

Laparoscopic Sterilisation

Patient Information Leaflet

August 2019

WHAT IS A LAPAROSCOPIC STERILISATION?

Sterilisation is an operation performed to prevent further pregnancies and should only be chosen if you are sure that you do not want any more children. "Laparoscopic" is the medical term for keyhole surgery.

Laparoscopic sterilisation is done as a daycase procedure which means that most patients go home around 4 hours after their surgery (rarely an overnight stay is advised). The operation is done under general anaesthetic so you would be asleep during the surgery. The surgery normally takes less than an hour to complete.

The operation is a keyhole procedure where a small cut is made into the belly button and a laparoscope (camera) is inserted so that the surgeon can see the internal organs on a screen. Your bladder is emptied with a small tube which is removed immediately. An instrument is placed inside your womb via the vagina and the womb is lifted inside the abdomen so that the Fallopian tubes can be accessed by the surgeon. Carbon dioxide gas is pumped into the tummy to inflate it during the surgery and the gas is removed at the end of the procedure. An instrument is passed through a second small (less than 1cm) cut in the tummy wall and this instrument allows the surgeon to place Filshie clips across both of the tubes to block them. These are made of titanium so please tell the doctor booking your operation if you are allergic to titanium. By blocking the tubes the egg and sperm are unable to meet and so pregnancy should not occur. Eggs are very tiny and if they are not fertilised they are absorbed by the body. All instruments are removed at the end of the surgery and the only thing left inside will be the small clips on your tubes. The cuts on the skin are closed with either dissolving stitches or skin glue.

After this surgery you will have two small scars. One in the area of the belly button and one at another place on the tummy wall.

What Are The Benefits?

For most women, sterilisation offers a safe and permanent method of preventing further pregnancies.

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 until your next period.

Is The Operation Always Successful?

No. Every treatment to prevent pregnancy has a chance of failure and this includes sterilisation. The possibility of getting pregnant after this operation is about 1 in 200. Therefore out of every 200 women who have had sterilisation, one will get pregnant. 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 is a possibility of complications with any surgical procedure.

If you get pregnant after sterilisation then there is the possibility of something called an ectopic pregnancy (where the pregnancy grows inside the tube instead of the womb). Ectopic pregnancy can cause serious internal bleeding if it is not diagnosed early in the pregnancy. Any woman who has had a sterilisation should seek early medical advice if:

- they feel they might be pregnant
- their period is overdue
- they have had a positive pregnancy test

On occasions it may not be possible to complete the sterilisation with keyhole surgery and the surgeon will need to do “open” surgery. This means having a larger cut on the tummy which will create a larger scar and will take longer to recover from. This happens in about 1 in 100 sterilisation procedures but is more likely to happen if you are overweight or you have had previous abdominal surgery.

This operation involves a small chance of accidental damage to the bladder, ureters (tubes that allow urine to travel between the kidneys and bladder), bowel or major blood vessels. If this happens then immediate major surgery is required to correct the damage. This happens about around 2 in 1000 cases.

Minor complications include bleeding or bruising around the skin cuts. There is a small risk of postoperative infections and blood clots in the legs or lungs (deep vein thrombosis or pulmonary embolism).

Some women regret their decision to be sterilised and reversal of sterilisation is not funded on the NHS.

Does The Operation Cause Any Menstrual Problems Or Other Long Term Problems?

No. Periods are not affected by the operation. Women who were taking a contraceptive pill prior to their sterilisation sometimes report that their periods seem heavier after the surgery. This is not due to the surgery itself but because they have stopped the contraceptive pill which was making their periods lighter.

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

What Are The Alternatives?

There are several other methods of preventing further pregnancies including contraceptive pills, coils, injections, skin implants and more. You may wish to consider the following options before you decide on a laparoscopic sterilisation:

- Male sterilisation (vasectomy) is associated with a lower failure rate (1 in 2000) and less risk of complications compared to female sterilisation.
- The Mirena-IUS (hormone coil) and Nexplanon (under the skin implant) are better at preventing pregnancy than sterilisation and involve fewer risks. The failure rate of Mirena-IUS is 1 in 1000 and failure rate of Nexplanon is 1 in 2000. They are also reversible so can be removed if you decide to have another child.

