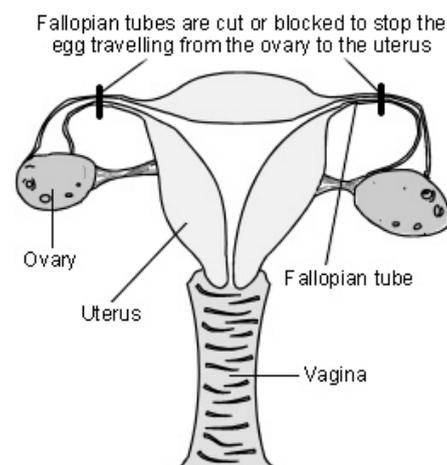


Having a laparoscopic (keyhole) female sterilisation

Introduction

This leaflet gives you information on having a laparoscopic (keyhole) sterilisation operation. Please read it before you go home so that you can have any of your questions answered before you leave. Feel free to discuss any questions or concerns with your nurse or telephone us on: 0118 322 7181.



What is a laparoscopic female sterilisation?

A laparoscopic sterilisation, also known as 'tubal ligation/occlusion' is an operation to put clips on your fallopian tubes through a small cut made in your abdomen.

This permanently blocks the fallopian tubes, stopping the sperm and egg from meeting to prevent pregnancy.

How is laparoscopic sterilisation done?

- The operation is done under a general anaesthetic (you will be asleep).
- Usually two small cuts are made in the abdomen (tummy).
- Gas (carbon dioxide) is passed into your abdomen.
- A camera is used to see the inside of your abdomen.
- Two small metal clips are used to close the fallopian tubes.
- The clips are left on your tubes and the gas is released.
- The cuts are closed with dissolvable stitches.
- You should go home on the same day.
- Very occasionally sterilisation has to be completed using a larger horizontal cut below the bikini line. If this is done, you will need to stay in the hospital for 1-3 days.

What to think about before choosing female sterilisation

- Female sterilisation should be thought of as permanent because reversal of sterilisation can be difficult and sometimes impossible. Because of this you need to be certain that you will never want any more children.
- Female sterilisation can fail. There are alternatives forms of contraception that

have lower failure rates, fewer risks and are reversible such as the Mirena coil.

What are the alternatives to laparoscopic sterilisation?

- There are many alternative forms of contraception. Your doctor and the specialist contraceptive nurse can discuss these further. The alternatives include:
 - o Male sterilisation (vasectomy) has a much lower risk of failure compared with the female sterilisation (1 pregnancy in every 2,000 vasectomies compared to 1 pregnancy in every 200 laparoscopic sterilisations).
 - o The Mirena intrauterine contraceptive (Mirena coil) has many advantages and has lower numbers of unwanted pregnancies than laparoscopic sterilisations (please ask for a Mirena leaflet).
 - o Contraceptive pills, injections, implant and coils (Intrauterine contraceptive devices) are all good non-permanent alternatives.

What are the risks of a laparoscopic sterilisation?

Every operation has risks. The risks from a laparoscopic sterilisation, however, are quite small and include:

- Failed sterilisation – for every 200 laparoscopic sterilisation operations 1 woman will become pregnant. Some of these pregnancies will occur outside the womb (ectopic pregnancies).
- Heavy bleeding and infections are uncommon.
- Injuries to internal organs – such as the bladder, bowel or uterus occur rarely – less than 1 in every 100 operations.
- An open operation (resulting in a bigger abdominal scar) is sometimes necessary to repair injuries, stop internal bleeding or complete a sterilisation that cannot be done with keyhole surgery.

The benefits of a laparoscopic sterilisation

Many treatments, which once required major surgery, can now be performed through a laparoscope. This means a much quicker recovery, as there are no big cuts on the abdomen.

What happens on the day of the operation?

- The sterilisation can be done at any time in your menstrual cycle as long as you have been using an effective contraceptive method right up to the day of the operation.
- You will be asleep for about 30 minutes.
- You will go home on the same day as your operation.
- Once you are fit and ready to be discharged, you will be seen by either a senior nurse or doctor who will explain how the operation went and arrange for any follow-up appointment as necessary.

- Someone will need to take you home and stay with you overnight in case of any problems. When your carer or relative telephones us, we will let them know what time to collect you from the hospital. This is usually about two hours after the time of your operation.

What to expect after the operation

- Abdominal (tummy) pain – pain from the operation is usually controlled with simple painkillers such as paracetamol and ibuprofen.
- Shoulder tip pain – this is due to small amounts of the gas remaining in the abdomen and usually settles after a few hours.
- You should expect slight vaginal bleeding (less than a period) for a few days after your operation.
- Wounds – you will have dissolvable stitches which usually dissolve in 10 to 14 days.
- You can restart normal activities and work 1-2 weeks after your operation. If you need a medical certificate for your employer, please ask your nurse on admission so that the certificate can be prepared in time for your discharge later in the day.
- Your period and sex drive will not be affected by the sterilisation.

If you experience severe pain, contact the ward on telephone: 0118 322 7181

Does the sterilisation start working straight away?

After the operation you should continue to use effective contraception or avoid sex until your next period.

Where can I find more information?

- Royal Berkshire Hospital Contraceptive Services, 0118 322 7202 21a Craven Road, Reading RG1 5LE
- NHS Choices www.nhs.uk/conditions/contraception-guide/pages/female-sterilisation.aspx
- The FPA (formerly the family planning association) also provide information and advice. FPA's Helpline: 0845 310 1334 or visit their website www.fpa.org.uk
- For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

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