

Laparoscopic Female Sterilisation

Patient Information



Even if your surgeon has told you about female sterilisation, many of us do not take in everything mentioned in the clinic, so this booklet is to help you understand your operation.

As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If there is anything you are not clear about, you should ask your consultant or a member of his/her team (doctors or nursing staff) so there are some phone numbers later in the booklet if you need to contact us.

It is important to continue contraception right up until the time of sterilisation. Laparoscopic sterilisation can be performed if you are having your period but it might not be possible if your period is late and you must tell us if you think you could be pregnant or if you have had unprotected sexual intercourse. We may do a pregnancy test on the day of your operation.

If you have an IUCD (coil) or IUS (Mirena) in place, and you wish this to be removed at the time of your sterilisation, you must either avoid intercourse or use further precautions (for example, condoms) during the seven days before your sterilisation.

What is laparoscopic female sterilisation?

It is an operation to close off the fallopian tubes that carry the egg from the ovary to the womb. It is normally performed during a laparoscopy (key-hole surgery) under anaesthetic.

What if I change my mind?

Although there is a very small failure rate of one in two hundred, this form of contraception should be considered permanent as it is very difficult or impossible to reverse.

You should be certain that sterilisation is right for you and should give yourself time to think carefully about it after you have been seen in the clinic. There is a risk that after the operation you may change your mind and wish you were able to have more children.

This is most likely to happen:

- In younger women who are sterilised
- In women who have not had any children
- In women who are sterilised at the time of an abortion operation or shortly after a medical abortion
- In women who are persuaded to be sterilised by their partners, family, health professionals or social welfare professionals
- In women who are sterilised at the time of pregnancy, for example at the time of caesarean section or shortly after childbirth
- In women who are having problems with a relationship or who have just ended a relationship
- In women who are under a lot of stress for any reason. The decision to be sterilised should not be made when you cannot think clearly
- Finally, some women who think they do not want more children may feel differently once they are unable to have children

Operations to reverse the effects of a laparoscopic sterilisation are not funded by the NHS and any attempt at a reversal must be paid for by the patient.



Are there any alternatives to laparoscopic sterilisation?

The Combined Oral Contraceptive Pill / Patch.

Containing the hormones oestrogen and progesterone. Taken daily.

The 'Mini-pill'.

Containing progesterone only. Taken daily.

The Diaphragm / Cervical Cap together with a Spermicide.

Inserted before each act of sexual intercourse

Depo-Provera Injections.

Containing only the hormone progesterone and repeated every twelve weeks. This is a very effective, long-term method of contraception. It is over 99% effective.

Implants (Implanon).

Implanon is a very small, flexible rod, about the size of a hair grip. It is placed just under the skin of your upper arm. It steadily releases a progesterone hormone into your bloodstream. It works for three years and is over 99% effective.

The Intrauterine Contraceptive Device (IUCD Or IUD).

An IUD is a small plastic and copper device fitted into your womb. It can stay in for three to eight years, depending on type. An IUD used to be called a 'coil'.

The Intrauterine Contraceptive System (IUS).

An IUS is a small T-shaped plastic device, fitted into your womb. It contains the hormone progesterone, which is slowly released and works for up to five years. The only IUS available in this country is called Mirena.

Male Sterilisation (Vasectomy).

Vasectomy blocks, seals or cuts the tubes which carry sperm from the testicles to the penis – it must be considered permanent and is usually done under local anaesthetic.

Although there is less chance of having a pregnancy after a vasectomy than after female sterilisation, other contraception must be used after the vasectomy until there is a negative sperm test.

A word about the 'Barrier Method' (Condoms).

