Worcestershire NHS
Acute Hospitals NHS Trust

Department of Gynaecology
Surgical procedure information leaflet

Name of procedure: Laparoscopic sterilisation

It has been recommended that you have laparoscopic sterilisation.

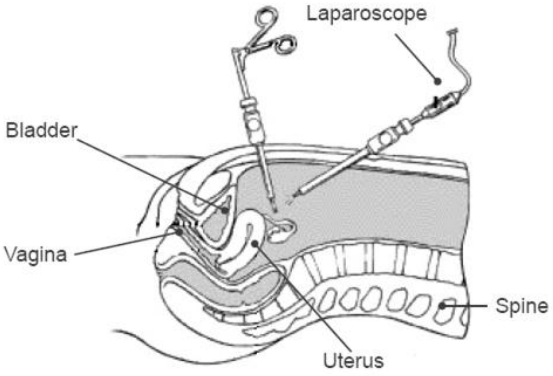
This procedure involves blocking, cutting or removing both of your fallopian tubes. This prevents the sperm from reaching the end of the tubes where fertilisation occurs. Occasionally operations to reverse sterilisation are performed but are difficult and may not be successful. You should, therefore think of the operation as irreversible.

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which they will give you.

Why laparoscopic sterilisation?

Laparoscopy is a surgical procedure, which allows your gynaecologist to inspect the organs inside the pelvis and abdomen (tummy). It is often referred to as minimal access surgery, minimally invasive surgery, keyhole surgery, or “endoscopy”, which means, “to look inside”.



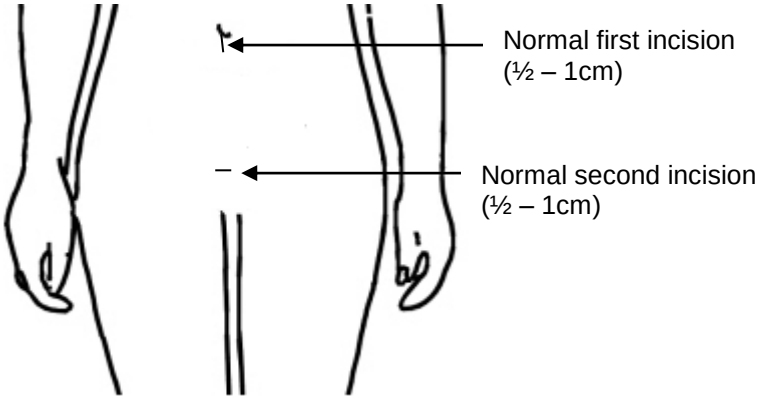
Compared to a laparotomy (surgery through a larger incision in the abdomen), laparoscopy has significant benefits such as:

- Less pain and discomfort during recovery;
- Shorter hospital stay;
- Faster recovery times for the patient and an earlier return to normal daily activities;
- Smaller and less visible scars.

The laparoscopic sterilisation procedure

In attendance at your surgery will be the doctor, the surgical assistant, the anaesthetist, the scrub nurse, the scout nurse, and the anaesthetic nurse. When you are asleep, your doctor will insert a thin, hollow needle into the abdomen (most often through a small cut in the navel) where carbon dioxide gas is passed into the abdominal cavity. The gas gently inflates the abdomen, raising the abdominal wall above the uterus, bowel and other organs, so that visibility is increased and all areas of the pelvis can be easily inspected.

The laparoscope is then inserted. There will usually be a second incision just above the bikini line in the lower part of your abdomen in the midline.



Laparoscopic sterilisation involves putting a clip or tight ring on each of your fallopian tubes, to stop you getting pregnant.

When the instruments are removed the gas is released from the abdominal cavity, and a stitch may be used to close each of the small cuts. Usually, if stitches are used they will dissolve. We will tell you if they need to be removed. The laparoscopic procedure will take approximately 15 minutes.

In some cases, it may be unsafe to continue the laparoscopy due to unexpected or life-threatening problems, and become necessary to convert to laparotomy (open surgery through a much larger incision in the abdomen). This is only done in the interests of the well-being and safety of the patient.

You should be aware that laparoscopic sterilisation:

- Is not reversible;
- Has a failure rate of 1 in 200;
- Will not be effective until the menstrual period after your procedure (so use other contraception before your surgery and until you have had your next period after the surgery);
- May rarely require larger incision in your abdomen if it cannot be completed by keyhole surgery;
- Can fail and result in an ectopic pregnancy (where the pregnancy is caught in the fallopian tube);
- If you are taking the contraceptive pill you should continue this until the first period after your sterilisation to avoid unwanted pregnancy.

Some women experience heavier periods after sterilisation. This is usually because of stopping the oral contraceptive pill rather than anything to do with the operation.

The decision to undergo a laparoscopic sterilisation is always yours and should not be made in a rush. Make a decision only when you are completely satisfied with the information you have received and believe that you have been well informed.

Benefits of the procedure

The aim of your surgery is to stop you from becoming pregnant.

