

# Laparoscopic (keyhole) sterilisation

## Gynaecology Department Patient Information Leaflet

### Introduction

This leaflet is for women who are considering sterilisation to prevent pregnancy. It explains what the procedure involves, and the benefits and risks of it.

### How does sterilisation work?

When pregnancy occurs, fertilisation of the egg by the sperm occurs in the fallopian tubes. Blocking off the fallopian tubes will prevent the sperm reaching the egg and therefore stop pregnancy from happening.

### What are the benefits of sterilisation?

- It is more than 99 per cent effective and only one in 200 women will become pregnant in her lifetime after having it done (FSRH, 2014).
- It should not affect your hormone levels.
- You do not need to think about it every time you have sex, so it does not interrupt or affect your sex life.

## Benefits of laparoscopic sterilisation

This type of surgery (keyhole surgery) has the advantage of being quicker to perform, smaller incisions (cuts), a better cosmetic result, reduced pain after the operation and being able to return to your normal activities much quicker.

**Before you are sterilised, you need to think about it very carefully as it is permanent and very difficult to reverse.**

## How reliable is the operation?

Even though the operation is the most effective method of contraception, it does have a small failure rate. The blocked tubes can rejoin immediately or years later.

If at any time you miss a period or feel you could be pregnant, see your GP as soon as possible as there is a risk of ectopic pregnancy (when the fertilised egg implants outside the womb, usually in a fallopian tube).

## What are the risks?

As with all surgery, this operation carries some risks and complications. It is important that we tell you about these risks so that you have the information you need to make a decision about the operation.

### General anaesthetic

A general anaesthetic can cause serious problems such as an allergic reaction but these are very rare. If you have any worries about this, you can discuss them at your meeting before your operation (health assessment) or with the anaesthetist before your operation.

## **Blood clot**

A deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of red, painful and swollen legs. The risks of a DVT are greater after any surgery. Although not a problem themselves, a DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition that affects your breathing.

Walking and moving about is one of the best ways to stop blood clots from forming.

## **Bleeding**

As with all operations, there is a small risk of heavy bleeding. This may need to be treated with iron tablets or a blood transfusion. A blood transfusion, in rare cases, can cause transfusion reactions or infection.

## **Infection**

There is always a risk that an infection will develop after an operation. These are not usually serious and can be treated with antibiotics.

## **Other complications**

Damage can occur to surrounding organs such as the bowel, bladder and blood vessels, particularly if you have had previous operations or pelvic inflammation or infection. These types of injuries are rare. Any damage will need to be repaired at the time of the operation and will mean a longer stay in hospital.

If the fallopian tubes are difficult to see through the laparoscope, it may be necessary to make a longer cut in your abdomen in order to complete the operation. This may mean a longer stay in hospital.

Occasionally, you may need to have a hysterosalpingogram (HSG) which is a type of X-ray taken after a special dye has been passed along the fallopian tubes. This is used to confirm that the tubes are blocked completely by the clips. You need to wait for your next period before this test can be performed; therefore, you need to use another form of contraception, such as condoms, until total blockage of the tubes has been confirmed.

## What are the alternatives to female sterilisation?

Male sterilisation is just as effective.

Other reliable and reversible forms of contraception are available such as injections, implants, pills or the IUD/IUS (coil) which has a failure rate similar to that of sterilisation.

For more information you can contact one of the following:

### **The Dudley Group Contraception and Sexual Health Service**

01384 321480

<http://dudleygroup.nhs.uk/services-and-wards/sexual-health-community/>

### **The Dudley Group Genito-Urinary (GU) Department**

Russells Hall Hospital

01384 456111 ext 3900

<http://dudleygroup.nhs.uk/services-and-wards/genito-urinary-medicine/>

Your local sexual health clinic or your GP surgery.

## What does the operation involve?

The operation is performed under a general anaesthetic, usually as a day case procedure, where you only have to be in hospital for the day.

For the operation, the surgeon makes two incisions (cuts) in your abdomen (tummy). The first is just below your belly button, through which a fine tube called a laparoscope is inserted. The laparoscope has a tiny light and camera on it and helps the surgeon to see the fallopian tubes clearly.

The second cut is lower down near the pubic hairline (bikini line). Surgical instruments can be inserted through this.

Carbon dioxide gas is then pumped into your abdomen to puff it out and separate the tissues inside. This allows the surgeon to get a better view.

Plastic or metal clips are placed on both of the fallopian tubes.

The gas is allowed to escape before the wounds are closed. Sometimes stitches are used to close the wounds and if so, these will usually be dissolvable.

## What happens before the operation?

You will be asked to come for a health assessment with a nurse, usually about one to two weeks before your operation. This will determine whether there are any reasons why you should not have surgery.

During this health assessment we will:

- Check your suitability for anaesthetic.
- Provide you with information about the surgery and recovery process.
- Give you the opportunity to ask any questions you may have.
- Carry out investigations to ensure that you are fit and well to have the surgery.

A range of investigations will be carried out such as:

- A blood test and a urine test.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.

## Can I eat and drink before the operation?

You **should not eat for at least six hours before your operation** as it is safer for you to have an empty stomach during surgery. You can usually drink water up until a couple of hours before your operation. The nurse will give you information about this during your health assessment.

## **What happens after the operation?**

You will usually be given pain-relieving drugs before you leave the operating theatre. There may still be some gas in your abdomen causing 'wind type' pains which may also be felt in your chest, neck and shoulder areas. This is normal. If this happens, take some pain-relieving drugs such as paracetamol (always read the label, do not exceed the recommended dose).

If in the days after your surgery the pain gets worse rather than better, please contact your GP.

Leave the dressings over your wounds on for 48 hours and keep them dry. After you have taken off the dressings, you can bath and shower as normal. Before you go home from hospital, the nurse will let you know whether you have stitches in your wounds and whether they need to be removed or are dissolvable.

You can return to work after your stitches have been removed or when you feel well enough.

## **Will the operation affect my periods?**

You will still have monthly periods, still produce exactly the same hormones and produce an egg each month. This egg is very small and will get reabsorbed by your body.

If you were taking the oral contraceptive pill before your operation, your periods are likely to return to the same pattern and type of bleeding as before you used the pill.

## **When is it safe to have sex?**

It is safe to have sex as soon as you feel comfortable after the operation.

However:

1. If you are taking the contraceptive pill, finish the packet you are taking.
2. If you are not taking the pill, use condoms until your first period after the operation.

Please note that sterilisation does not protect you against sexually transmitted infections (STIs) so you will need to use condoms to protect yourself against these.

## Can I find out more?

You can find out more from the following web links:

### **NHS Choices**

<http://www.nhs.uk/conditions/contraception-guide/pages/female-sterilisation.aspx#How>

### **FPA**

<http://www.fpa.org.uk/sites/default/files/male-and-female-sterilisation-your-guide.pdf>

## Reference

Faculty of Sexual & Reproductive Healthcare (2014). *Male and Female Sterilisation*. London: 2014. Available at:

<<http://www.fsrh.org/pdfs/MaleFemaleSterilisation.pdf>>

