithelial ovarian cancer had less odds of ever having used oral contraceptives.

It was noted that the protective effect of oral contraceptive use lasted for at least 20 years after stopping its use.

The conclusion that can be made is that those who have used oral contraceptives were less likely to develop epithelial ovarian cancer than those who have not been exposed to contraceptives, and that the likelihood is even lower if the duration of contraceptive use is longer.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 021
"Women who have taken oral contraceptives have a lower risk of epithelial ovarian cancer than those who have never taken oral contraceptives"

EVIDENCE

pill users experience less mood swings during menstruation

the pill does not increase liver cancer risk

Oral contraceptive users are less prone to the negative effects of menstruation, including mood changes, than non-users.

The review of various previously conducted studies, carried out by Dr. KA Oinonen and D. Mazmarian, was reported in the Journal of Affective Disorders (To what extent do oral contraceptives influence mood and affect, 2002).

It involved comparative analysis of studies made on oral contraceptive users and non-users as to the outcomes on mood and affect as far as menstruation is concerned. Most of the studies did not discern significant differences in negative effect across the entire menstrual cycle among those using oral contraceptives.

It was found that users of oral contraceptives who reported negative mood swings had histories of depression, psychiatric symptoms, dysmenorrhea and premenstrual mood symptoms prior to contraceptive use. Others had a history of mood symptoms while pregnant or a family history of contraceptive-related mood complaints or were in a postpartum state or were older in age.

In those cases where mood swings were reported, the subject oral contraceptives had a lower ratio of progesterone than estrogen.

Therefore, the evidence showed that the use of oral contraceptives is not likely to be the cause of mood changes during menstruation. Most contraceptive users report experiencing a beneficial mood.

For the small number of women who are prone to experiencing mood changes, an alternative contraceptive method can be considered. Thus, for those looking for a short-term method of fertility control, oral contraceptives remain one of the best options available.

Source: 2004 PEARMN Critically Appraised Topics Issue No. 022
"Oral contraceptive users experience less mood changes and negative effect during the menstrual cycle"

There is no evidence pointing to higher risk of liver cancer (hepatocellular cancer) with the use of oral contraceptives. Likewise, there is no increased risk of liver cancer with longer use of oral contraceptives. This is because the most important risk factor for liver cancer is a prior history of either hepatitis B or C.

The hospital-based study, conducted in six European countries between July 1994 and June 1996 by the Collaborative MILTS Project Team, was reported in Contraception (Oral contraceptives and liver cancer: results of the Multicentre International Liver Tumor Study, 1997)

Covering 371 cases with a total of 1,060 hospital controls and 719 population controls, the study found no significant higher risk of hepatocellular cancer among women who ever used oral contraceptives, even with increased duration of oral contraceptive use.

Therefore, it may be said that users of oral contraceptives do not face higher risk of getting liver cancer (hepatocellular carcinoma) compared to those who are not users.

Source: 2004 PEARMN Critically Appraised Topics Issue No. 023
"Oral contraceptives do not increase the risk of liver cancer"

EVIDENCE

low-dose contraceptive pills can help control acne

DMPA users do not have a higher risk of cervical cancer

Using low-dose combined oral contraceptive pills have the added benefit of treating moderate acne.

The study by Dr. J Leyden and colleagues was reported in the Journal of the American Academy of Dermatology (Efficacy of a low dose oral contraceptive containing 20 ug of levonorgestrel for the treatment of moderate acne: A randomized placebo controlled trial, Sept 2002).

371 patients from 18 various sites, at least 14 years old, non-pregnant and with normal pap smears and moderate facial acne, were studied. The control group of 186 took the placebo that was similar in packaging and appearance to the active oral contraceptives for six cycles.

The oral contraceptive combination used had the more common components of hormones and it was noted that adverse reactions like minor allergy, sinusitis and metrorrhagia were present in both the experimental and the control groups.

The experimental group showed a higher reduction in the number of inflammatory lesions as well as non-inflammatory lesions.

Therefore, it can be stated that low-dose oral contraceptives are safe for women with moderate acne and may even help treat the condition.

Source: 2004 PEARMN Critically Appraised Topics Issue No. 024
"Low dose oral contraceptive use can remedy moderate acne"

Women who have used the injectable contraceptive DMPA (depot medroxyprogesterone acetate) do not face increased risk of developing cervical adenomatous carcinoma.

The study by Dr. David B. Thomas, reported in Contraception (Depot medroxyprogesterone acetate DMPA and risk of invasive adenocarcinomas and adenosquamous carcinomas of the uterine cervix, Vol 52, 1995), involved 324 women in Thailand, Mexico and Kenya who had been diagnosed with cervical adenomatous carcinoma from 5 hospitals, and 9,583 controls. The study relied on the subjects' recall of DMPA use over a period of 5 - 10 years.

