

Laparoscopic Sterilisation



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What is a laparoscopic sterilisation?

- A laparoscopic sterilisation, also known as ‘tubal ligation’ is an operation to put clips on your fallopian tubes through small cuts made in your abdomen. This permanently blocks the fallopian tubes, stopping the sperm and egg from meeting to prevent pregnancy.
- You should think of this as irreversible.
- It is not a good idea to have a tubal occlusion at the same time as a caesarean section, or immediately after giving birth or having a termination of pregnancy.

How is it done?

A laparoscopy involves inserting a laparoscope (similar to a telescope) through the abdominal wall whilst you are under a general anaesthetic. This cut will be near your tummy button and around 1cm long. Gas is filled into the abdomen to allow a better view of your pelvic organs. Through 1-2 other small cuts on the lower abdomen, clips are permanently placed on your fallopian tubes. Once this is done, the gas is released and cuts made are closed with dissolvable stitches. You should be able to go home on the same day. The operation usually takes around half an hour for the surgeon to perform.

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 the hospital for 1-3 days.

What to think about before choosing female sterilisation

Female sterilisation should be thought of as permanent because reversal of sterilisation can be difficult and sometimes impossible. Reversal is also unavailable on the NHS. Because of this you need to be certain that you will never want any more children.

Female sterilisation can fail and involves having a general anaesthetic. There are alternative forms of contraception that have lower failure rates, fewer risks, are reversible and do not involve a general anaesthetic.

What are the alternatives to laparoscopic sterilisation?

There are many alternative forms of contraception. Your doctor and the specialist contraceptive nurse can discuss these further. The alternatives include: vasectomy, Mirena coil or contraceptive implant.

Table 1: Details of Contraceptive Options

	Failure Rate	Reversible?	Does it need an operation?
Male sterilisation (vasectomy)	1 in 2000	Irreversible	Yes but under local anaesthetic (awake)
Mirena Coil	< 1 in 1000	Reversible	No
Female sterilisation	1 in 200	Irreversible	Yes, under general anaesthetic (asleep)

What are the benefits of a laparoscopic sterilisation?

Laparoscopic sterilisation provides permanent, irreversible sterilisation that usually allows you to go home on the same day of your operation.

What are the risks of a laparoscopic sterilisation?

Every operation has risks. The common risks include pain and bruising. The rare but more serious risks are:

- **Failed sterilisation** – for every 200 laparoscopic sterilisation operations 1 woman will become pregnant. Some of these pregnancies will occur outside the womb (ectopic pregnancies).
- **Heavy bleeding and infections** - are uncommon.
- There are always risks associated with a general anaesthetic, your anaesthetist will discuss these with you before surgery.
- **Injuries to internal organs** – such as the bladder, bowel, uterus or blood vessels occur rarely – 1 in 5000 cases. Should this happen then the surgeon may perform a laparotomy (a bigger horizontal cut below the bikini line) to repair any damage.
- If you have had operations on your tummy before, this can make it harder to perform a laparoscopic operation.

Of course, every operation and anaesthetic has an extremely remote chance of having rare and unpredictable complications which could prove fatal.

What happens on the day of the operation?

- 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.
- You will go home on the same day as your operation, once you are fit and ready to be discharged.
- Someone will need to take you home and stay with you overnight in case of any problems.

What to expect after the operation

- Abdominal (tummy) pain and bruising – pain and bruising from the operation is usually controlled with simple painkillers such as paracetamol and ibuprofen.
- Shoulder tip pain – this is due to small amounts of the gas remaining in the abdomen and usually settles after the first day.
- You can expect slight vaginal bleeding (less than a period) for a few days after your operation.
- Wounds – you will have dissolvable stitches which usually dissolve in 10 to 14 days.
- You can restart normal activities and work 1-2 weeks after your operation.
- Your period and sex drive will not be affected by the sterilisation.

Does the sterilisation start working straight away?

- After the operation you should continue to use effective contraception or avoid sex until your next period.

References and Useful Information

Family Planning Organisation

<http://www.fpa.org.uk/contraception-help/sterilisation-male-and-female> (accessed April 2017)

NHS Choices – Contraception Guide

<http://www.nhs.uk/Conditions/contraception-guide/Pages/female-sterilisation.aspx> (accessed April 2017)

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www.nbt.nhs.uk/gynaecology

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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