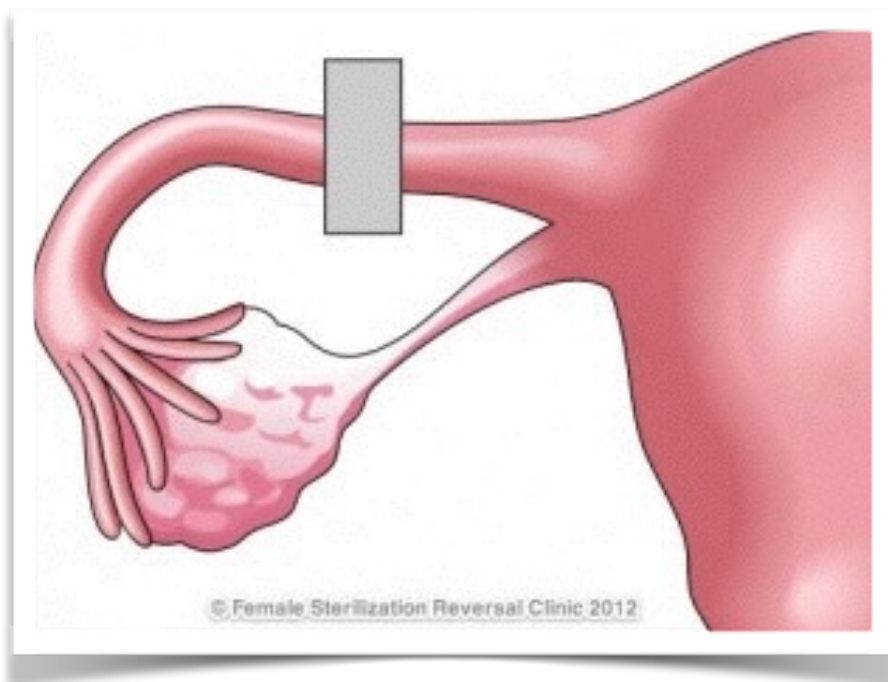
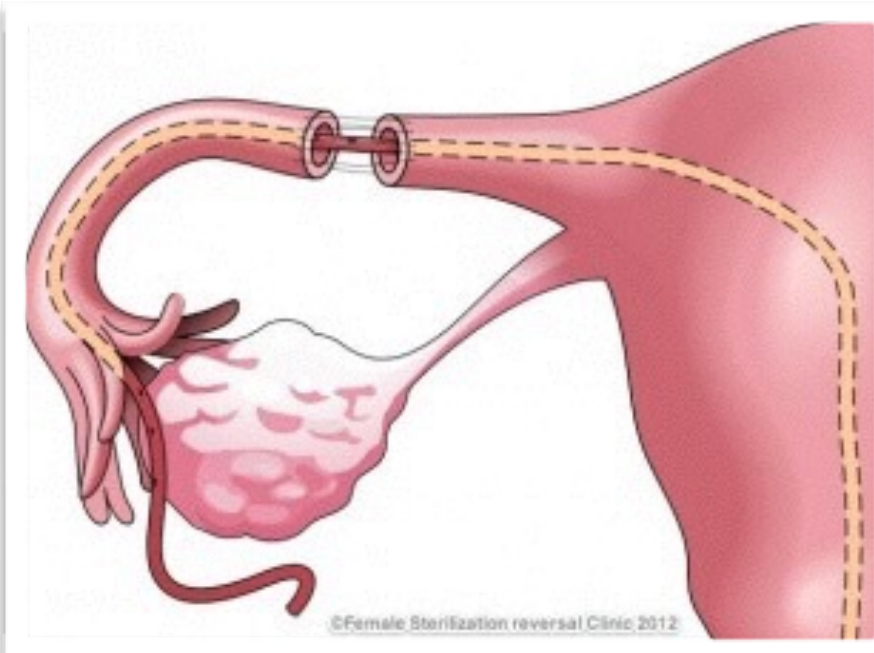
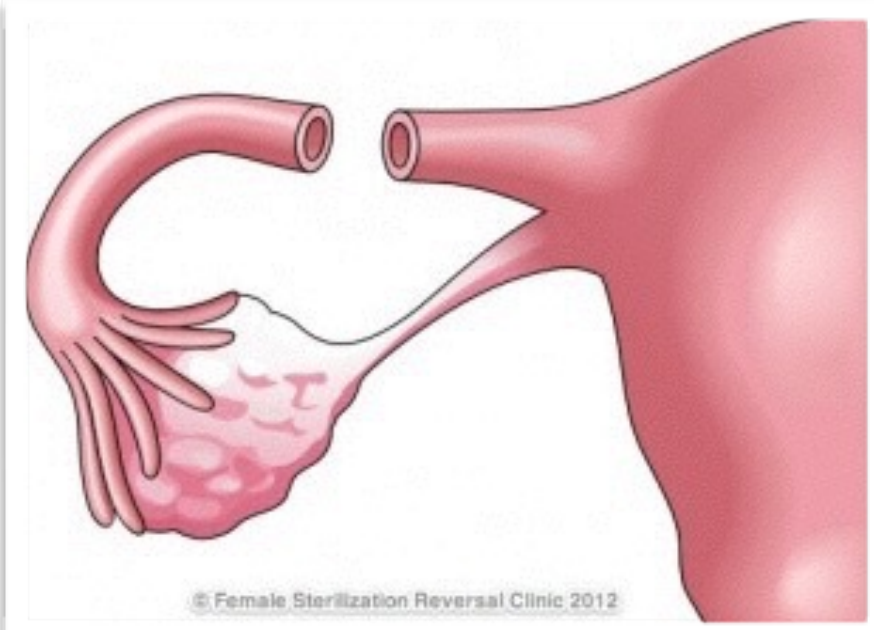