What Happens To Me When I Arrive For My Operation?

- A nurse will take you to your bed, check your personal details and take your pulse, temperature and blood pressure.
- The staff will ask about any medical conditions you have, medications you take and allergies that you have.
- The doctor will explain what is written on your consent form and ask you to sign it.
- You will need to provide a sample of urine for a pregnancy test so that we can check you are not pregnant before going ahead with the surgery.
- You must not eat or drink prior to the operation. Instructions on when to stop eating & drinking should be included in your

admission letter and/or will be explained to you by the preoperative assessment nurse.

- You will be given a hospital gown and hospital underwear to put on (you will need to remove your own underwear).
- 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 medicine to help you relax. If you have this 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. Some people feel sick after their surgery and there is a chance you could vomit.
- Your blood pressure and pulse will continue to be checked.
- You will be given pain relief if required.
- A nurse will check your dressings 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 and let you go home.

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.
- You should expect to experience some pain after the surgery but it is usually manageable with simple pain killers and rest. Often people can experience pain in the shoulders after keyhole surgery which gets better after a day or two and can be relieved by moving around and taking simple pain killers if needed.
- It is normal to have some vaginal bleeding for a couple of days afterwards, but it should not be heavy bleeding.
- It helps the NHS if you buy your own supply of Paracetamol and Ibuprofen from a supermarket or chemist to take when you get home after surgery.
- Dissolving stitches can take 4-6 weeks to fully dissolve. Skin glue will usually fall off within a couple of weeks.

- You may bath or shower as normal.
- Most people don't need a follow up appointment. If you do require another appointment then this will be sent to you, in due course, through the post.

When You Go Home

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 48 hours. If you drive and/or intend to travel abroad then please inform your insurance provider to check when 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. Avoid heavy lifting for 4 weeks.

If There Is A Problem

If you have any problems after your operation please phone **0161 922 6544** for advice.

Signs to look out for :

- Postoperative pain should improve day by day. If it is getting worse then it may be a sign of a complication.
- Inability to eat, drink or walk around
- Nausea or vomiting
- A very swollen or bloated abdomen
- Bleeding from the wound, vagina or back passage
- Redness around the wound and/or pus coming from the wound
- Raised temperature or feeling feverish
- Burning or stinging when passing urine
- Feeling unable to pass urine properly and/or passing a smaller amount of urine than usual
- Leg pain and/or swelling
- Chest pain
- Feeling out of breath
- Generally feeling unwell.

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 111
Patient information centre 0161 922 5332

Source of Good Practice

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.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

আপনি যদি এই তথ্য পড়তে বা বুঝতে না পারেন, তাহলে অনুগ্রহ করে এথনিক হেলথ টিমের সাথে টেলিফোনে যোগাযোগ করুন 0161 331 5149/5150 এই নাম্বারে, তখন তারা আপনাকে সাহায্য করতে পারবে।

જો આપે આ માહિતી વાંચી કે સમજી શકો છો તે જણાવવા, અથવા ઇલેક્ટ્રોનિક કોપી
0161 331 5149/5150 નંબર પર સંપર્ક સાધો તેઓ આપને જરૂર મદદ કરશે.

اگر یہ معلومات پڑھ نہیں سکتے ہیں یا آپ کو اس کی سمجھ نہیں آتی ہے تو براہ مہربانی آتھنک ہیلتھ ٹیم کے ساتھ ٹیلی فون نمبر
0161 331 5149/5150 پر رابطہ کریں تو وہ آپ کی مدد کر سکیں گے۔

Document control information

Authors: Lynn Gardner & Nathalie Smilovici
Review Author: Purnima Gondane-Sweetman
Division/Department: Women's Health
Date Created: July 2019
Reference Number: GYNAE026
Version: 2.0