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PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient"*

TUBAL STERILIZATION

Definition

Tubal = referring to the fallopian tube

Sterilization = referring to an operation or process that makes a women not able to get pregnant

Tubal sterilization or "having your tubes tied" is a procedure where the fallopian tubes are blocked surgically. The fallopian tubes are attached to the uterus and transport the egg from the ovary to the uterus. The sperm travel into the uterus and the fallopian tubes where they meet the egg. When this is blocked, the sperm are not able to reach the egg, and fertilization cannot take place.

This procedure is permanent and can only be reversed with special surgery to reconnect your tubes. This reconnection process does not always work and is difficult to do. Tubal sterilization should be thought of as *permanent and non-reversible*.

This procedure can be done in the hospital or a same-day surgery center. It can be done after you have a baby, either by cesarean delivery or vaginal delivery. If it does not follow the birth of your baby, it can be done through a laparoscope, and you may be able to go home the same day. If it is done after a vaginal delivery, usually this involves a small incision in the lower abdomen.

There is also a way for your doctor to place an insert through the vagina into the fallopian tubes that can block the fallopian tubes. This is done by way of a hysteroscope. This is a telescope that is inserted into the cervix through your vagina. It is then inserted into the uterus. This is done without an incision in your abdomen.

There are several contraceptives and methods to prevent pregnancy available as alternatives to permanent sterilization. These include: hormonal contraceptives (such as birth control pills, skin patches, and vaginal rings), intra-uterine devices, sexual abstinence and timed intercourse, condoms, and spermicidal medications. Because tubal sterilization is permanent, you should consider these methods if you think you might want a pregnancy in the future.

Preparation

The night before the surgery, your doctor will not allow you to eat or drink anything after midnight. You may have some preliminary blood work done before the procedure. The next day, you will show up at the hospital and be evaluated by the anesthesiologist. You will be placed on the operating table and anesthesia will be given. Depending on how the procedure is done, you may have a spinal/epidural anesthesia or you may be put to sleep.

Once your doctor is sure that the anesthesia is working, they will begin the procedure.

Procedure

If this is done by a laparoscopy, your doctor will insert a telescope through an incision in your belly button. This will allow your doctor to see your fallopian tubes. After correctly identifying them, your doctor will take a hold of them and then do the sterilization. This can be done by cauterizing or burning them, placing them in a pair of band-like devices or clips that block them, or your doctor can remove a small piece of them. Your doctor will do this to both of the fallopian tubes after they are correctly identified. Your doctor will watch to see if there is any bleeding. If there is none, then your doctor will remove the telescope from your belly button and repair the incision. You will be transported to the recovery room.

If this is done by an incision in your belly, your doctor will make this incision and identify the fallopian tubes. Your doctor will then remove a small piece of them after he or she has correctly identified them. They will make sure there is no bleeding and close the incision in your lower abdomen.

If this is done as part of a cesarean delivery, your doctor will complete the cesarean and remove a segment of the fallopian tubes on both sides after they have both been correctly identified. You will be transported to the recovery room.

Finally, if this is done by a hysteroscopy to place inserts into your tubes, you will be placed into a position similar to one that you are in when you get a Pap smear. A telescope will be inserted through the vagina into the cervix and the uterus. Your doctor will identify the opening to both of your fallopian tubes and insert a coil into each opening. These coils will cause blockage of the fallopian tubes. Once this is done, the camera will be removed from inside of the uterus.

Post Procedure

Following the procedure, your doctor will give you pain medicine. You will be observed in the recovery room to make sure that you have tolerated the procedure. If you did and it was done with a laparoscope or a hysteroscope, you may be able to go home that evening.

If the procedure was done as part of a cesarean delivery or after a vaginal delivery, the tubal ligation will not affect your post-operative course, and you should go home as planned after your cesarean or vaginal delivery.

You will have some discomfort the next several days. Your doctor will give you some pain medicine for this.

Expectations of Outcome

This procedure should block the fertilization of the sperm and the egg, thus making you sterile. This procedure is not 100% successful and may fail. Because this procedure is a surgery, you may experience some discomfort after the procedure. Your doctor will try to take away the pain, but may not be able to take away all of it.

You should be able to return to your normal everyday activities within a few days after laparoscopic surgery. If it involved making a larger incision in your lower abdomen, then your doctor will give you specific instructions as what to do for the next several weeks.

If this is done by the hysteroscopy, you will need to use some form of birth control for the first three months while the coils cause a blockage in your fallopian tubes.

Finally, there is a possibility that your doctor may need to convert to a laparotomy (traditional "open" abdominal incision) by making an incision in the lower abdomen. This may be done if your doctor is not able to do the procedure through the laparoscope.

Possible Complications of the Procedure

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While we have discussed these and possibly others in your visit, we would like you to have a list so that you may ask questions if you are still concerned. These complications include, but are not limited to:

- **Bleeding**: Since this procedure involves surgery, there is a risk of bleeding due to injury to blood vessels. If the blood loss is significant, it may require a blood transfusion. This risk is small.
- **Injury to bladder and bowel**: Injury to the bladder and bowel can occur with either the laparoscopic approach or the incisional approach. These risks are small.
- **Failure of the procedure**: This procedure may not effectively block the fallopian tubes and can lead to you getting pregnant. This risk is from 1 to 3%, and is similar among the different ways that sterilization can be done.
- **Increased risk of ectopic pregnancy**: Tubal sterilization will increase your risk of an ectopic pregnancy (a pregnancy outside the uterus, most often in the fallopian tube). Ectopic pregnancy can become a serious condition if left untreated. If you feel you might be pregnant, you should alert your doctor immediately because of the chance of ectopic pregnancy.
- **Making a hole in the uterus**: If sterilization is done by way of a hysteroscope, then there is a chance that a hole may be made in the uterus during the procedure. This risk is small.

Patient Signature

Date

Patient Name Patient ID #

Date

Physician Signature

Date

Witness

Date

The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.