

# Laparoscopic Sterilisation

Gynaecology

## Introduction

This leaflet has been designed to give you some information about having a laparoscopic sterilisation operation. Please do not hesitate to speak to your nursing or medical team should you have any questions

## What is laparoscopic sterilisation?

Laparoscopic sterilisation is a permanent, irreversible way of preventing pregnancy. It involves having an operation to block, cut or seal the fallopian tubes. This means that your eggs can no longer be fertilised by your partner's sperm through sexual intercourse.

This is performed under a general anaesthetic; so you will be asleep. The surgeon will insert a small telescope into the abdomen (most often through a small, 0.5 – 1 cm cut in, or just below, your navel). There will usually be a second cut of the same size in the lower part of your abdomen. The location will be determined by your size and if you have had any previous surgery which may have left you with adhesions (bands of scar tissue). The surgeon will then apply clips to your fallopian tubes. Occasionally, your surgeon may use diathermy to close off the tubes, if clips have not been successful. This destroys part of the tube by heating and sealing it. The instruments are then removed and a stitch may be used to close each of the small cuts.

Very occasionally, sterilisation has to be completed using a larger horizontal cut below the bikini line. If this is done, you will need to stay in hospital for 1-3 days.

## What facts should you consider when choosing sterilisation?

- You can have sterilisation if you are sure that you do not want more children or that you will never want children
- Research has shown that you are more likely to have regrets later on if you are under 30 years old or if you do not have children already. You need to be very sure about your decision and that you fully understand what it will mean. No one can force you to have the operation if you do not want to
- Sterilisation is meant to be permanent. There are reversal operations but they are not always successful. Success will depend upon how and when you were sterilised. Reversal operations are not available on the NHS and can be difficult and expensive to obtain privately. You should, therefore think of the operation as irreversible and it is very important that you are absolutely certain of your decision before embarking upon this procedure

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

- The sterilisation can be done at any time in your menstrual cycle as long as you have been using an effective contraceptive method right up to the day of the operation
- It is an important decision, please take your time, think carefully and ask if you have any concerns. The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances.

### Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives, where relevant, before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

## What are the benefits of laparoscopic sterilisation?

Laparoscopic sterilisation is a very effective form of permanent contraception. After sterilisation has worked, you do not have to use contraception ever again. However it will not protect you from sexually-transmitted diseases.

## What are the risks associated with laparoscopic sterilisation?

As with any operation, laparoscopic sterilisation carries a small risk of complications. It is very important that you are aware of the potential risks and complications before giving your consent to the procedure.

**Contraceptive failure:** The failure rate for laparoscopic sterilisation is 1 in 200. This is, therefore, a highly effective method of contraception but it is not 100% guaranteed. All women undergoing sterilisation need to be aware that if they are just pregnant when the operation is performed they will be pregnant afterwards. This is because very early pregnancies are not detectable easily and the operation of sterilisation does not remove them.

If the sterilisation fails and you become pregnant, there is an increased risk of the pregnancy implanting in the tube, known as an ectopic pregnancy. If your periods stop after sterilisation, you should take a pregnancy test. If you suspect that you are pregnant or you have experienced abnormal abdominal pain or bleeding, you should seek medical advice.

## How will sterilisation affect my periods?

Your ovaries, uterus and cervix are left in place and your hormones are not affected so you will still ovulate (release an egg each month), but it is absorbed naturally by your body. Your periods will continue to be as regular as they were before sterilisation. Occasionally, some women find that their periods become heavier. This is usually because they have stopped using hormonal contraception, which may have lightened their periods previously.

## Are there any alternative long-term methods that women can use to avoid getting pregnant?

- Oral contraceptive pill (OCP)
- Mirena is an intrauterine system that is inserted into the womb and releases a progestogen hormone which lasts for five years. The Mirena system is as effective as vasectomy and more effective than tubal occlusion
- Copper IUDs (which used to be known as the coil) - the IUD (intrauterine device) is put into your womb and it can safely stay there for up to eight years. If you are over 40 years old when it is fitted, it can be left in until you reach the menopause
- Progestogen implant is a small flexible tube inserted under the skin of the arm to release the hormone progestogen. The implant lasts for three years.

The main advantage of the above methods is that they can be reversed

- If you are in a long term relationship, your partner could consider a vasectomy which is technically simpler. It is a safer procedure than laparoscopic sterilisation, usually does not require general anaesthesia and has a much lower long-term failure rate (approximately 1 in 2000) than female sterilisation

## Frequent risks of laparoscopy include:

- Bruising
- Shoulder-tip pain
- Wound gaping
- Wound infection

The overall risk of serious complications from laparoscopy is uncommon (approximately 2 women in every 1000). These include:

- Damage to bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (uncommon). However, up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy
- Peritonitis is an extremely rare complication. This is an infection of the inside of the abdomen. It may not be immediately obvious and can be life-threatening. In some cases, a colostomy (where the bowel empties into a bag) is created. Once again, this is an extremely unlikely complication but women undergoing laparoscopy should be aware of this
- Failure to gain entry to abdominal cavity and to complete intended procedure
- Death: three to eight women in every 100 000 undergoing laparoscopy die as a result of complications (very rare)
- Hernia at the site of entry

Other risks of the surgery include problems such as blood clots (for example, in the legs or occasionally in the lung) or Keloid; a surgical scar that becomes inflamed, raised and itchy. Keloid can be annoying but is not a threat to your health.

