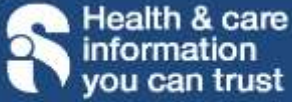


## Gynaecology Department Patient Information



The Information Standard

Certified Member

# Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)

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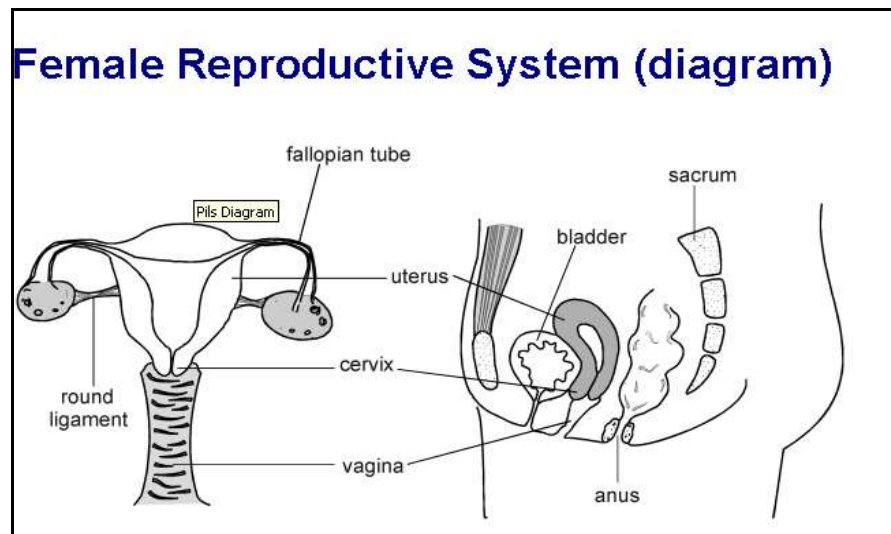
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## Laparoscopic Sterilization

### What you need to know about your operation...

#### Introduction

Female sterilization is a surgical procedure that involves placing clips on each fallopian tube as a form of permanent contraception. It can be performed using a laparoscope (a fine telescope), known as laparoscopic sterilization, or alternatively through a cut in the abdomen. This operation is more than 99% effective. Only about 1.7 in 1000 women will become pregnant after sterilisation, which happens when (rarely) the tubes come back together again after being cut or blocked.



#### What does the operation involve?

##### Before the operation:

You should not be pregnant at the time of the procedure, so it is important that you use a barrier method of contraception (such as a condom) in the cycle prior to your operation date.

##### The day of the operation:

Most patients will be admitted on the day of surgery either to the ward, Surgical Admissions Lounge or Day Surgery Unit. The nurses will complete some routine paperwork and tests, including a pregnancy test. You will be asked to change into a gown ready for theatre.

## **The anaesthetic:**

Your anaesthetist will select the type of anaesthetic you require by balancing your general health with the type of surgery required. Normally this procedure is performed under general anaesthetic.

## **The operation itself:**

Small incisions are made near the navel and above the bikini line. The abdomen is inflated with carbon dioxide gas to give the surgeon a clear view. The laparoscope, if used, is inserted through an incision. Once the fallopian tubes are accessed they are sealed off. This is usually done with a 'Filshie' clip, although if this is not successful diathermy may be used, which involves destroying part of the tube with heat and is harder to reverse than using rings or clips.

## **After the operation:**

After a short time in the recovery area you will be taken back to the ward. You may wake up with an oxygen mask over your face. You will be aware of the nurses checking your pulse, blood pressure and wound site.

The nurses will ensure that your pain is well controlled. You may experience some pain in tips of your shoulders as the carbon dioxide used can irritate the diaphragm which shares the same nerve supply. This pain can last for 48 hours or more and can be relieved by drinking peppermint water.

Providing you do not feel sick you should be able to start eating and drinking again the same day. You may have an infusion ('drip') in your arm through which fluid is given. This will be removed as soon as you are able to drink. Before you go home the ward nurses will check your wounds and any vaginal discharge, and that you have passed urine.

