



# Laparoscopic sterilisation

## Information for patients from Women's Health

This leaflet is not meant to replace the information discussed between you and your doctor, but can act as a starting point for such a discussion or as a useful reminder of the key points.

### What is laparoscopic sterilisation?

A laparoscopic sterilisation is an operation whereby a small telescope (laparoscope) is inserted through a small cut in the navel region (belly button). Gas is instilled into the abdominal cavity (tummy) so that the consultant can see the organs in the pelvis. A clip is added to each tube (occasionally a ring may be used instead of a clip) in order to occlude (close up) both fallopian tubes.

### How will it help?

Laparoscopic sterilisation is a permanent form of contraception.



## Are there alternatives?

There are a large number of alternative methods of contraception and these will be discussed with you in outpatients at the time of your original consultation. Some of these methods work well and have the advantage of being reversible.

There are a number of important points to consider concerning sterilisation.

- The first is that sterilisation should be considered to be a **permanent and irreversible procedure**. Although there are operations available to reverse sterilisation: this involves major abdominal surgery and offers no guarantees of success. Indeed, it may prove very difficult to have a reversal of the sterilisation operation should you change your mind. It is therefore very important that you are absolutely certain of your decision before choosing this procedure.
- In common with all other methods of contraception, **sterilisation carries a failure rate**; in around one in 200 cases the fallopian tube re-joins. Should sterilisation fail, then there would be a higher risk of an ectopic pregnancy (a pregnancy occurring outside the womb), which can be a serious condition. Therefore, should you ever miss a period following sterilisation, you should see your GP immediately, to get a pregnancy test and have an ultrasound.
- **Vasectomy** (which is done in men) is safer and carries a lower failure rate of one in 2000.
- The **Mirena IUS (Intra Uterine System) contraceptive coil** carries a failure rate of one in 1000 and is a simple and easy treatment. Please refer to the Trust's **Mirena Coil** leaflet for further information.

## Is this treatment safe?

All surgery carries risks. Rarely, there may be complications causing bleeding or damage to other organs (bladder or bowel). This may mean making a larger cut through the abdomen to repair the damage (laparotomy). Other side effects include urinary tract infection, sore throat, and pain. Sterilisation after 30 years of age does not make your periods heavier or irregular.

Occasionally, a clip can come free of the fallopian tube. This does not mean that the sterilisation has failed, as there will still be a gap in the fallopian tube where the clip was.

## Serious risks

- Failure to get the telescope into the abdominal cavity (one in 50 laparoscopies); if this happens the procedure is stopped.
- Inability to apply the sterilisation clips to the fallopian tubes, for example because the view is hidden by adhesions; again if this happens the procedure is stopped.
- Perforation of the womb (one in 100 laparoscopies). A hole is accidentally made through the wall of the womb during surgery; this usually heals itself.
- Damage to the bowel, bladder, or blood vessels (one in 1,000 laparoscopies) will need major repair surgery through a large abdominal incision (laparotomy) and often a blood transfusion, needing treatment in hospital for several days.
- The chance of a complication increases for women who are overweight, who have had previous surgery, and for women with pre-existing medical conditions.
- One woman in 10,000 having laparoscopy dies as a result of complications.

## Frequent risks

- Bruising of the abdominal wall.
- Shoulder-tip pain.

## **Risks following sterilisation**

- The procedure has a one in 200 lifetime risk of failing, for example you will become pregnant.
- If you do get pregnant, it is more likely to be an ectopic pregnancy (a pregnancy in the fallopian tube) and this can be a life-threatening complication.
- The procedure has to be regarded as irreversible, and the NHS does not undertake attempts at reversal of sterilisation.
- The procedure is unlikely, in itself, to change your periods, but your periods may change the procedure if you discontinue other forms of contraception such as the pill.

## **What should I do before I come into hospital?**

You will be asked to attend the preassessment clinic and blood tests will be performed before your operation. Please refer to your appointment letter for instructions, particularly the advised fasting time before your operation.

## **What will happen when I arrive at the hospital?**

On admission you will be greeted by a member of the ward team who will discuss with you the care you will receive whilst you are in hospital. You will also be seen by your consultant or one of their team. You will be asked to remove make-up, nail varnish, and jewellery.

A pre-medication (injection or tablet to relax you) may be given about an hour before your operation.

## **Will I have an anaesthetic?**

You will have a general anaesthetic for this operation (you will be asleep during the procedure).

## **How will I feel afterwards?**

You may feel some pain in your shoulders and abdomen. You will be given pain relief after your operation. Pain relief can be given in many different ways; in the form of tablets that can be swallowed, or given as an injection, and sometimes in the form of suppositories which can be given via your rectum (back passage).

You can expect to have two small cuts in your abdomen, one in your navel region and the other just above your pubic hair. A further small cut will be made, usually in your right lower abdomen.

Some people may feel emotional or 'weepy' during the first few days following their procedure.

## **How long will I be in hospital?**

This will depend on the reasons for your operation, or your social circumstances. Many laparoscopic sterilisations are performed as day cases although some patients do need an overnight stay in hospital.

## **Will I have a follow-up appointment?**

Follow-up is usually with your GP. You will only come back to the hospital if your GP requests this.

## What should I do when I go home?

You may feel tired. Try to rest for the first 24 hours. If you have had a general anaesthetic:

- do not do any strenuous activities
- do not operate machinery or do anything needing fine coordination or judgement for example using a cooker, for at least 24 hours
- do not make important decisions or sign important documents
- you must not drive a car, or ride a motorbike or bicycle for 48 hours
- you may eat or drink as you wish; however, your appetite may be poor to begin with
- do not drink alcohol or take sleeping tablets for at least 24 hours
- you should continue your method of contraception until your next period starts.

## When can I return to work?

You can usually return to work within three to five days following your operation but this will depend on what job you do.

## What do I do if I feel unwell at home?

If you feel unwell at home or have any concerns please call one of the following.

- **Channel Day Surgery, William Harvey Hospital, Ashford**  
Telephone: 01233 61 62 63 (24 hours a day, 7 days a week)
- **Canterbury Day Surgery Centre, Kent and Canterbury Hospital, Canterbury**  
Telephone: 01227 78 31 14 (7:30am to 8pm)  
Telephone: 07887 68 76 45 (8pm to 7:30am)
- **Day Surgery Unit, Queen Elizabeth the Queen Mother Hospital, Margate**  
Telephone: 01843 23 44 99 (7:30am to 8pm)  
Telephone: 07887 65 11 62 (8pm to 7:30am)

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhufft.nhs.uk/patientinformation](http://www.ekhufft.nhs.uk/patientinformation)