Analysis of the data revealed that the odds of developing cervical adenomatous carcinoma were practically the same whether or not the patient was a DMPA user or not. Neither were the odds changed by duration of use or age at first use. This implied absence of risk was consistently found across the entire study sample.

Therefore, it can be concluded that there is no heightened risk of developing adenomatous cancer of the cervix if a woman uses DMPA.

Source: 2004 PEARMN Critically Appraised Topics Issue No. 001
"Women who use DMPA are not at increased risk of cervical cancer"

EVIDENCE

breastfeeding women who use DMPA report less side effects

Lactating women who use DMPA (Depot medroxyprogesterone acetate) for contraception tend to use it longer and report less side effects compared to non-lactating users.

In study conducted by Dr. Sun Danli, Shao Qingxiang and Sang Guowei, reported in *Contraception* (A multi-centered trial of the long-acting injectable contraceptive Depo Provera in Chinese women, 2000), a total of 1,994 healthy, fertile, non-pregnant women participated, of whom 26% were breastfeeding.

Among the breastfeeding women, DMPA was noted to result in significantly lower discontinuation rate as a result of side effects compared to non-lactating women. Side effects like irregular bleeding/spotting and heavy/prolonged bleeding were the most common side effects that influenced the acceptability of DMPA for contraception, and this was found to be higher in incidence among the non-lactating women.

Thus, women can be advised that a good time to start DMPA is when she is breastfeeding, as this is the time when side effects are likely to be less frequent.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 014
"Compared to non-lactating women, breastfeeding women on DMPA are more likely to continue using the method for fertility control, and their side effects are less frequent"

DMPA users do not have higher risk of breast cancer

Users of DMPA (medroxyprogesterone acetate) are no more likely to get breast cancer than non-users.

In pooling World Health Organization and New Zealand studies on Depot Medroxyprogesterone Acetate and Breast Cancer, Dr. David C. Skegg noted that the risk of breast cancer among women who took DMPA for over five years was no different from those who never took DMPA.

This study provides the largest available dataset illuminating the relationship between breast carcinoma and DMPA.

The WHO study and the New Zealand study covered 1,768 women with breast cancer and 13,905 controls. Most were younger than 55 years.

In both studies, the data on contraceptive histories for both cases and controls were collected in a standard questionnaire by trained interviewers. The data indicated that there is no higher risk of breast cancer from use of DMPA, especially among those aged 35 years or older.

Furthermore, there was no evidence of higher risk of breast cancer arising from prolonged use of DMPA. In particular, the data showed that the risk of breast cancer for those who used DMPA for over 5 years was no different from those who never took DMPA.

The risk of developing breast cancer is no higher among DMPA users than non-users. There is nothing to worry about on this score.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 015
"There is no overall increased risk of getting breast cancer from use of DMPA for contraception, including long term use (>5 years use)"

EVIDENCE

DMPA helps control hot flashes in menopausal women

lower bone mineral density associated with DMPA is reversible

Menopausal DMPA users can expect fewer episodes of hot flashes per day.

In a study by Dr. Debra Barton and colleagues, as reported in the *Journal of Pain Symptoms and Management* (Depomedroxyprogesterone acetate for hot flashes, December 2002), 14 menopausal women being treated for breast cancer but who were no longer in chemotherapy and were complaining of hot flashes took part and were given a total of three doses over a period of six weeks.

The mean number of hot flashes for the first day was 10.9. Six weeks later, it had gone down to 1.1. The mean number of hot flashes on day 84 was 0.7. The favorable effect of less hot flashes persisted six weeks after the DMPA was discontinued.

The study appears to be consistent with a previous one that showed DMPA reducing the frequency and severity of post-menopausal hot flashes.

The use of DMPA may be continued to offset the symptoms of menopause, such as hot flashes.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 017
"DMPA reduces the number of hot flashes in menopausal women"

While DMPA users might experience a decrease in bone mineral density, their average bone mineral density became similar to those of non-users 30 months after discontinuing DMPA.

The study by Dr. Delia Scholes and colleagues, as reported in *Epidemiology* (Injectable hormone contraception and bone density: Results from a prospective study, 2002), involved 182 women who received DMPA over 11 months and a control group of 258 who did not use DMPA followed up for three years.

Bone density decreased notably among those taking DMPA at the spine and total hip measurements, but those who discontinued use of DMPA showed sizeable recovery in bone density over comparison women.

After 30 months, the mean bone density for those who discontinued DMPA was similar to that of non-users.

