

Patient information

Laparoscopic sterilisation

Laparoscopic sterilisation involves blocking the fallopian tubes so that the egg cannot travel down them to meet the sperm.

There is a small failure rate that may result in pregnancy; this is estimated at 5 in 1,000.

A laparoscopic sterilisation should be seen as a **PERMANENT** and **IRREVERSIBLE** form of contraception. However, in some exceptional circumstances a doctor may agree to reverse this operation, this involves major surgery and is not provided on the NHS, and it cannot guarantee to restore your fertility.

What is a laparoscopic sterilisation?

The operation is carried out under general anaesthetic (while you are asleep).

Laparoscopic sterilisation is an operation that involves blocking the fallopian tubes to provide a permanent form of contraception for women who do not wish to become pregnant.

A laparoscope (a thin telescope) is passed into the abdomen through a small incision (cut) near the umbilicus (belly button). This allows the surgeon to see the pelvic organs clearly. You will also have a second cut to reach the fallopian tubes; these are blocked usually by clips.

In some cases it is not possible to sterilise a patient this way. In this instance a mini laparotomy is necessary.

This involves a larger cut just below the bikini line to reach the fallopian tubes they can then be blocked in the same way. If this happens you may need to stay in hospital for 1-2 days while you recover.

Following your surgery

- You may have a quick shower / bath after 24 hours, thereafter daily. Remove any dressings and replace with clean plasters if necessary.
- Steristrips will fall away in 7 - 10 days. If not you can gently remove them.
- Your stitches are dissolvable and do not need to be removed.
- You may experience some lower abdominal discomfort, like a period pain. This can be relieved by taking painkillers such as paracetamol and ibuprofen or similar pain-relieving medication.
- Occasionally, gas from the surgery can cause discomfort around your shoulders (shoulder tip pain); this will gradually subside. (Peppermint water or mints may help to relieve this at home).
- You may experience some vaginal bleeding for 3 - 5 days after your operation. To reduce the risk of infection, please use sanitary towels or panty liners **not tampons** until your next period. These should be changed regularly.
- Your periods should continue as normal, however some women find their periods are heavier after a laparoscopic sterilisation, especially if they were previously on the oral contraceptive pill which usually gives lighter periods.
- Do not have sexual intercourse for two weeks to allow healing to take place.
- We advise you to continue using your current form of contraception until your first period after surgery.
- You may drive when you are in full control of your vehicle, can safely perform an emergency stop, look round and reverse safely.
- No heavy lifting for one week.

Special instructions

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Return to work

If your procedure is straightforward you will not routinely return for an outpatient appointment and will be returned to the care of your GP.

You should see your GP or GP out-of-hours service if:

- You ever suspect that you are pregnant after laparoscopic sterilisation as there is an increased risk of an ectopic pregnancy.
- You develop an offensive or smelly discharge or inflammation from the wounds and think you might have an infection.

If you require any further advice, please contact the Martin Corke Day Surgery Unit on 01284 713050 between 7.45am and 8.00pm, Monday to Friday.

Outside of these hours contact the gynaecology ward on 01284 713235 / 713236 and speak to the nurse in charge. Please have your hospital number on the discharge letter available.

Or contact NHS 111

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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