

## **Laparoscopic Sterilisation**

Laparoscopic sterilisation is a good method of contraception for women who do not wish to have further children or who are sure they never want children. Remember that other long acting methods e.g. Mirena coil and Implanon, are probably more reliable.

Anyone having a sterilisation must see it as a permanent step. However there is a risk of regret leading to request for reversal. Reversal operations are much more difficult and there is no guarantee of success. You may be sure what you want now - but people change their minds. That is why it is important to think it through carefully. It is not wise to decide about sterilisation when you are under stress, for example immediately after a birth, miscarriage, termination or family/ relationship crisis.

### **The operation**

The operation is performed while you are asleep under a general anaesthetic. A small incision is made at the umbilicus (navel) and a slim telescope is inserted into the abdomen so that the uterus (womb), ovaries and fallopian tubes can be clearly visualised. A small probe is usually inserted through a second, smaller, abdominal incision in the bikini line and this allows a more careful inspection of the pelvic organs.

Being able to manipulate the womb from side to side also enhances the view of the pelvic organs including the fallopian tubes. This is achieved by placing a probe into the cavity of the womb. The probe is then attached to the cervix (neck of the womb) and manipulated from below.

The Fallopian tubes are blocked by the application of one small clip on each side. This prevents the sperm reaching the egg.

### **Complications**

Occasionally there may be difficulties or complications. Damage to internal organs during the sterilisation operation is uncommon (2 in 1000 cases); which may necessitate a larger operation and longer hospital stay.

Sometimes it is not possible for technical reasons to perform the operation down the laparoscope. Usually the surgeon would be able to proceed with an 'open' sterilisation at a larger operation if you wished in such cases. You must inform the surgeon pre-operatively if you would not want this to occur.

### **Stitches**

The skin incision will be closed by a dissolving stitch, which does not need to be removed. You may bath or shower as usual following the operation and can remove any dressings in a couple of days.

### **After the operation**

You can expect some swelling or bruising at the wound site(s). This is not unusual and there will be some discomfort and tenderness where the incision(s) have been made. You will have some discomfort in your abdomen or occasionally in your shoulder for the first day or two. You may need to take a simple painkiller such as paracetamol. Your abdomen may seem a little swollen but this will settle.

You may have a little vaginal bleeding for a few days after the operation. We advise the use of sanitary towels rather than tampons.

If however you experience any of the following problems during the first week, you should seek medical advice.

- Increased abdominal pain, redness, swelling or discharge of the wound(s).
- Persistent bleeding from the wound(s).
- Difficulty in passing urine.
- High temperature.
- Nausea or vomiting.

If any of these occur or you need advice please contact the Day Procedure Unit on **01603 286008** during daytime till 7 PM or the Cley Gynaecology ward on **01603 286286 Ext – 3242** after 7 PM. Alternatively you may be able to see your General Practitioner.

### **Activity**

You are advised not to drive for 24 hours. As soon as the discomfort settles you can return to normal activity. You may feel tired for a few days as a result of the anaesthetic, but can return to work after a few days.

### **Sex before and after the operation**

You should continue your current method of contraception until your first period after the operation. The operation should be effective after your first period but it will not prevent a pregnancy that has already started!

If you have an intrauterine device (IUCD or coil) and wish to have it removed at the operation you will need to use additional contraception (e.g. condoms) from seven days before the operation until your first period after the operation.

You can have sexual intercourse as soon as it is comfortable after the operation. Your sex drive and sexual pleasure should not change. Your periods will continue as normal since the ovaries, womb and cervix are left in place. Some women find that their periods are heavier; this may be related to stopping the Pill.

### **Is sterilisation effective?**

The life time risk of failure for tubal sterilisation is 1 in 200 procedures. The data available for clips suggests a failure rate after 10 years of 2 to 5 per 1000 procedures. However, this risk is more than doubled in women under the age of 27 years.

If a woman does conceive after sterilisation there is a possibility of an ectopic (tubal) pregnancy. This is rare but serious. You should see your doctor straightaway if you think you may be pregnant or have abdominal pain and a light or delayed period after having a sterilisation.

### **Reversal of sterilisation**

Sterilisation should be looked upon as a permanent step. However it may be possible to reverse the operation in some circumstances. The success rate depends on you and your partner's fertility and on how long ago the operation had been carried out.

Please note that the cost of any attempted reversal operation is very unlikely to be funded by the NHS.

### Follow-up

A routine follow-up visit is not required. Most women make a very rapid recovery from the operation and are happy with the result in the longer term. If however you do have any worries or problems you should let your doctor know.

Videos about coming into hospital that are available on Youtube - <https://www.youtube.com/watch?v=2nW8khhB8gA>