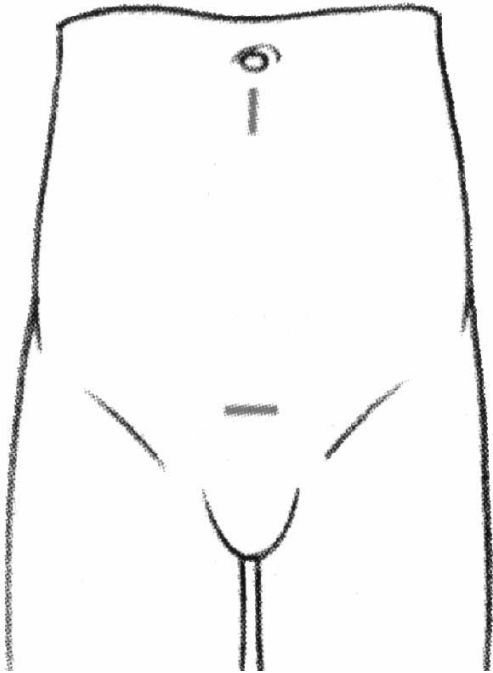
Condoms are known to have a high failure rate as a contraceptive but you should still think about asking your partner to wear one even if you have any other contraception in place as condoms can protect you from infection.



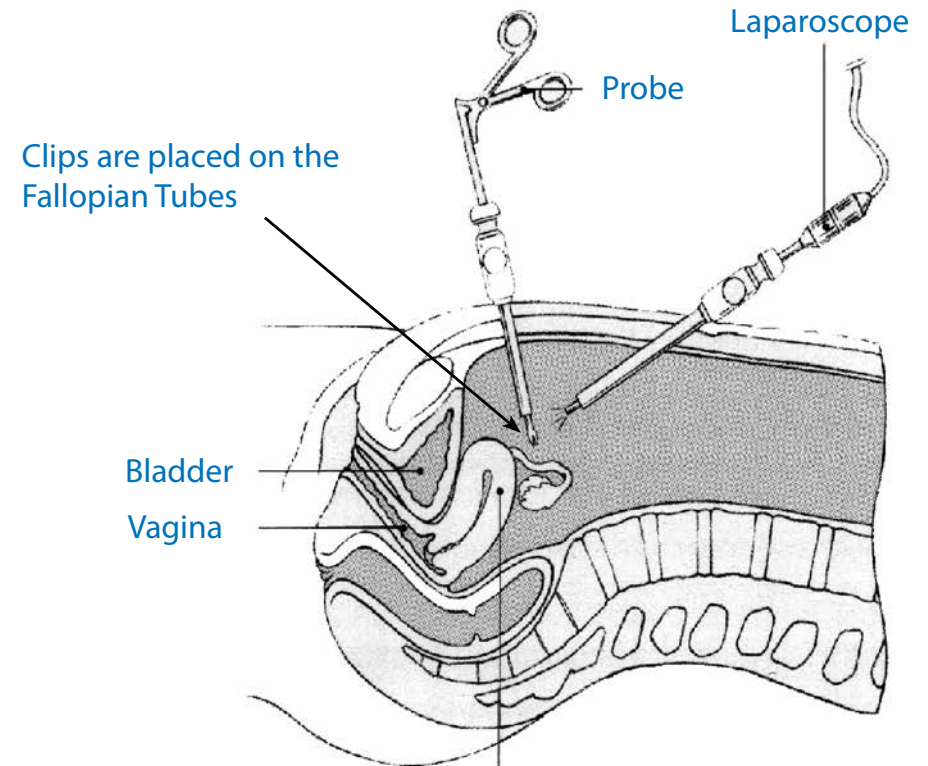
How is a laparoscopic sterilisation performed?

A laparoscopy is a surgical procedure performed under general anaesthetic. The laparoscope is a long, pencil-slim telescope which is connected to a camera and a television system so that the inside of the abdomen can be seen magnified on a screen.

When you are asleep, a small incision (cut) is made, usually at the bottom of the umbilicus (belly button / navel). At the start of the operation, carbon dioxide gas is pumped through the incision in order to distend the abdomen. This makes sure the surgeon can clearly see the pelvic and abdominal organs during the operation.



The laparoscope is inserted through the small incision to the site of operation then further surgical instruments are inserted through a second small incision, to place plastic clips on the fallopian tubes.