## Extra procedures may become necessary during the procedure:

- Laparotomy
- Repair of damage to bowel, bladder, uterus or blood vessels
- Blood transfusion

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances.

## What should I expect before the operation?

Before admission for surgery, you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your surgery.

A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigations will be organised, such as blood tests, ECG (heart trace) and chest x-rays.

You will receive information about your admission, hospital stay, operation and pre and post operative care. You will be given the opportunity to ask any further questions you may have .

You should bring a list of your medications so that you can be informed if you need to stop any of them prior to your admission.

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation and speed up the recovery time. If you are unable to stop completely, even doing so for a few days will be helpful.

## Should I stop contraception before the operation?

No. Although the operation is immediately effective, you should continue with your usual method of contraception until the first menstrual period after your sterilisation operation. This also applies to women taking the "Pill".

All women will have a pregnancy test before the procedure.

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 (for example, condoms) from seven days before the operation until your first period after the operation.

## What will happen on the day of my operation?

On the day of your operation you must have nothing to eat for a minimum of six hours prior to your operation. You are allowed to drink small amounts of water up to two hours prior to your operation. You will be advised as to the time this will start.

You are requested to have a bath or shower before you come into hospital prior to your surgery and you will be asked to put on a theatre gown. You will be asked to remove all items of clothing including, underwear, all jewellery (except wedding rings) including all piercings, nail varnish, false nails, make up, contact lenses, hearing aids, dentures, wigs and false limbs (if applicable).

A doctor will see you before your operation and your written consent will be reconfirmed before your procedure can take place. You will have the opportunity to ask any further questions you may have. The anaesthetist will come to see you and ask you questions about:

- Your general health and any serious illnesses you have had
- Any problems with previous anaesthetics
- Medicines you are taking and allergies you have
- Problems with moving your neck or opening your mouth and any loose teeth, caps, crowns or bridges. Your anaesthetist will discuss with you the anaesthetic they will use

You will then be escorted to theatre.

## What will happen after my operation?

Once you have been back on the ward a while, have had something to eat and drink and have passed urine, you should be ready for discharge.

Some abdominal discomfort is expected from this type of surgery and also shoulder tip pain is common to experience. This is due to trapped gas from the operation and will resolve shortly once you start moving around.

However, if you experience any of the following symptoms in the next seven days after your operation, then you will need to seek medical advice or assistance either from your GP, Emergency Department or the Gynaecology Ward (Ward D7) on 01902 694034 (which is open 24 hours, 7 days a week):

- Increasing or persistent abdominal pain
- Abdominal swelling or tenderness
- Need to continue to take very strong pain relief
- Nausea or sickness, poor appetite
- Difficulty or inability to mobilize
- Rigors (shaking or feeling cold), fever or persistent high temperature
- Fast pulse
- Bowels not opened or not passing wind
- Offensive smelling vaginal or wound discharge

- Red or inflamed wound sites
- Passing only small amounts of urine despite drinking good amounts of fluids

## What will happen on discharge?

Most modern anaesthetics are short-lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. If you drink any alcohol after you leave hospital during this time, it will affect you more than normal. You should have an adult with you during this time and should not drive or make any important decisions.

With any bleeding within two weeks of your operation do not use tampons as there is increased risk of infection. Sanitary towels are recommended. Sexual intercourse should be avoided until vaginal bleeding or discharge has stopped and you feel comfortable.

Any plasters or dressings can be removed the day after your operation. Keep your wounds clean. Most stitches are dissolvable and you may find this can take up to 72 days to be fully absorbed.

Pain relief is not provided for you to take home from hospital; you are advised to get some over the counter pain relief ready for discharge.

A discharge letter will be sent to your GP. Generally, the recommended time off work following this operation is up to a week. A sick note can be issued at the time of the operation, if required. It is not usual for a follow up appointment to be required after this procedure.

If you have any questions or worries prior to or after your operation, please contact your GP or ring the Gynaecology Ward (Ward D7) on 01902 694034.

## Where can I find more information?

[www.nhs.uk/conditions/contraception-guide/pages/female-sterilisation.aspx](http://www.nhs.uk/conditions/contraception-guide/pages/female-sterilisation.aspx) –

The FPA (The Family Planning Association) also provide information and advice. Visit their website [www.fpa.org.uk](http://www.fpa.org.uk)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。