

Patient Information

## Gynaecology unit

# Laparoscopic sterilisation

### What is female sterilisation?

Female sterilisation is a permanent method of contraception. It involves a minor operation to apply clips to the fallopian tubes. Anyone considering this operation must see it as a permanent step. Reversal operations are much more difficult and there is no guarantee of success.

### How is the operation performed?

You will be admitted for the day to the gynaecology ward or Day Surgery Unit. The procedure is carried out under a general anaesthetic and takes approximately 30 minutes. Two small cuts will be made on your abdomen, one near to your naval and one just above your bikini line. A small fibre optic telescope called a laparoscope is passed through the first cut. The abdomen is then filled with carbon dioxide gas to allow the surgeon to identify the fallopian tubes. An instrument to carry out the sterilisation is passed into the second cut. The sterilisation is carried out by applying a clip to each of the fallopian tubes. The carbon dioxide gas is then expelled from the abdomen and the small cuts are then closed with dissolvable stitches.

Very occasionally if the fallopian tubes are difficult to see through the laparoscope it may be necessary to make a slightly larger incision in the abdomen in order to complete the procedure successfully. If this is the case you will stay in hospital for a few days.

### What are the risks of a laparoscopic sterilisation?

All surgical procedures carry risks. Laparoscopy is a very common procedure. The majority of patients have no problems but listed below are the known risks associated with a laparoscopy



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- Anaesthetic problems = 0.2 %
- Puncture of a blood vessel in the abdominal wall = 1.0 %
- Puncture or damage to bowel = 0.1%
- Puncture of major internal blood vessel = 0.05%
- Damage to bladder = 0.1%
- Damage to pelvic organs or perforation of the uterus = 0.5%
- Failure of the operation resulting in fertility = 0.4%

**In the event of pregnancy occurring after sterilisation it is important that a scan is carried out early in the pregnancy to ensure the pregnancy is in the womb and not lodged in the fallopian tube.**

### **Do I need to use other methods of contraception after the sterilisation?**

- You should continue to use another method of contraception until after your first period after sterilisation.
- If you are using the contraceptive pill you should continue to take it until the end of the packet that you were taking when you had the sterilisation.
- 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 from seven days before the operation until your first period after the operation.

### **When can the operation be carried out?**

Sterilisation can be carried out at any time during the menstrual cycle, even during your period.

### **Will I still produce eggs each month?**

The eggs come from your ovaries. Sterilisation does not affect the ovaries. You will continue to release an egg each month. The egg will not be able to move to the womb so will be absorbed by the body.

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### **Will I still have periods?**

Sterilisation does not affect the lining of the womb nor the hormones that ripen it. You will continue to have periods as usual.

### **Preparation for your operation**

Please ensure that you bring an early morning urine sample on your day of admission for a pregnancy test to be done prior to the surgery.

When you are admitted to the ward you will be seen by a doctor. The doctor will ask you questions concerning your last period. Please inform him/her:

- The date of the first day of your last menstrual period
- If your period is late.
- If your last period was not normal for you.
- **If you think you may be pregnant.**

### **After your operation**

#### **Will there be any pain after the operation?**

It is common to have some abdominal discomfort for up to 48 hours after the operation. There may be some more persistent discomfort in the region of the incisions or in the area just below your naval.

You may experience some shoulder pain following your operation. This is caused by any residual gas left in the body from the operation. The gas is extracted after the operation, but it is not always possible to extract all of the gas. The pain should subside as you move about. You will be given some analgesics (pain killers) to take home with you to control the pain.

It is recommended that you have someone stay with you for the first 24 hours after your surgery. This is in case you experience any problems, such as those listed below that may suggest you have a post-operative problem. Such symptoms could include:

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- High temperature (fever) of 38 degrees or above
- Abdominal pain that is not controlled with painkillers
- Severe nausea and vomiting
- Very fast heart rate
- Abdominal tenderness or distension that worsens
- Poor urine output

### **Is any convalescence necessary after a laparoscopy?**

**As you will have a general anaesthetic you must not drive or operate any machinery for 24 hours.**

You should rest for the remainder of the day of your operation. You should be able to return to work within a few days.

### **What about my stitches?**

If you have a dressing on your wounds this can be removed the day after the operation. Your stitches will be dissolvable and therefore do not need to be removed. They may take 10 -14 days to dissolve.

You may have a slight blood stained vaginal discharge after your operation for a few days.

### **If you have any concerns following discharge from hospital contact:**

**Gynaecology Ward: Tel: 024 7696 7007**

**Gynaecology Assessment: Tel: 024 7696 6587**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us on **024 7696 6587** and we will do our best to meet your needs.

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#### **Document History**

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| Department: | Gynaecology    |
| Contact:    | 27392          |
| Updated:    | December 2020  |
| Review:     | December 2022  |
| Version:    | 6.1            |
| Reference:  | HIC/LFT/465/07 |