

Female Sterilisation / Tubal Ligation

What Happens?

Two or more small incisions are made in the abdominal wall and the abdomen is distended with carbon dioxide. A 5 - 10 mm rod-lense telescope is placed through the umbilical incision and the sterilising instrument passed through the other. The most common method of blocking the fallopian tubes by this method is to place a small titanium and silicone clip on each fallopian tube at the mid-portion, which occludes it permanently. The clips can also be applied at the time of a caesarean section. Occasionally other means of interrupting the fallopian tubes such as cutting and tying may be utilised but it is generally accepted that the **Filshie clip method** is best. The effect is immediate.

Purpose of the Procedure

To achieve permanent birth control, which is irreversible. You should not have the operation if you are uncertain about whether or not you will want further children and it should be assumed that this operation cannot be reversed. Sometimes the clips can be removed and the fallopian tubes re-joined by microsurgical technique although this is successful in achieving a live pregnancy in less than 50% of cases.

Preparation

It is essential to practice your normal contraceptive method up until the time of the procedure. If your period is late or if you think you may be pregnant, you must notify my rooms.

Regardless, I would like you to perform a home pregnancy test on the day of the procedure.

You will have a sleeping anaesthetic if undergoing a laparoscopy and will be required to fast for around six hours. Please check with my secretarial staff if you are not sure when to fast from. Some patients may need blood tests, imaging studies or other investigations prior to the operation. The operation can be performed during a patient's period. It is important to give me a full list of your medications prior to the procedure. This also includes natural therapies, herbal preparations and fish oil tablets, which may have an unpredictable effect on the blood's ability to clot.

Alternatives

In proceeding to tubal ligation you should have considered and discarded alternatives such as continuation with your current method of contraception, barrier methods, the oral contraceptive pill, intra-uterine contraceptive device, vasectomy or Adiana.

Anaesthetic

Carried out under general (sleeping) anaesthetic with additional local anaesthetic as required.

Duration of Procedure

Fifteen to twenty minutes.

Post-Procedure Care

Most patients are able to resume their normal activities within one to two days. As a curettage is performed with the anaesthetic, mild cramping and spotting may occur over a few hours or days. Cramping can be treated with non-steroidal anti-inflammatory medications such as Naproxen or Nurofen in combination with Panadol, Panadeine or Panadeine Forte. See my website for detailed notes about pain relief after surgery. Whilst you are actively bleeding it is wise to avoid tampons and to refrain from intercourse. Bathing is allowed but swimming in public pools should be avoided. Excessive bleeding after the procedure is uncommon, although I am unable to give you an exact figure as to how long the bleeding will persist. You should notify me should you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to regular doses of simple analgesics or lasting greater than forty-eight hours. Bleeding should not involve clots or a foul smelling vaginal discharge.

Post-Discharge Care

Most patients are able to resume their normal activities within one to two days. As a curettage is performed with the anaesthetic, mild cramping and spotting may occur over a few hours or days. Cramping can be treated with non-steroidal anti-inflammatory medications such as Naproxen or Nurofen in combination with Panadol, Panadeine or Panadeine Forte. Whilst you are actively bleeding it is wise to avoid tampons and to refrain from intercourse. Bathing is allowed but swimming in public pools should be avoided. Excessive bleeding after the procedure is uncommon, although I am unable to give you an exact figure as to how long the bleeding will persist. You should notify me should you develop a fever (temperature greater than 37.5 degrees), pain or cramping that does not respond to regular doses of simple analgesics or lasting greater than forty-eight hours. Bleeding should not involve clots or a foul smelling vaginal discharge.

Complications Related to any Laparoscopy

Major complications from a Laparoscopy are very uncommon but the following have been described:

- Injury to bowel, blood vessels and urinary tract (estimated 1:2000-3000). Generally recognised and repaired at the time of surgery with no consequences, rarely requiring a larger cut to complete the surgery.
- The carbon dioxide gas used to inflate the abdomen can cause heart and breathing problems (estimated at less than 1:60,000).
- If the operation cannot be completed through the laparoscope then a larger incision at the pubic hair line may need to be performed. This is extremely unlikely.
- Infections in the operation site, generally caused by the patient's own bacteria. Estimated incidence 2.5%
- Clots in legs (deep venous thrombosis). Medication is given to avoid this.
- Failure of sterilization. As the fallopian tubes are living tissue, they sometimes heal themselves after correct application of clips, forming a very small hole next to the clip which can result in a pregnancy which may be in the fallopian tube. **The risk of this is thought to be around 1:250** and does not decrease with time. If at any stage subsequent to the tubal ligation you lose your period and feel pregnant, then you should perform a pregnancy test and seek appropriate advice.

Failure to Complete the Procedure

If an individual patient's pelvic anatomy is extremely distorted or there are many adhesions, it is possible that a tubal ligation will not be possible and an alternate means of permanent contraception will be required.



Consent

I have been recommended to have: **Laparoscopic / Open Tubal Ligation**

Potential issues related to my condition / circumstances may be:

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I understand the above and choose to proceed:

(Signed)

(Print Name)

(Date)

