

Laparoscopic Sterilisation

Patient Information Leaflet

October 2016

WHAT IS A LAPAROSCOPIC STERILISATION?

Sterilisation is a permanent method of birth control and should only be performed when no other pregnancies are desired. A laparoscopy is a direct visual examination of the inside of the abdomen, using a viewing device called a laparoscope. The laparoscope has fibre-optic illumination and viewing channels. A small needle is inserted into your abdomen through which carbon dioxide (gas) is passed. This is done to protect delicate organs from damage. A small incision (cut) is made just below the belly button into which the laparoscope is inserted. Through a second cut an applicator is inserted which allows clips to be placed across the tubes. The clip blocks the tube, thereby preventing the egg and sperm from reaching each other and so pregnancy is prevented. Eggs not fertilised are small and are just absorbed by the body. A laparoscopic sterilisation is carried out under general anaesthetic.

What Are The Benefits?

For most women, sterilisation offers a safe and permanent method of birth control.

Should I Stop Contraception Before Sterilisation?

No. You should use contraception before sterilisation to avoid pregnancy before the procedure. Although the operation is immediately effective you should also continue with your usual method of contraception or alternative until the first menstrual period after your sterilisation. If you use a coil and it is removed when you are sterilised, you should use another form of contraception such as condoms till your next period.

Is The Operation Always Successful?

No. Every method of contraception carries a risk of failure and this includes sterilisation. The possibility of conceiving after this operation is about 1:200. This means that for every 200 women undergoing sterilisation, one may subsequently conceive. This may happen several years after the operation.

The most common reason for later failure of sterilisation is tubes healing by joining together in spite of the clip used to block the tubes during the operation.

Are There Any Risks Involved?

Yes. There are risks associated with the operation

If sterilisation fails there is a high risk of ectopic pregnancy and any woman who has had sterilisation experiences symptoms suggestive of pregnancy such as delayed period should seek early medical advice.

On occasions it may not be possible to perform sterilisation using the laparoscope. The procedure is performed in this situation by making a small cut in the lower abdomen to perform the sterilisation. This may be necessary during a planned laparoscopic sterilisation because the tubes cannot be with the laparoscope. This small risk (fewer than 1:100) must be accepted if sterilisation is requested. The 2 main reasons for this happening are where the abdomen is large or there has been previous abdominal or pelvic surgery.

The risk of a laparoscopy includes accidental damage to the bowel or blood vessels within the abdomen or pelvis. This would require immediate further surgery to correct the damage.

Minor complications include bleeding or bruising around the skin cuts. There is a small risk of chest, wound or urinary infections, deep vein thrombosis and pulmonary embolism.

Does The Operation Cause Menstrual And Other Long Term Problems?

No. Periods should remain unaffected by the operation. However if you have been on the "pill" prior to the sterilisation, you may feel that your periods are heavier than before as the "pill" has the effect of making your periods lighter.

There is no evidence that sterilisation has any long term effect on health.

What Are The Alternatives?

Other methods of birth control

How Long Will I Be In Hospital For?

A laparoscopic sterilisation is performed as a day case and you should be able to go home no sooner than 4 hours after the procedure.

Occasionally an overnight stay is required.

What Happens To Me When I Arrive At The Ward / Department?

- A nurse will take you to your bed, check your personal details and take your pulse, temperature and blood pressure.
- Please tell the nurse if you take any medication or if you have any known allergies. Please ensure you also inform the nurse if you have any other medical conditions.

- You will be asked to sign a consent form.
- You will need to starve for your operation. Details of this will be in your admission letter and by the pre-operative assessment nurse.
- You will be given a hospital gown to wear.
- You may be able to walk to theatre accompanied by a nurse from the ward.
- If you are extremely anxious, the doctor can prescribe a pre-medication to help you relax. If you have a pre-medication, you will need to be taken to theatre on a trolley.

What Happens After The Procedure?

- After the operation you will be taken back to the ward and asked to rest.
- You will feel sleepy after a general anaesthetic.
- Your blood pressure and pulse etc will continue to be checked.
- You will be given pain relief if required.
- A nurse will check for any bleeding.
- When you feel ready to eat and drink, refreshments will be offered.
- Once you are recovered we will discuss your operation with you.

DISCHARGE ARRANGEMENTS

- You should ask someone to accompany you home from the hospital.
- A responsible adult should stay with you for at least 24 hours following surgery.
- It is important you rest for 24-48 hours.
- Your stitches will eventually dissolve. This can take 4-6 weeks. .
- It is possible you may have some “wind” type pains for a day or two. This can be in the shoulders and/or underneath the ribs and can be relieved by moving around and taking simple pain killers if needed.
- You may bath or shower as normal.
- You will be told if you need to come back to clinic. If you do, an appointment will be sent to you, in due course, through the post.

We recommend you use sanitary towels and not tampons until your next period. This will help reduce the risk of infection.

You should not operate machinery or drink alcohol for 24 hours.

Day To Day Living

We recommend that you do not drive for at least one week. It is

advisable to contact your car insurance company to clarify if you are covered following surgery.

Depending on the type of work you do and how you feel, you may need to take 1-2 weeks off work.

If There Is A Problem

If you have any problems concerning your operation, please contact the Women's Health Unit on **0161 922 6201/6202** for advice.

- Signs to look out for :
- Abdominal pain - that is not relieved by the painkillers you were given on discharge.
- Reluctance to eat, drink or mobilize
- Nausea or vomiting
- Abdominal swelling
- Bleeding from wound, vagina or back passage
- Redness over wound
- Fast pulse rate
- Raised temperature
- Not passing enough urine
- Generally feeling unwell.

Please do not hesitate to ring either of the numbers above for advice.

If you are worried about your condition and feel you require urgent assistance please attend the A&E department.

Other Useful Contacts for Information

NHS Direct 0845 4647

Patient information centre 0161 922 5332.

In compiling this information leaflet, a number of recognised professional bodies including NHS Direct and accredited good practice guidelines have been used.

Should you have a visual impairment, this leaflet is available in bigger print or on audiotape.

If you would like any further information about your condition or planned procedure, then please contact the Patient Information Centre on 0161 922 5332.