Complications of surgery

Every attempt is made to reduce the risk of complications, but minor adverse events occur in less than 3 out of 100 of cases.

Serious complications are rare (about 1 in 500 to 1 in 1000), but no surgery is without risk.

Serious or frequent risks
Everything we do in life has risks. Laparoscopic surgery has some risks associated with it.

Those specifically related to laparoscopic sterilisation include:

- Chance of failure of procedure (1 in 200)
- Failure to gain entry to abdominal cavity, so the procedure cannot be completed.
- Failure could lead to ectopic pregnancy (where pregnancy is caught in the fallopian tube).
- Shoulder pain following surgery due to some gas left behind (this settles with time).
- Uterine perforation during surgery (which will usually repair itself without any further treatment).
- Because laparoscopy requires the insertion of sharp instruments into the abdomen injury to major blood vessels, bladder, ureters, stomach and bowel is possible. This type of injury is rare. Patients who are very thin or obese, or who have had previous surgery to the abdomen, may have an increased risk for this type of injury.
- Laparotomy (open surgery) to repair damage to internal organs caused by the laparoscopic instruments. In the event of serious damage the surgical repairs may be extensive (1 in 1,000).
- Peritonitis is an extremely rate complication. This is an infection of the inside of the abdomen. It may not be immediately obvious and can be life threatening. In some cases, a colostomy (where the bowel empties into a bag) is created. Once again, this is an extremely unlikely complication but women undergoing laparoscopy should be aware of this.

The general risks of surgery include problems with:

- The wound (for example, bruising, infection);
- Breathing (for example, a chest infection);
- Bladder infection;
- The heart (for example, abnormal rhythm or, occasionally, a heart attack);
- Blood clots (for example, in the legs or occasionally in the lung);
- Excessive bleeding (that may require blood transfusion);
- Keloid – a surgical scar that becomes inflamed, raised and itchy. Keloid can be annoying but is not a threat to your health.

Most people will not experience any serious complications from their surgery. The risks increase for older people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a very small risk that you may die although this is extremely rare.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

Other contraceptive methods are available and some of these are as, or more effective, than female sterilisation (for example, a vasectomy only has a failure rate of less than 1 in 1000 and a Mirena coil is as effective as sterilisation but is easily reversed when the coil is removed).

A member of the gynaecology team will discuss these options with you.

Your pre-surgery assessment visit

You may be asked to attend a pre-surgery assessment clinic before admission. This allows you, the nurse and doctor to go through all the paperwork and discuss any queries. The nurse will explain the ward routine and what to expect before and after the operation. For example, when you will be allowed to eat and drink before and after the operation, when you can expect to be out of bed and what observations the nurses need to do.

At this appointment, we will also record your current symptoms and past medical history, including any medication you are taking. Your heart and lungs will be examined to check that you are well enough for surgery. Blood tests and x-rays will usually be taken or arranged during this clinic.

The members of the gynaecology team will check that you agree to have the planned surgery. If you have been given a consent form please bring it with you, alternatively you may be given a consent form in clinic. Make sure that you have read and understood this information before your clinic visit. If you have not understood any part of the information, you will be able to ask any questions you may have about your planned surgery.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put a tube in your throat to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.

Pre-laparoscopy preparation

Before your laparoscopic sterilisation, you will be asked to provide a urine sample to perform a routine pregnancy test.

It is helpful if you follow a light diet the day before your laparoscopy, which reduces the incidence of intra-operative complications (such as bowel perforation) and increases visibility inside the pelvis.

A light diet should include plenty of fluids to drink and no bulky foods (which are difficult, or slow, to digest). This means you should try to avoid heavy meals such as pizza, pies, steak, chips or roast dinner and preferably stick to easily digestible food like porridge, soup and vegetables. The gynaecology team can discuss this with you in more detail.

Being admitted to the ward

You will usually be admitted on the day of your surgery so that we can prepare you for surgery. We will welcome you to the ward and check your details. We will fasten an armband containing your hospital information to your wrist.

If you are at high risk of blood clots in your legs after surgery, we may give you heparin injections and ask you to wear support stockings before and after your surgery. We will

usually ask you to continue with your normal medication during your stay in hospital, so please bring it with you.

Your pre-surgery visit by the anaesthetist

After you are admitted into hospital, the anaesthetist will come to see you and ask you questions about:

- your general health and fitness;
- any serious illnesses you have had;
- any problems with previous anaesthetics;
- medicines you are taking;
- allergies you have;
- chest pain;
- shortness of breath;
- heartburn;
- problems with moving your neck or opening your mouth; and
- any loose teeth, caps, crowns or bridges.

Your anaesthetist will discuss with you the anaesthetic they will use.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything (including chewing gum or sucking sweets) for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

- You may be asked to stop Aspirin and other non-steroidal anti-inflammatory medications 7 days prior to surgery.
- Hormonal medications such as the oral contraceptive pill may be continued - if you are on the pill you should continue this until the first period after your sterilisation to avoid unwanted pregnancy.
- Medications for diabetes and heart conditions may also be continued.