The substantial post-discontinuation recovery of bone is evidence that the effect is largely reversible. So DMPA users can be advised that decrease in bone mineral density for 12 months can be expected but is easily reversible after discontinuing the use of DMPA.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 025
"DMPA causes reversible decrease in bone mineral density"

EVIDENCE

anemia is higher among IUD users than those of the Pill

oral contraceptives offer mixed protection vs. STD

A bigger decrease in hemoglobin is noted among users of copper intrauterine device compared to those using oral contraceptive pills after 12 months of use.

In a study conducted by Dr. EO Hassan and colleagues, as reported in *Contraception* (The effect of 1-year use of CuT 380A and oral contraceptive pills on hemoglobin and ferritin levels, 1999), 246 experimental women participated using the IUD along with 202 in the control group using oral contraceptives.

There were higher rates of iron loss and depletion of iron stores in women using IUDs, which was noted to depend on the level of hemoglobin at the time of initiation of the IUD use as well as the duration.

This may be attributed to menstrual changes associated with the use of IUD.

Women should note that, even though the IUD is a safe, long-term family planning method, the possibility of higher risk of anemia may prompt some women to opt for an alternative, such as oral contraceptives.

In the Philippines, since anemia is fairly common among women, iron supplements may be necessary.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 020
"There are higher rates of anemia among IUD users compared to OCP users"

Protection against sexually transmitted disease is mixed with respect to hormonal contraceptives.

In a study of sex workers in Kenya, the use of hormonal contraceptives (pills and DMPA) was found to have reduced STDs like bacterial vaginosis among both pill and DMPA users, and trichomonas and PID among DMPA users.

However, the study found increased incidence of candida, cervical mucopus and cervicitis among pill users and higher rates of chlamydia and cervicitis in DMPA users.

From the data analyzed in the study, it is clear that hormonal contraceptives may offer some protection against some sexually transmitted disease but can also be associated with higher rates of other STD infection. The condom remains the only contraceptive method that offers an overall decreased risk of acquiring a sexually transmitted disease.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 010
"The condom remains the only contraceptive method that offers an overall decreased risk of acquiring a sexually transmitted disease (STD). The use of OCPs or DMPA is associated with a decrease in the risk of some STDs"

EVIDENCE

**standard days method
is 88% to 95% effective**

**the risk of ectopic pregnancy after
tubal sterilization is lowest when
using bipolar salpingectomy**

If used correctly, the Standard Days Method can provide an estimated probability of pregnancy of 5%. In other words, it can be 95% effective.

Typically, the use of this method is associated with 12% pregnancy probability, implying an effective success rate of 88% when used for preventing pregnancy. Thus, with the Standard Days Method, there is a greater-than-10% chance of pregnancy.

A trial by Dr. Victoria Jennings and colleagues, as reported in *Contraception* (Efficacy of a new method of family planning: the Standard Days method, 2002), covered a total of 478 women in the Philippines (La Trinidad and Tuba), Boliva (Trinidad) and Peru (Juliaca and Lima), between 18 and 39 years old who had regular cycles of 26 to 32 days, participating.

The trial showed that the Standard Days Method (SDM), which is simple to teach, learn and use, can be an effective method of family planning when used correctly — comparable to condoms and even rated better than other barrier methods like spermicide, cap or diaphragm).

As with other Natural Family Planning Methods, the user must follow the instructions closely to achieve optimal results of as high as 95% effectivity. With typical use, however, its effectivity is estimated at a much lower 88%.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 005
"The probability of pregnancy using the Standard Days Method is 5% with perfect use and 12% with typical use"

The various methods of tubal ligation have their corresponding probabilities of ectopic pregnancy.

The highest 10-year probability is with the so-called bipolar coagulation (17.1 per 1,000 procedures) while most others have around half of this rate. The lowest probability is recorded by post-partum partial salpingectomy (1.5 per 1,000 procedures).

In a study by Dr. Herbert B. Peterson and colleagues, reports the *New England Journal of Medicine* (The risk of ectopic pregnancy after tubal sterilization, March 1997), 9,048 case women and 1,637 controls were sampled from nine medical centers in U.S. cities. Ectopic pregnancies were reported in 47 out of the 10,685 subjects even after 10 years from tubal sterilization.

Women sterilized by bipolar tubal coagulation before age 30 had a probability of ectopic pregnancy that was 27 times as high as those who underwent post-partum partial salpingectomy.

In the case of tubal ligations, there is a small probability that an ectopic pregnancy might take place, with the highest being the method called bipolar coagulation and the lowest being post-partum partial salpingectomy.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 006
"The risk of ectopic pregnancy after tubal sterilization is lowest when using bipolar salpingectomy and methods other than bipolar coagulation"

EVIDENCE

vasectomy won't affect your sex life

tubal ligation tends to reduce menstrual bleeding

Vasectomy has no effect on the marital and sexual satisfaction of the married male.

