Laparoscopic Sterilisation

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Reasons for the procedure

A laparoscopic sterilisation or laparoscopic tubal occlusion is carried out to block the fallopian tubes to prevent sperm from meeting the egg.

Nature of the procedure

The operation involves a general anaesthetic and you will be asked to sign a consent form. You can find out more about what having an anaesthetic involves at:

www.youranaesthetic.info

As part of the procedure, a catheter is inserted into your bladder to empty it to avoid injury and an instrument is inserted into the womb from the vagina to steady it and move the womb as appropriate to allow a clear vision of the pelvic organs.

Generally, two small cuts are made on your abdominal wall. The first is around the belly button and is approximately 1cm long. The other is usually just above the pubic bone in the mid-line, but occasionally is on the left or right side of the abdominal wall. The location of this cut is usually made to avoid damage to any underlying structures and/or to gain access to the fallopian tubes.

A special needle (Verres) is inserted through the first cut into the abdominal cavity, and this is then filled with carbon dioxide, which is perfectly safe. This allows the abdomen to distend and to protect the internal organs from injury when the laparoscope is inserted.

You will then be placed in a head-down position for the surgery. This moves the bowel out of the way and allows a clear view of the pelvic organs.

When your abdomen has been distended with gas the Verres needle is removed, and a laparoscope is inserted through the abdominal cut. This allows the surgeon to see the pelvic organs clearly. A second instrument is inserted in the other abdominal cut, and this is called a Filshie Clip holder. This clip is placed across the fallopian tube to block it and a clip is placed on both the left and right tube.

Very important

It is vital that you are **not pregnant** whilst undergoing the procedure. You must therefore, continue with a reliable method of contraception from the time you are listed for surgery until the procedure is carried out. A pregnancy test will be performed on your admission to the ward as part of the admission procedure, whether you have been using contraception or not.

Please note that a negative pregnancy test does not absolutely exclude a very early pregnancy. If you suspect that you are pregnant, you must let the doctor or nurse know before the procedure.

If it is possible that you could be pregnant it is likely that the procedure will be postponed until you have had a period or until pregnancy has been definitely excluded. It is possible that you could be in the very early stages of pregnancy without a positive result.

Despite the sterilisation you could go on to have a full-term pregnancy.

Benefits of the procedure

Following the rest period after the sterilisation there is no need to use any other form of contraception.

Risks of the procedure

There is a small risk of failure to gain entry into your abdominal cavity. You will therefore be asked if you would wish to proceed to a tubal ligation (open procedure) if the keyhole procedure is not possible. You must be aware that your recovery period will take longer than the keyhole procedure and you will need to seek your General Practitioners advice about how long you will need to stay off work. Your movement and strength must be able to cope with an emergency stop before you return to driving. You should feel comfortable behind the wheel with the seat belt over your abdomen. Recommended guidelines suggest 4-6 weeks and you should always check with your insurance company. The operation cannot be guaranteed as permanent (100%) as the tubes can re-open (recannalise) after they have been blocked. If you suspect you are pregnant after the procedure, you must seek medical help as soon as possible. The risk of failure of the procedure/lifetime failure rate is 1 in 200. The failure rate is higher if carried out immediately after pregnancy or at caesarean section. There is a very tiny risk of having an egg in the proximal end of the tube that could then be fertilised.

Risk of damage to bladder/bowel/blood vessels
Risk of bleeding
Risk of infection in wounds

Extra procedures which may become necessary during the surgery

Laparotomy, which involves opening the abdomen through a bikini-line or a mid-line cut
Repair of damage to bowel, bladder or blood vessels as appropriate.

The discomforts of the procedure

You may have pain similar to period cramps after the operation which should settle with your usual painkillers. You may be offered a suppository on the ward or in theatre as a painkiller. This is known as a non-steroidal anti-inflammatory drug and is very effective for pain relief for this type of procedure. However, if you have asthma, you will not be able to have this. Your abdomen may be distended after the operation due to a little remaining gas which will eventually go away. However, you may find it more comfortable to wear loose fitting clothes when discharged. A few hours after the procedure you may notice discomfort in your shoulders. This is due to remaining gas which can sit under the diaphragm and the discomfort is felt in the shoulder. This is usually relieved with painkillers and you should carry on gently moving around. It is advisable that you have someone at home during the first **12-24 hours** after discharge and you may need to take **48 hours** off work. The doctor on the ward will advise you.

The alternatives to the procedure

Patients can continue to use reversible methods of contraception such as the oral contraceptive pill, barrier methods (condoms etc), intra-uterine contraceptive devices, implants (Implanon) or a male partner could consider a vasectomy.

The consequences of not having the procedure

If you do not have the procedure, you will have to rely on other forms of contraception as outlined above.

For further advice please telephone:

Ward 3E – 0151 430 1522 (24 hours)

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Warrington Road,
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