

Patient Information Leaflet for Laparoscopic sterilization

What is laparoscopic sterilization?

This includes blocking or removing the both Fallopian tubes. This stops the sperm from reaching the end of the tubes where fertilization happens.

What are the benefits of this procedure?

This is done to prevent you from becoming pregnant. Additionally you have benefits of laparoscopic surgery which are reduced hospital stay, less pain, faster wound healing and cosmetic benefits due to small surgical incisions.

Are there any alternative procedures?

Many more contraceptive methods are available and some methods are equally or more effective than the female sterilisation.

What are the risks and complications associated with this procedure?

- ✓ Sterilisation is one of the safest forms of contraception with a minor failure rate of 1 in 200 cases. Failure rate is thought to be greater in younger women of less than 30 years of age.
- ✓ In a small number of cases, the sterilisation procedure cannot be completed through the laparoscope (keyhole). This may be due to technical reasons or of there are factors such as dense scarring or you have a BMI greater than 30. These factors will make it difficult for the surgeon to get to your fallopian tubes. In such circumstances, the doctors may need to perform an open surgery using a larger cut on your tummy to complete the operation. Alternatively, the doctor may decide that it is not safe to proceed and the sterilisation may have to be abandoned. If this were to happen, alternatives will be discussed with you.

Other risks are usual risks associated with laparoscopic surgery. Laparoscopic risks and complications can be classified as serious or frequently occurring risks.

Major risks include:

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Major complications from laparoscopy occur in approximately 2 in every 1 000 women)

- ✓ Damage to bladder ,bowel, major blood vessels or uterus
- ✓ Failure to achieve access in to the abdominal cavity and to finish the planned procedure
- ✓ Entry site Hernia
- ✓ Very rarely death; 3 to 8 in every 100 000 women underwent laparoscopy die due to the complications.

Common risks:

- ✓ Bruising of the wound
- ✓ Pain in Shoulder-tip
- ✓ Gaping of the wound
- ✓ Infection of the wound

Risks associated with General Anaesthesia

Generally, the risk to you will depend on whether you have any other illness (co-morbid conditions), personal factors (smoking/ having overweight or obesity) or previous complicated surgery (lasted long duration or done in an emergency).

1. Very common and common side effects (occur in 1 in 10 or 1 in 100 patients)

Headache ,feeling sick and vomiting after the operation, faintness, sore throat , blurring vision, pains, backache, itching, pain during injection of drugs, bruising and soreness, confusion or memory loss.

2. Uncommon side effects (occur 1 in 1000 patients)

Damage to teeth, tongue or lips, Chest infection, muscle pains, bladder problems, slowing of breathing, worsening of the already existing medical disease, becoming conscious during the time of operation.

3. Rare or very rare complications (occur 1 in 10,000 or 1 in 100,000 patients)

Serious allergy to drugs, damage to the eyes, nerve damage, death, failure of equipment.

How is this procedure performed?

Before the procedure:

You will be required to remain fasting for a minimum of 6 hours for solids and 2 hours for liquids before the procedure. The anaesthetist will perform an assessment of your fitness to be induced and will give specific instructions if you're suffering from any chronic illness such as diabetes, high blood pressure, or ischaemic heart disease. General anesthesia is given by means of inhalation of an inducing agent (a gas) and also by a maintaining drug through an intravenous site.

The risks and complications associated with general anesthesia will be discussed with you by the consultant anaesthetist.

During the procedure:

Sterilisation is done using a laparoscope. 2 tiny cuts (about 1.5cm long) will be put in the tummy. One cut will be just below the belly button and the other will be at lower level near the pubic hair line or to one side. The laparoscope will be sent in through the cut just below the belly button which will be attached to a video camera and television to visualize the inside of the abdomen on the screen. It will give a good view of your Fallopian tubes to the surgeons.

While inspecting the TV screen, the surgeon will insert small clips onto the Fallopian tubes, or tubes can be cauterized using diathermy.

Other procedures also can be implemented at the same time.

After the procedure:

- ✓ **Eating and drinking:** Normally following surgery you can drink fluids after 6 hours and eat after 12 hours unless otherwise indicated by medical staffs.
- ✓ **Mobilizing:** After this surgery, we will mobilize you as soon as possible to reduce complications arising from lying in bed for long.
- ✓ **Leaving hospital:** The duration of your stay in hospital usually depends on your surgery and how soon you recover. Normally it may be possible for you to go home on the next day of operation but if you have problems with the recovery from the operation or require further treatment you might need to stay in for longer.

- ✓ **Resuming normal activities including work:** You can restart your normal activities (including gentle work) few days following the operation. You will have to avoid doing more vigorous work longer. You can drive after 48 hours if you are comfortable.

Special cautions you need to consider after the surgery:

No need to avoid sexual intercourse, but it is advisable to continue your current contraception method until you get your first period after the surgery.