It is important to let us know, before you are admitted, if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

Also provide us, and the anaesthetist, with a list of all the medications you are taking or have recently taken, including medicines prescribed by your family doctor and those bought “over the counter” without prescription, and also any herbal medications. Keeping an up-to-date list of medications with you is highly recommended.

Please contact us if you are unsure which medications you must stop. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do.

We will need to know if you do not feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your anaesthetic

We will carry out your surgery under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will make you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood. General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation, the anaesthetist will stop giving you the anaesthetic drugs. Once you are waking up normally, they will take you to the recovery room.

Pain relief after surgery

Pain relief is important as it stops suffering and helps you recover more quickly. We may give you tablets or injections to make sure you have enough pain relief. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief.

It is important that you report any pain you have as soon as you experience it.

What are the risks of anaesthetic?

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. Anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. Side effects of having an anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. We will discuss with you the risks of your anaesthetic.

After your surgery

Recovering from laparoscopy

After your laparoscopy, while you are still under the effects of the anaesthetic, you will be taken to the recovery room where you will be monitored by the recovery staff until you are transferred back to the ward. Back on the ward, the nursing staff will monitor your condition and take routine observations. Our medical team will explain how the surgery went and what the findings were.

Following laparoscopy, you may experience the following:

- Tiredness;
- Muscle pain;
- Mild nausea;
- Pain or discomfort at the site of the incisions;
- Pain in one or both shoulders that may extend to the neck and rib cage (this is thought to be caused by some of the gas used during the procedure being left inside your body and may last for a number of days but will gradually wear off - often lying down can help relieve the symptoms).
- Cramps (similar to period pain);

- Vaginal discharge or bleeding for a few days;
- A sensation of bloating in the abdomen.

Leaving hospital

Length of stay

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will be in hospital for a few hours but you may have to stay in over night.

Medication when you leave hospital

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence

How long it takes you to recover from your surgery varies from person to person. It can take up to one to two weeks. After you return home, you will need to take it easy and should expect to get tired to begin with.

Stitches

We usually use dissolvable stitches. If these have not disappeared after seven days, they can be removed by the nurse at your GP practice.

Personal hygiene

You may bathe or shower normally after you leave hospital.

We recommend that you do not use tampons immediately after your procedure. Sanitary pads may be used and should be changed regularly.

Diet

You do not usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home. You should avoid constipation and straining for bowel motions and ensure that you get plenty of rest while you are recovering.

Exercise

You should do light exercise, such as walking and light housework, as soon as you feel well enough.

Normal physical activity may be resumed when any discomfort has disappeared, and when you are feeling well enough. This may take anywhere from three days to a few weeks, depending on the nature of your procedure and your general health.

Sex

You can continue your usual sexual activity when any bleeding and discomfort have disappeared, and when you are feeling well enough.

We advise you to continue using a form of contraceptive until your first period following surgery.

Driving

You should not drive until you feel confident that you could perform an emergency stop without discomfort – probably a few days after your operation. It is your responsibility to check with your insurance company.

Work

How long you will need to be away from work varies depending on:

- how serious the surgery is;

- how quickly you recover;
- whether or not your work is physical; and
- whether you need any extra treatment after surgery.

You can usually return to work after one to three days. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

Outpatient appointment

You do not usually need a follow-up appointment for this type of surgery.

Once you leave hospital

If you experience fever-like symptoms, or excessive pain, redness and discharge at the incision sites you should contact us.

You should report to your GP or us if you experience any of the following:

- Persistent bleeding from the vagina that is smelly or becomes heavier than a normal period and is bright red;
- Persistent redness, pain, pus or swelling around the wounds, of a fever or more than 38°c, or chills, which may indicate infection;
- Pain or burning on passing urine or the need to pass urine frequently, as this may indicate a urinary tract infection;
- Increasing nausea;
- Increasing abdominal pain with vomiting.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following:

Worcester Royal Hospital

- Gynaecology Nursing Staff, Lavender Ward (phone 01905 760586)
- Hospital Switchboard (phone 01905 763333)

Alexandra Hospital

- Gynaecology Nursing Staff, Ward 14 (phone 01527 512100)
- Hospital Switchboard (phone 01527 503030)

Kidderminster Treatment Centre

- Gynaecology Nursing Staff (phone 01905 760586)
- Hospital Switchboard (phone 01562 823424)

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
  Information fact sheets on health and disease
- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
  On-line health encyclopaedia
- www.worcestershirehealth.nhs.uk/acute_trust
  Worcestershire Acute Hospitals NHS Trust

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

"আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।"

Urdu

"اگرآپ کویہ دستی اشتہار کسی مُتبادل زُبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پیشنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔"

Portuguese

"Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler)."

Polish

"Jeżeli pragniecie Państwo otrzymać tę broszurę w innym jeżyku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733."

Chinese

"如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。"

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet:_____ Date:_____

Comments:

Thank you for your help.