Once the instruments are removed at the end of the operation, the gas used to inflate the abdomen is released and a stitch, or a small amount of special glue, may be put in each of the small incisions. Quite often the wound requires nothing to seal it.

Are there any complications or risks associated with laparoscopic sterilisation?

We know there may be complications following various Gynaecological operations or procedures, that are not particularly serious but do happen more often. These frequently occurring risks include: Pain, bruising, anaemia, scarring of the skin, scar tissue inside (adhesions), urinary frequency / loss of control, mild infection, fatigue / tiredness.

Are there any 'more serious' risks?

It is also known that more serious risks are present in certain circumstances in our operations. These risks are rare but some risks are increased if you already have underlying medical problems or if there are very large fibroids, lots of endometriosis and/or scar tissue (from previous operations or disease) which makes the laparoscopy more difficult. The risks are also increased if you are obese or if you smoke. The more serious risks are as follows:

Infection ... This may occur in the pelvis, bladder, incision site or in the chest. Infections are usually easily treated with antibiotics but occasionally an abscess may form which may require surgical drainage under anaesthetic. Patients are encouraged to follow the recommended post-operative breathing exercises as described at the end of this booklet and to reduce or stop smoking if possible.

Bleeding ... This may occur during the operation or, rarely, afterwards and may be sufficient to require a transfusion.

Visceral injury ... Three in 1,000 women have injuries to the uterus, bowel, bladder or blood vessels needing a bigger operation (mini-laparotomy or laparotomy) to repair the damage. This involves a much larger abdominal (tummy) cut and you would need a longer stay in hospital afterwards. Injury to the ureters (the tubes leading from the kidneys to the bladder) is also possible. These complications would usually be found during the operation and be dealt with immediately. In rare cases the problem may not be found for a few days after the laparoscopy and it may be necessary to go back to theatre for a second operation to resolve the problem.

Deep vein thrombosis (DVT) ... following a laparoscopy, it is very rare but possible, for clots of blood to form in the deep veins of the legs and pelvis. If this does occur, a deep vein thrombosis would cause pain and swelling in a leg and can be treated relatively simply with drugs. The risk of developing a DVT is minimal, as many precautions are taken to help prevent and minimise the risks. These include reduction of smoking in the weeks before your operation, the use of special equipment in the operating theatre and if you have any medical indications (such as a previous DVT yourself, or family history of DVT) we would also use support stockings or sometimes medication to 'thin the blood'.

Pulmonary embolism ... once again very rarely, it is possible for a clot to break away and be deposited in the lungs or heart and if this occurs it is a serious situation and will need immediate treatment with drugs. The precautions against pulmonary embolism are the same as for DVT.



Failure of sterilisation ... The lifetime failure rate is one sterilisation in 200 and there is a possibility of a future pregnancy occurring in the fallopian tube if the sterilisation fails, known as Ectopic Pregnancy.

There may be failure to gain entry into the abdomen and a laparotomy (tummy cut) may have to be done.

Death ... One in every 12,000 women dies

If you do have any concerns about the risk of complications, please discuss them with the consultant or a member of his/her team (doctors or nursing staff) and your questions will be answered as clearly and as honestly as possible.

What happens before the operation?

At the end of your appointment, you will be requested to complete some medical pre-assessment forms for us and had your weight, height, pulse and blood pressure recorded.

Depending on your general health and age, some blood samples and further tests may be needed such as a heart tracing (ECG -Electrocardiogram), a chest x-ray or a lung function test. You may also need to see a doctor who may listen to your chest and take a more detailed history of your medical problems for the Anaesthetist. Should these be necessary you will receive an appointment in the post for a pre-assessment appointment. You will already have had your operation explained to you by your consultant so he/she is not usually present at the pre-assessment and there is not usually any need for an internal examination. You will however, have the opportunity to ask the nurse any questions you might have.

