

Laparoscopic sterilisation is a permanent method of contraception. The operation is performed under general anaesthetic with a special instrument called a laparoscope and is usually done as a day case procedure.

You will be admitted on the morning of the operation and are allowed home about four hours after the operation. Occasionally it is inadvisable to go home the same day, in this case we will arrange for you to stay in hospital overnight. **Reversal of sterilisation is not done under the NHS.**

Risks

Damage to internal organs: there is a very small chance that your bowel or bladder or blood vessel may be damaged when placing instruments in your abdomen. The risk is 1 in 3000. If the injury does happen then it must be repaired by making a cut in your tummy which is called a laparotomy. This will require a stay in the hospital for three to five days.

Failure of sterilisation: failure rate is 1:200. Pregnancy can occur several years after the procedure. If you do get pregnant the chances of ectopic pregnancy (pregnancy outside the womb) is high. Please contact your doctor as soon as you find out that you are pregnant.

Bleeding: you can have slight vaginal bleeding after your procedure, however this usually settles. Bleeding can also occur from your wound sites. This will be checked before you are discharged.

Infection: can occur with any procedure. It can be treated with antibiotics. If your wound gets infected please contact your doctor or us.

All laparoscopy operations carry a risk of death and ITU admission which is very small (1:1200).

Alternative methods of contraception

Mirena coil: this is a plastic device which contains progesterone hormone and is inserted into the womb. It is changed every five years. The efficacy is as good as a sterilisation or even better. It also helps to control heavy periods.

Implant: this is a small rod with progesterone hormone which is inserted under your skin. It prevents pregnancy for three years.

Vasectomy: this is a permanent method of sterilisation in males and it is performed under local anaesthetic.

Day of admission

Following admission an anaesthetist and a gynaecologist will see you before your operation. During the operation, which takes about 15 minutes, a small cut about 1 cm long is made under the navel and another smaller cut is made just above the pubic hair. Some gas is put into your abdomen so the surgeon has a better view. A telescope, called a laparoscope, is inserted through the first incision. Through this the surgeon is able to inspect your womb and tubes. To assist the inspection another instrument called a probe is inserted through the second incision. Clips are applied on each fallopian tube to perform the sterilisation. At the end of the operation the gas is released, a stitch is needed in the incision which will dissolve. Extremely rarely it will be necessary to make a bigger incision than planned. Should this occur you will need to stay longer in hospital.

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After the procedure

You may feel tender and the gas used may cause discomfort under the ribs and in the shoulders. You may have a sore throat or nausea from the anaesthetic, we will give you pain killers. You may have some vaginal bleeding following the operation. You will be given a follow up appointment in the clinic to discuss further.

You need to be aware of the following symptoms as they may show that you have a serious complication:

- Pain that gets worse over time or is severe when you move, breathe or cough;
- A high temperature or fever;
- Dizziness, feeling faint or short of breath;
- Feeling sick or not having any appetite that gets worse after the first one or two days;

If you do not continue to improve over the first few days or have any of these symptoms, let a member of the healthcare team know straightaway. If you are at home, contact your GP or go to the nearest accident and emergency department or call an ambulance.

Care of the wound

The wound is closed with dissolvable sutures, these can take few weeks to dissolve.

Going back to work

Most patients are well enough to go back to work in two to three days but this is very individual and some patients need longer to recover up to seven days.