

COLLEGE HILL OBSTETRICS & GYNECOLOGY
3233 E. 2nd Street
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LAPAROSCOPIC TUBAL LIGATION

PURPOSE:

The purpose of laparoscopic tubal ligation is to permanently prevent any future pregnancies. In women, this is usually done by blocking the tubes which is where the egg is fertilized and transported into the uterine cavity. There is one tube on each side of the uterus and each must be blocked. This is accomplished by placing the laparoscope through a small incision below the umbilicus and placing a second instrument through a small incision just above the pubic bone. The second instrument is utilized to block the fallopian tubes.

This can be accomplished by different methods including cautery (burning the tubes), using constrictive silastic rings (called Falope rings) or small clips (Hulka clips). These methods are all effective but vary in the amount of tube that is damaged.

PROCEDURE:

Laparoscopy is a technique for viewing the abdominal contents through a long, narrow, fiberoptic instrument placed through a small incision below the umbilicus. The abdominal cavity is inflated with carbon dioxide to allow for clear viewing of the pelvic organs. The procedure is done under a general anesthetic. This type of surgery has the advantage of being performed on an outpatient basis. Usually, you will be able to go home within a few hours after surgery and be back to normal activity within three to four days.

There will be some pain after the surgery from the abdominal incisions where the tubes have been blocked and possibly some shoulder pain related to the carbon dioxide gas used during the procedure. You will be given a prescription for pain medication to use as needed after the surgery.

RESULTS OF STERILIZATION:

The desired result of the sterilization operation is that the woman cannot become pregnant again. The procedure is **not** a 100 percent guarantee against pregnancy, however. The failure rate is generally felt to be in the range of 3 - 5 per 1,000, even though the procedure is done correctly.

The operation generally does not affect the uterus or ovaries. Therefore, you will continue to have periods, and the ovaries will continue to produce the hormones. The procedure is effective as soon as it is completed. A pregnancy test is routinely done prior to surgery to try to insure that a very early pregnancy is not present.

COMPLICATIONS:

As with any surgical procedure, complications can arise and occasionally be serious. However, these are very infrequent. Possible complications include:

- 1.) Infection in the surgical site or abdominal incision.

- 2.) Mild or severe hemorrhage (bleeding) possibly requiring blood transfusion with attendant risks of hepatitis/AIDS.
- 3.) Injury to bowel, bladder, uterus, ureters (tubes that go from the kidney to the bladder) or blood vessels from placement of the instruments or the procedure.
- 4.) If an injury occurs, it may be necessary to open the abdomen to repair the injury or stop bleeding. This is called a laparotomy. A bowel injury could result in a colostomy.
- 5.) Anesthetic risks include such things as: allergic reactions, heart rate irregularities, blood pressure changes, nausea, vomiting, pneumonia are possible, but serious complications are very rare.
- 6.) Death is a very rare complication of surgery and/or anesthesia.
- 7.) Failure rate of the tubal ligation procedure is approximately 3-5 per 1000.

The incidence of these complications is very low and felt generally to be in the one percent or less range. And, serious complications are very rare.

FOLLOWING LAPAROSCOPY:

You will have some pain from the abdominal incisions and the tubal ligation procedure as well as possibly some shoulder pain. You will have a prescription for pain medication to use as needed. The small incisions will have absorbable sutures that will not need to be removed. The incisions should be kept clean and dry. You can resume activity as you feel up to it following surgery. Most people seem to be back to normal activities in three to four days. This, of course, may vary from one person to the next. I will want to see you back in the office for a follow-up visit in two weeks.

If you should experience severe abdominal pain, persistent dizziness, or fainting or fever or chills or have any concerns, you should contact me.

I have read and fully understand the information presented above and its relation to the proposed surgical procedure. I also understand that there is no guarantee of results of the surgery.

(Signature)

Date

(Witness)

Date