Shortly before your operation, we will want to make sure your general health has not changed since we last saw you, that you have understood the information you have been given, that your hospital paperwork is complete, and also make sure the arrangements we have made for your return home after the operation are right for you. We call this your pre-admission phone call and it is done in a telephone conversation with a nurse or healthcare assistant.

Your anaesthetist would prefer you to stop, or at least reduce, cigarette smoking in the weeks before your operation as smoking is known to increase the risk of anaesthetic complications, for example breathing difficulties, coughing, nausea & sickness and chest infection.

To reduce the possibility of skin infection, we request you do not shave your bikini-line during the week before your operation. You could trim pubic hair or use waxing.

Admission into hospital

Do not have anything to eat or drink as instructed in your admission letter. Do not suck sweets or chew gum. As you will be admitted on the day of your operation, you will need to take a bath or shower at home and take off as much of your jewellery as possible although we are able to cover wedding rings/bangles if you are unable to remove them. To reduce the possibility of any damage to your eyes, it is very important you remove all mascara and wear glasses instead of any type of contact lenses. Please wear comfortable clothes that are not tight around the waist.



You will need to bring a packet of sanitary towels into hospital with you, toiletries, dressing gown, nightie and slippers, plus any medications that you are currently taking. You may also choose to bring in a book or magazine. Please be aware that South Tees Acute Hospitals Trust cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Partners or friends may come in to drop you off but unfortunately we do not have the facilities to let them stay with you.

For patient confidentiality, you will be asked if you are expecting any telephone enquiries. If an unexpected enquiry is received, the person calling will be told that you are not present. If you are unsure, you may phone the nursing staff on the contact numbers at the end of this booklet.

What happens on the day of the operation?

You will be provided with your gown on arrival then the nurses will advise you to put it on at the right time.

If you haven't already signed your consent form for the operation, you will be seen by a member of the surgical team who will explain your operation in detail and answer any questions that you may have. You will then be required to sign the consent form.

Your anaesthetist may also visit you before your operation but if not, you will meet him/her at the time of your anaesthetic. Any pre-medication prescribed by the anaesthetist will be given by the nurse. You might need 'support socks' or a small injection of medication to thin the blood to help reduce the risk of a blood clot developing in your legs or lungs. You will then be transferred to the theatre area accompanied by a nurse and/or a porter.

What can I expect after the operation?

When the operation is completed you will be woken up by the anaesthetist and transferred to the recovery area, where a nurse will look after you and stay with you until he/she is satisfied with your condition.

Surgical Day Unit: You will then be taken back into the unit and transferred from your trolley to your reclining chair. You will probably be feeling drowsy for a few hours afterwards. You must get help from the nursing staff when you first try to stand up as you may be very unsteady.

Allerton Ward, Friarage or Women's Health Unit/Ward 27, James Cook: You will be taken back to the ward on a trolley then transferred into your bed. You will probably be feeling drowsy for a few hours afterwards. You must get help from the nursing staff when you first try to stand up as you may be very unsteady.

How long can I expect to be in hospital after a laparoscopic sterilisation?

Many patients feel well enough to leave hospital about two hours after a laparoscopic sterilisation but you will be advised to stay until you have passed urine. (You will not be allowed to drive yourself home and if you are planning to take a taxi, you will need to be accompanied by a friend or relative.) You may be required to stay overnight if you have complicated medical problems.



What happens when I go home?

Anaesthetic drugs remain in the body for 24 hours and gradually wear off over this time. If you have nobody with you at home for the first 24 hours, you will need to stay in hospital overnight. Our pre-admission staff will arrange an overnight stay should you need it but if a bed is not available, your operation date may be affected. If you do not have pre-admission, please contact the area you are being admitted to, or contact your gynaecologist's secretary.

