KARNATAKA STATE OBSTETRICS AND GYNECOLOGY ASSOCIATION
ETHICS AND MEDICOLEGAL COMMITTEE

MEDICOLEGAL BULLETIN

Week 12:Failed Sterilization – Pregnancy After Tubectomy and Medicolegal Liability

1. REAL LIFE CLINICAL SCENARIO

A 32-year-old woman with two living children underwent interval laparoscopic tubectomy after detailed counseling. Three years later, she conceived and delivered a healthy child. The couple alleged negligence, claiming that sterilization was supposed to provide a 100% guarantee against future pregnancy. A legal notice was issued seeking compensation for the cost of raising the child.

2. MEDICOLEGAL RISKS IN SUCH CASES

Failed sterilization is one of the most common causes of litigation in gynecological practice. Allegations usually include improper surgical technique, failure of counseling, lack of informed consent regarding failure rates, inadequate documentation, mistaken identity, and failure to diagnose early pregnancy before sterilization.

3. WHAT THE LAW EXPECTS

Courts recognize that no sterilization procedure offers a 100% guarantee of permanent contraception. However, doctors are expected to perform the procedure according to accepted standards, provide proper counseling regarding failure rates, obtain valid informed consent, and maintain complete records. The key legal issue is often whether the patient was informed that failure, though uncommon, remains possible.

4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE

Documentation should include indication for sterilization, parity, counseling regarding alternatives, explanation of failure rates, possibility of future pregnancy, consent forms, operative findings, operative technique used, postoperative advice, and follow-up instructions. Records should clearly show that the patient understood sterilization reduces risk dramatically but does not completely eliminate it.

5. PRACTICAL SAFE PRACTICE – WHAT TO DO

Counsel every patient that sterilization is highly effective but not infallible. Use standardized consent form Document counseling in writing. Confirm non-pregnant status before interval procedures. Follow accepte surgical techniques. Preserve operative records carefully. Encourage early evaluation if periods are missed after sterilization.

6. COMMON MISTAKES TO AVOID

Promising permanent 100% protection, inadequate counseling, poor documentation, incomplete operative notes, failure to discuss alternatives, and failure to investigate suspected pregnancy after sterilization are common medicolegal pitfalls.

7.CLINICAL–LEGAL PEARL

A successful defense often depends less on the surgery and more on proof that the patient understood sterilization can fail.

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

Indian courts have repeatedly held that pregnancy after sterilization does not automatically prove negligence. Compensation is generally linked to evidence of negligent performance or deficient counseling rather than the mere occurrence of pregnancy. Well-maintained consent and operative records remain the strongest protection.

9.TAKE-HOME MESSAGE

Sterilization failure is a recognized medical possibility.Proper counseling, informed consent, meticulous technique, and robust documentation are the pillars of medicolegal protection. Never describe sterilization as a guarantee.

Next Week's Topic:MTP Act – Common Medicolegal Pitfalls Every Gynecologist Must Know

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