

Preference for Salpingectomies over Tubal Ligations Among Female Sterilization Procedures Is Increasing

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Key Findings:

- Salpingectomies were more than twice as common as tubal ligations in 2024. The ratio of salpingectomies increased from 1.2 in 2015 to 3.3 in 2024, demonstrating a change of practice in female sterilization.

Female sterilization procedures, including tubal ligations and salpingectomies (surgical removal of the fallopian tubes), have long been a primary method of permanent contraception. In recent years, medical evidence has highlighted the benefits of salpingectomy over tubal ligation, including potential reduction in ovarian cancer risk, leading to a reevaluation of clinical practices and patient preferences.¹

We studied 509,895 patients who had a sterilization procedure performed between 2015 and 2024 to better understand the evolving dynamics of tubal ligations and salpingectomies. We found that the salpingectomy-to-tubal ligation ratio rose from 1.2 in 2015 to 3.3 in 2024. Notably, the accelerated trend after 2019 coincides with the publication from The American College of Obstetricians and Gynecologists that demonstrated the protective benefits of salpingectomy against ovarian cancer.

Salpingectomy to Tubal Ligation Ratio

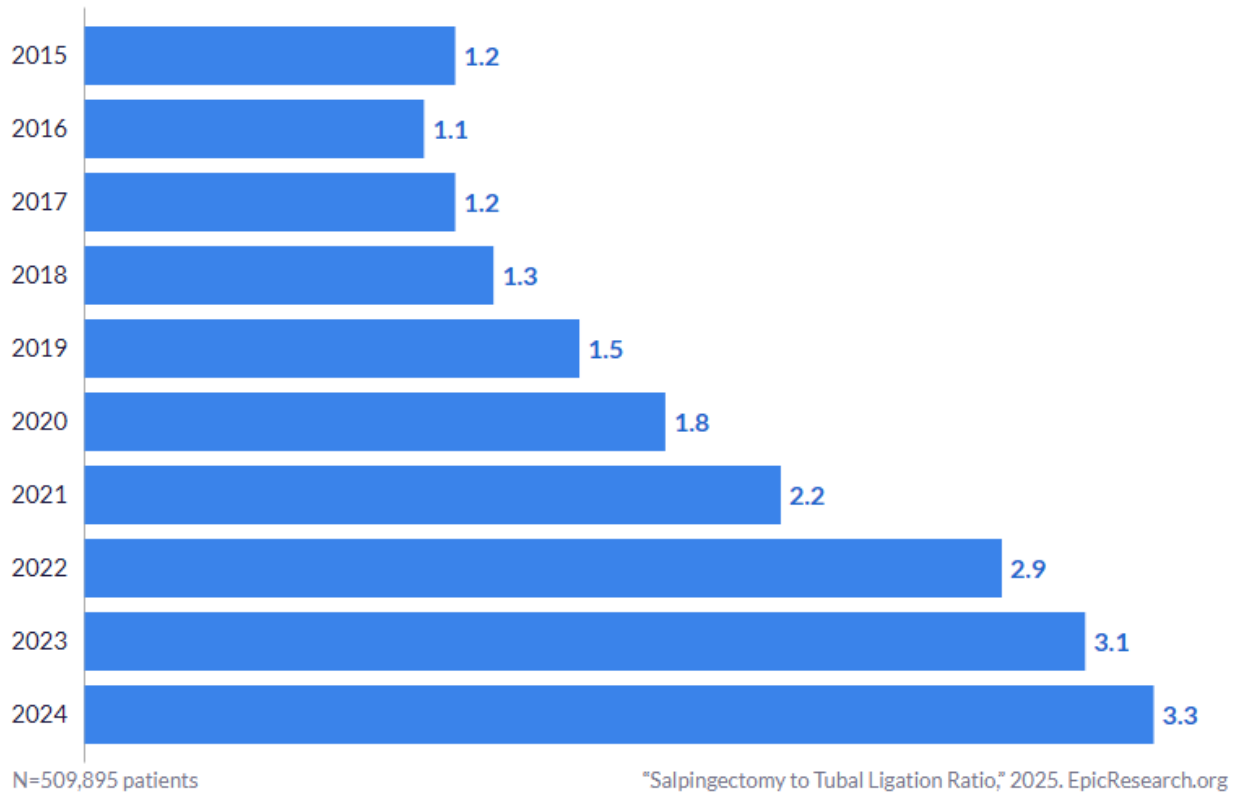


Figure 1. The ratio of salpingectomies to tubal ligations performed. A ratio of 1 indicates that both procedures were performed with the same frequency. A ratio greater than 1 indicates that salpingectomies were performed more frequently than tubal ligations. For example, a ratio of 3.3 indicates that there were 33 salpingectomies performed for every 10 tubal ligations.

These data come from Cosmos, a dataset created in collaboration with a community of Epic health systems representing more than 294 million patient records from 1,600 hospitals and more than 37,000 clinics from all 50 states, Lebanon, and Saudi Arabia. This study was completed by two teams that worked independently, each composed of a clinician and research scientists. The two teams came to similar conclusions. Graphics by Brian Olson.

References

1. Opportunistic salpingectomy as a strategy for epithelial ovarian cancer prevention. The American College of Obstetricians and Gynecologists. 4/2019. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/04/opportunistic-salpingectomy-as-a-strategy-for-epithelial-ovarian-cancer-prevention>. Accessed January 27, 2025.

Data Definitions

Term	Definition
Study period	2015 to 2024
Study population	Patients who had a tubal ligation or salpingectomy during the study period in a department with fully useable data in Cosmos since before the start of the study period .
Tubal ligation	A procedure with either <ul style="list-style-type: none"> • CPT code 58670, 58671, or 58611 • Procedure name containing “Tubal Ligation” not preceded by the word “without” Procedures that occurred on the same encounter as a salpingectomy or that also met the salpingectomy criteria were excluded.
Salpingectomy	A procedure with either <ul style="list-style-type: none"> • CPT code 58661 or 58700 • Procedure name containing “Salpingectomy” not preceded by the word “without” Procedures that occurred on the same encounter as a tubal ligation or that also met the tubal ligation criteria were excluded.
Department with fully useable data in Cosmos	The first month with 25% or more of the department’s monthly non-zero encounters sent to Cosmos

Table 1: Salpingectomy to Tubal Ligation Ratio

Year	Total Procedures	Salpingectomy to Tubal Ligation Ratio
2015	4,964	1.15
2016	16,902	1.05
2017	38,798	1.15
2018	65,742	1.27
2019	78,638	1.54
2020	78,406	1.80
2021	105,447	2.16
2022	135,668	2.85
2023	153,622	3.11
2024	146,973	3.32