In a study by Dr. DG Hofmeyr and AP Greef, reports the Journal of Sex Marital Therapy (The influence of vasectomy on the marital relationship and sexual satisfaction of the married man, 2002), there was no significant difference between before and after measurements of sexual and marital satisfaction, communication and frequency of sexual intercourse in two groups of men who underwent vasectomy in South Africa.

Data gathered up to 5 months post-vasectomy showed that the procedure did not have a negative affect on the 32 study subjects who underwent vasectomy. A control group of 31 men were part of the study.

The groups were asked to respond to the Index of Sexual Satisfaction (Hudson, Harrison and Crosscup, 1981) covering such items as measures of behavior, attitudes, occurrences and affection associated with sexual relationship in marriage and long-term relationships.

Questions dealt with, among others, whether vasectomy influenced their sexual satisfaction and frequency of sexual intercourse and whether it affected their experience of masculinity.

Each group actually reported an increase in marital satisfaction and communication, with the vasectomy group reporting an increase in sexual satisfaction and no change in frequency of sex per month.

No problem is foreseen with regard to sexual and marital relationships after undergoing vasectomy. It could even have a positive affect of the couple's relationship.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 007 "Vasectomy does not affect sexual and marital satisfaction among married men"

Among women who had undergone tubal ligation, there was a slight decrease in the number of menstruation abnormalities and amount of bleeding during menses.

These are not harmful. On the other hand, they are considered beneficial.

There was no difference in the amount of pain during menses, in having irregular cycles and intermenstrual bleeding among women who had interval tubal ligation.

In a study by Dr. H. Richard and colleagues reported by the New England Journal of Medicine (The risk of menstrual abnormalities after tubal sterilization, Dec 7, 2000), it was noted that women who have had tubal ligation can expect fewer menstruation abnormalities compared to those who have not undergone the procedure.

The menstrual changes after tubal ligation were more "beneficial" because the women were more likely to have less days of bleeding as well as less amount of bleeding. Even among those who had very heavy bleeding, the ones who had undergone the procedure said they experienced less bleeding than before.

The methods cited in the study included bipolar coagulation, unipolar coagulation, silicone rubber band application, spring clip application, thermocoagulation and interval salpingectomy. In the Philippines, most practitioners use the so-called Modified Pomeroy technique.

For those who undergo tubal sterilization, beneficial effects include less frequent and amount of menstrual bleeding and less days of menstruation.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 012 "Tubal ligation reduces the risk of abnormal menstrual bleeding"

EVIDENCE

tubal ligation won't reduce your sexual life

vasectomy not associated with higher prostate cancer risk

The majority of women who underwent tubal sterilization report no change in their sexual life. In fact, around 10% to 20% said they actually experienced increased sexual interest and pleasure.

In a study conducted by Dr. C Costello and colleagues for the US Collaborative Review of Sterilization Working Group, as reported in Obstetrics and Gynecology (The effect of interval tubal sterilization on sexual interest and pleasure, 2002), 4,567 women who underwent interval tubal sterilization responded to follow-up forms that contained questions related to sexual interest and pleasure.

Among those who reported changes in their sexual pattern, most said they experienced positive sexual effects. Negative changes occurred mainly among those with post-sterilization regret.

The results tend to show that a woman who undergoes interval tubal ligation can expect practically no change in her sexual interest and pleasure. If there is any change, it might even be a positive one.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 013
"Interval tubal sterilization has no effect on sexual interest and pleasure"

There is no evidence to support a biological connection between having a vasectomy and developing prostate cancer.

In a study by Dr. LK Dennis and colleagues, reports Prostate Cancer and Prostatic Diseases (Vasectomy and the risk of prostate cancer: A meta-analysis examining vasectomy status, age at vasectomy and time since vasectomy, 2002), there is practically no difference in the risk of prostate cancer among those who have undergone vasectomy and those who have not.

The highest odds were noted to have come from hospital-sampled cases.

The study authors did note that there is a slightly higher risk of prostate cancer with the number of years since vasectomy, but they attributed to the possibility of sampling bias during the course of the study.

With very little supporting evidence, the authors concluded that there is no ground for biologically associating vasectomy with a higher risk of prostate cancer. Those who undergo vasectomy can take comfort in the knowledge that there is no evidence linking the procedure to prostate cancer.

Source: 2004 PEBRMN Critically Appraised Topics Issue No. 016
"There is no likely increased risk for prostate cancer among patients who have had vasectomies"