

Patient Information Leaflet

LAPAROSCOPIC STERILISATION

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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 fertilization.

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 know 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 a 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.

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