As you will be under the influence of drugs it is very important to follow these instructions for 24 hours after your anaesthetic:

- Do have a responsible adult with you in your home
- Do not drive a car, or any other vehicle, including bicycles
- Do not operate machinery or appliances such as cookers or kettles
- Avoid alcohol
- Do not lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you
- Drink plenty of fluids and eat a light diet, avoiding heavy or greasy foods
- Take things easy the day after your operation and do not attempt to go to work
- Do not make important decisions, or sign any important documents
- Do not smoke as it may cause nausea, vomiting, dizziness or fainting

You may experience some discomfort following the procedure:

- Cramping pains may occur in the shoulders, under the rib cage or in the lower part of the neck, caused by a small amount of gas remaining under the diaphragm after the operation. These symptoms will gradually disappear over the next 24 - 48 hours as the gas is naturally absorbed by the body.
- Some discomfort or bruising in the area of the operation that is usually eased with simple pain relief. Even though the incisions may be closed with stitches, there may be some oozing of blood-stained fluid around the incision sites. This usually stops within 24 hours.
- A sensation of swelling of the abdomen and cramp-like pains similar to menstrual cramps.
- A sore throat for several days.
- Some discomfort or bruising in the area of your anaesthetic injection that may last for seven to ten days.

The day after your operation, you may remove your wound dressings and have a shower or bath if you wish. There is usually no need to replace the dressings.

You may feel well enough to return to work as soon as two to three days after your operation, however you must not drive a vehicle until you can stamp hard on the ground without any discomfort.



There may be a dissolvable stitch in each of the small incision sites and after seven to ten days your skin will have healed underneath. The top part of the stitch usually falls away by itself but if there are any still there after two weeks, you should be able to rub them away from your skin while soaking in the bath. If you are unable to do this successfully, please contact your GP's surgery and arrange to have them removed by the practice nurse.

Although the contraceptive effect of the sterilisation is immediate you should continue with any oral contraceptive pill that you might be taking, until you reach the end of the pack. This will help to keep your periods regular.

If you have any of the following symptoms, you should contact your GP:

- Vaginal bleeding, which is heavy and fresh, bright red or the passing of clots.
- Pain which is severe and not controlled by your recommended painkillers.
- A smelly vaginal discharge.
- Feeling unwell, hot and feverish.
- Pain in the calf muscles or chest.
- Redness or oozing from the wound sites.

Important information:

At any time following your sterilisation, you must contact your GP immediately if you have missed a menstrual period, if you have any signs / symptoms of pregnancy or if you have had a positive pregnancy test, as there is a very rare chance of an ectopic pregnancy occurring (a pregnancy growing in the fallopian tube).

Breathing exercises

The recommended breathing exercises mentioned should help maintain a clear chest, tone up muscles and ease wind pain following surgery. Start this exercise as soon as you wake up from the anaesthetic and do regularly until you increase your walking:

Bend your knees up with feet flat on the bed, breathe in through your nose until your lungs are as full as possible, then relax as you breathe out through your mouth. Repeat five times every half hour or so, and follow with two huffs.

Huff: Position as above with hands or pillows supporting any area of discomfort. Take a medium breath in, then force the air out quickly through an open mouth, as though you are trying to mist up a large mirror. Follow this with a cough – take a big breath in first, and do not worry about your stitches or doing any damage.

Foot and knee exercises: These should help the circulation and help prevent clots from forming in your legs. Repeat every time you do your breathing exercises and until you are walking about. Bend feet up and down at the ankle firmly and quickly. Draw circles with your feet. Press back of the knees into the bed and tighten up the thigh muscles.



Some of the recommendations here may not apply to you; this could be because of some other illness you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your health care team.

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

Additional information

NHS Choices
[www.nhs.uk/conditions/contraception/
female-sterilisation/](http://www.nhs.uk/conditions/contraception/female-sterilisation/)
Royal College of Obstetricians &
Gynaecologists
www.rcog.org.uk

Other organisations

Family Planning Association (FPA) offers support:
23-28 Penn Street
London N1 5DL
Telephone: 020 7608 5240
www.fpa.org.uk

All information contained in this booklet, as advised by: The Gynaecology Medical and Nursing Team at The James Cook University Hospital.

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