## **Your discharge from hospital:**

You can usually expect to stay in hospital for 2-5 hours. You will need to arrange for a responsible adult to pick you up to take you home and stay with you for 24 hours after discharge (following a general anaesthetic). Depending on how fit and active you are before your operation, you may need to arrange for someone to stay with you for a few days.

Very occasionally patients need to stay overnight so you should bring an overnight bag just in case. If this happens, it is likely you could go home early the next morning.

## **What should I do when I leave hospital?**

### **Activity**

It is natural to feel tired, as this is your body's reaction to the stress of the operation. Take it easy for the first day or two. You may need to rest. After this gently increase your activities and take regular short walks to help the circulation in your legs.

### **Driving**

You must not drive for at least 24 hours, and it is best not to drive for the first few days. After this you may drive as soon as you can perform an emergency stop safely.

## Wound care

Keep the wound areas clean and dry for 24 hours. After this you may remove the small dressing covering the wound and you may bath and shower as normal but avoid talcum powder. The naval wound will have been closed with stitches that need to be removed 5 after your procedure.

If you observe signs of infection such as increasing pain, redness, swelling or discharge, please contact your GP. It is normal to have a slight vaginal discharge up to your next period following surgery. You are advised to use sanitary pads rather than tampons for a month following the procedure.

## Work

Your own circumstances will determine when you feel ready to go back to work. Most patients require about a week off. If you require a sickness certificate you should ask your nurse or doctor prior to discharge.

## Sexual relationships

You may resume sexual activities whenever you feel comfortable enough to do so. You should continue with your contraception until your next period, as this will allow you to finish the course if you are on the pill, and otherwise there is a risk of pregnancy from an egg released just before the operation.

## Are there any risks involved in this operation?

Although modern surgery and anaesthetics are considered to be safe, all medical procedures carry some risks. The surgeon will discuss all these risks with you.

Risks associated with the operation are:

- Temporary shoulder tip pain
- Temporary abdominal bloating
- Heavy bleeding which may require a return to theatre and/or a blood transfusion
- Pain and discomfort around the scar which will improve over time
- Urinary infection
- Perforation of the uterus
- Rare complications include injury to other organs such as bowel or blood vessels which may upset the bladder function
- Failure to sterilize permanently for 1.7 in 1000 patients
- Occasionally the surgeon may have to perform a small incision of about 5cms in length to see the fallopian tubes and attach the clips. This will mean that you need a longer stay in hospital and your recovery will be slower.

Risks associated with anaesthetic are:

- Blood clots in the legs (DVT) that can travel to the lungs (pulmonary embolism). Blood thinning injections may be given to prevent this. Patients may wear tight stockings and are advised to keep moving their legs to help the circulation.
- Chest infection

## Are there any alternatives to this operation?

You may consider other forms of contraception; you will need to discuss this with your partner/husband. You could visit your GP or Family Planning Clinic for advice.

## What could happen if I don't have the operation?

If you decide not to have surgery and you do not want further children, you should continue to use another form of contraception. If you do not, you may become pregnant.

## Further information and advice

**If you experience pain not relieved by painkillers or heavy bleeding after your operation please contact your GP or go to the Accident & Emergency Department.**

If you would like any advice or information before your operation you can contact the Pre-admission Clinic on 01305 254222.

For more help and guidance, please contact:

- **NHS Direct 24 hours a day**  
Phone: 0845 4647  
Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)
- **The Hospital's Patient Advice and Liaison Service (PALS)**  
Phone: 0800 783058  
Website: [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)  
Address: Dorset County Hospital  
Williams Avenue  
Dorchester  
Dorset DT1 2JY
- **The Patients Association**  
Helpline: 0845 6084455  
Website: [www.patients-association.com](http://www.patients-association.com)  
Address: The Patients Association  
PO Box 935  
Harrow  
Middlesex HA1 3YJ
- **Royal College of Anaesthetists: Anaesthesia Explained**  
Website: [www.youranaesthetic.info](http://www.youranaesthetic.info)
- **Verity**  
Website: [www.verity.pcos.org.uk](http://www.verity.pcos.org.uk)  
Address: The Grayston Centre,  
28 Charles Square,  
London, N1 6HT