



Patient Information Leaflet

# Laparoscopic sterilisation

**Produced by:**

Department of Obstetrics & Gynaecology

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**If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.**

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**Polish:**

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

**Russian:**

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

**Turkish:**

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

**Bulgarian:**

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

**Czech:**

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

**Bengali:**

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টেলিফোনে ইংরেজি কথা কতে জিজ্ঞাসা করুন এবং সাহায্য করুন

## **What is laparoscopic sterilisation?**

Laparoscopic sterilisation is an operation that permanently prevents pregnancy. The procedure works by blocking the Fallopian tubes and therefore stopping the sperm from reaching the egg, preventing fertilisation.

You should think of this operation as irreversible, and it should therefore only be considered when you have definitely completed your family. While reversal procedures are occasionally performed, they have a low success rate and are not available on the NHS.

## **Alternatives to sterilisation**

You should be aware that there are other long-acting reversible forms of contraception available which are as effective at preventing pregnancy as sterilisation. These include the intrauterine contraceptive device (IUD – sometimes known as ‘the coil’), the Mirena intrauterine system and the contraceptive implant. Male sterilization by vasectomy also offers permanent contraception, does not involve a major operation with a general anaesthetic and is more reliable.

## **Failure**

It is important to understand that female sterilisation can occasionally fail and pregnancy can sometimes occur several years after the procedure. The failure rate is approximately 1 in 200. If you did become pregnant there is a possibility that the pregnancy might occur in the Fallopian tube (ectopic pregnancy).

## **Before the procedure**

You will have an appointment at the pre-assessment unit (PAAU) where they will make various general health checks and explain the procedure. If you are suffering from any significant medical conditions, your case will be discussed with an anaesthetist who will decide if any additional investigations or assessments are required before the operation.

You should continue with your usual contraception before the operation and it is advisable for you to continue to use contraception until your first period after the operation.

## **The day of surgery**

Usually the procedure is performed as a day case, which means that most women will be admitted and discharged on the same day. Occasionally patients are admitted overnight if there are any medical problems or complications from the surgery.

On the morning of your operation, you will be seen by both the anaesthetist and the surgeon. The procedure will be explained again and you will be asked to sign a consent form.

If you have any suspicion that you might be pregnant – even a few days before the operation – you must tell the doctor when you come into hospital.

## **What happens during a laparoscopic sterilisation?**

The operation is performed under general anaesthetic, which means you will be asleep throughout the procedure. It is carried out using an instrument called a laparoscope, which is a type of small telescope. At the start of the operation the abdomen (tummy) is slowly inflated with gas. This makes it easier and safer to see what is happening through the camera.

Two small cuts (each about 1cm long) are made in your abdomen. One cut is made through your tummy button and the other is made lower down.

The laparoscope is then inserted through your tummy button. It is connected to a video camera and television, so that the inside of your abdomen can be seen on the screen. The doctor is then able to get a good view of your Fallopian tubes. Watching on the television screen, the surgeon places a small clip onto each Fallopian tube.

At the end of the procedure the gas is released from the abdomen and the 2 small cuts are sutured with a dissolvable stitch and covered with a small dressing.

The operation usually takes less than half an hour.

## **What are the risks of having a laparoscopic sterilisation?**

Most operations are straightforward, however as with any surgical procedure there is a small chance of side-effects or complications:

Accidental damage – can occur to your intestines or blood vessels. If this happens, you may need emergency treatment to correct it.

Anaesthetic complications – as with any operation, during a laparoscopy there is a small risk of complications with anaesthesia, such as an allergic reaction or slow recovery time.

Infection – occasionally, the incision can become infected and you may need a course of antibiotics.

The overall risk of serious complications occurring during a laparoscopy is very small (approximately 2 in 1,000). Women who are obese, have had previous surgery or who have pre-existing medical conditions may be at an increased risk.

Occasionally, the surgeon may need to convert the operation to an open laparotomy, which involves making a larger incision in the abdomen. This can happen if the operation cannot be carried out safely using the laparoscope. However, this is fairly rare occurrence and happens in about 3–5% of cases.

## **Recovery after the procedure**

After a laparoscopy, it is normal to feel some pain and discomfort around the cuts in your abdomen and there may be some bruising. However, this will improve after a couple of days. You may also feel some pain in your shoulders. This is caused by trapped gas in your tummy affecting particular nerves.

Before you go home, you will be advised about how to keep your wounds clean and if you need to come back for a follow-up appointment. On discharge from hospital, you will require a responsible adult to collect you and remain with you for the 24 hours following surgery in case there are any problems.

If in the first few days after your operation you feel you have a fever, chills, vomiting or severe pain you should seek medical advice. In the first 48 hours after surgery you can phone the ward to which you were admitted for advice. After this time you should contact your GP.

## **Wound care**

You should keep the wound clean and uncovered. It is fine to have a bath but make sure that the wounds are dried thoroughly. The stitches usually used will dissolve over a period of weeks and do not require removal. You will be told if you have stitches that need to be removed.

If your wound becomes red and hot during the first 48 hours after your operation, please contact the ward, as this may be a sign of infection. After this time, please contact your GP.

## **Periods**

Sterilisation is not associated with an increased risk of heavier or irregular periods. It does not affect hormone production and is not associated with an early menopause

## **When can I drive?**

You can start driving again when you feel able to do an 'emergency stop', but certainly not for the first 24 hours.

## **When can I go back to work?**

You can return to work within a week if you feel comfortable.

## **When can I resume sexual activity?**

You may feel sore initially, but apart from this, it is safe to start again when you feel ready, unless your surgeon advises otherwise.

**If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.**

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.