Laparoscopic Sterilisation

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What is a laparoscopic sterilisation?

- Sterilisation is a permanent way of preventing pregnancy. Because sperm can then no longer reach your monthly egg, pregnancy is prevented.

- It involves having an operation.

- The method used for women is called tubal occlusion.

- Tubal occlusion is done in hospital under general anaesthetic. You will usually leave hospital the same day.

- You must keep using contraception right up to the operation and until after your first period.

- 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.

This information is for you if you:

- wish to use a permanent method of contraception; and
- have decided that you do not want more children, or that you will never want children.

How is it done?

- Once you are asleep under a general anaesthetic an incision is made under your belly button.

- A long, thin, flexible tube containing a tiny camera (laparoscope) is passed into your abdomen. Gas (carbon dioxide) is passed into your abdomen to lift the abdominal wall off the internal organs so the surgeon has a good view inside.

- Another instrument will be passed through the vagina into the cervix to lift up the uterus and help the surgeon to see everything. One, or sometimes two other small incisions are made near your bikini line, through which other instruments...
are passed and a clip is put on each fallopian tube.

- The operation takes about 20-30 minutes.

What are the risks?

Laparoscopic sterilisation is a safe procedure on the whole, but there are some risks that you need to be aware of:

Serious risks include:

- Failure of sterilisation, resulting in unplanned pregnancy: the lifetime failure rate is 1 in 200.

- If failure of sterilisation occurs, the pregnancy has a higher chance than normal of being ectopic (developing in the fallopian tube). If you miss a period after the operation you should do a pregnancy test. If it is positive, inform your doctor.

- Failure to gain entry to the abdomen - There is a small chance the surgeon will not be able to do the operation via the laparoscope (by keyhole surgery). This is more likely if you have had a previous pelvic infection, Caesarean sections or other abdominal operations. Being overweight makes the operation more difficult. If the operation cannot be done via the laparoscope you can have it done through a bigger cut but you will have to stay in hospital for two to three days afterwards.

- Uterine perforation, and injuries to the bowel, bladder or blood vessels are serious but infrequent risks, and can affect 3 in every 1000 people. If a perforation occurs, there may then be a small risk that you could need a blood transfusion.

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

One woman in every 12 000 undergoing laparoscopy dies as a result of complications (more recent evidence suggests that the mortality rate may be lower).
Frequent risks include:

- Bruising
- Shoulder-tip pain.
- Infection

**Before the operation**

You must not eat or drink anything for six hours before your operation so there is no danger of vomiting while you are asleep.

- You must use contraception right up to the day of the operation. If, on the day of the operation you are pregnant or have recently ovulated, any pregnancy will not be prevented by the procedure.
- If you are only a few days pregnant and have not yet missed a period it will be too soon for a pregnancy test to become positive. Be sure to tell the doctor if you have had any accidents with your contraception since your last period or if you think you could possibly be pregnant.
- If you have a coil you may need to keep it in until your next period.

**After the operation**

- You will wake up in the recovery room next to the theatres and will be taken back to the ward as soon as you are well enough.
- Most women do not feel sick after surgery. If you do, we will give you anti sickness medicine.
- You may suffer with wind-like pain in the abdomen or shoulders; it passes off within 48 hours.
- Very quickly after surgery, you can start sipping water, building up to a warm drink. Then you can start a light diet.
When can I go home?
You will usually go home on the day of the operation. As soon as you are eating and drinking, have passed water, and are up and about without feeling dizzy or unwell.

General advice

- You should not drive for at least 24 hours after an anaesthetic so you will need to have someone to bring you to and from the hospital.
- You will have a couple of stitches in your abdomen which are usually dissolvable.
- You may also have some light vaginal bleeding which should settle down in a few days. You will probably want a 2-3 days rest before returning to work. You can return to all activities when you feel ready.

Is my body different afterwards?

- After sterilisation the ovaries continue to produce eggs as before but they are the size of a grain of salt and are easily absorbed by the body.
- If you used the pill just before the sterilisation your periods may appear heavier after the operation. This is because the pill makes periods lighter than usual. If you used other methods of contraception being sterilised makes no difference to your periods.
- The operation makes no physical difference to your sex life. However, some women have expressed that sex is better without the need for contraception. Others have expressed feeling “less feminine” once the chance of pregnancy has gone forever.
Do I need a check up afterwards?
You will not need to be seen after surgery. If you feel generally unhappy with your recovery, see your own GP who may refer you back to the hospital if necessary.

How do I know if it is the right choice for me?

- About 25% of couples rely on sterilisation to prevent pregnancy.
- The advantages of sterilisation are that you need not have the interruption of using contraception or the risks or the side effects of using other forms of contraception ever again. It is one of the most reliable forms of contraception.
- The disadvantages are that it is not 100% reliable - about one in 200 operations fail. The pill and contraceptive injection are as good as this when used properly. In addition, any future pregnancy may be ectopic (in the fallopian tube). Being sterilised means having an operation and an anaesthetic, both of which have risks.
- Sterilisation (vasectomy) is also available for men, has fewer risks and is done under a local anaesthetic. Consider whether this is an option for you.

What if I regret it?
About one woman in 20 regrets being sterilised even though they felt quite sure it was right for them at the time. The younger you are the more likely you are to regret it because there is more time for your family circumstances to change. For example - a change of partner, the sad loss of a child or an increase in your income.

Can it be reversed?
All sterilisation operations are meant to be permanent. The chances of an operation to reverse it being successful vary a great deal. There is no guarantee of success. The best chances
of successfully reversing a tubal occlusion seem to be when clips or rings have been used and when the reversal is done by microsurgery.

Tubal occlusion are free through the NHS but you will usually have to pay to have the operation reversed

References and Useful Information


**Family Planning Organisation**

www.fpa.org.uk/

NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)
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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