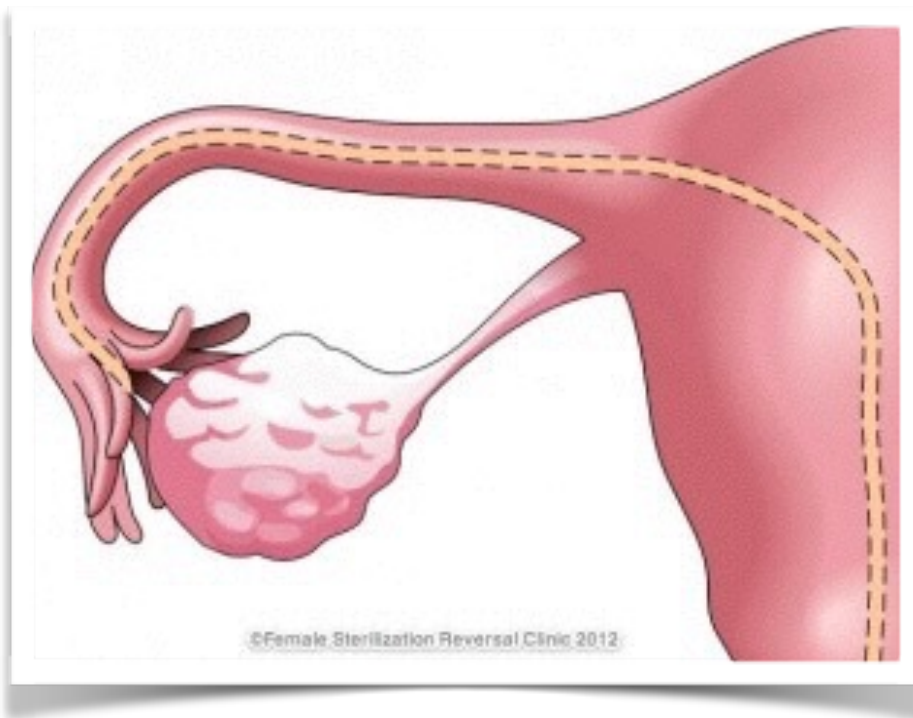
Female Sterilization Reversal: Information Leaflet

Consultation – At the consultation you will have your medical history taken, have a short examination and then your surgeon will be in the best position to advise you of specific details for you. He will be happy to answer any further questions that you may have. Full female sterilization reversal information will be provided at this time.

The Female Reversal Operation – The procedure usually takes about 1-2 hours under general anaesthetic and involves precise and delicate surgery. The fallopian tubes have very small internal openings and are best seen using magnification. This enables the surgeon to join the tubes together accurately using very fine stitches to give the best possible results. Your surgeon will make a short bikini line incision approximately 10-12cm in length across your lower abdomen (tummy). If you have been sterilised using clips, these are then removed and the fallopian tubes are joined together in 2 layers. **Occasionally it is only possible to repair one tube (3% of cases) and very rarely (0.5% of cases) it is not possible to repair either of the tubes.** The wound is closed in layers; a single skin stitch will be placed along the skin wound which is dissolvable so no stitches will need to be removed.







Age – Your age at the time of the procedure will affect the chances of achieving a pregnancy. From age 40 onwards the chances of success diminishes year on year. We would normally advise that we undertake a blood test (FSH) on patients over 40 or with very irregular periods, because if this is raised then you may decide not to go ahead with the procedure as your success rate will be a lot lower.

Complications/risks – All operations carry risks and rarely complications can occur, although these do not happen very often, before you consent to your procedure you need to be fully aware of these. You will be seen by your Anaesthetist prior to the surgery, who will discuss the anaesthetic with you, please ask any questions that you may have at that time.

1. Infections can occur with any operation, but are rare for reversal surgery. It is possible that you could develop a wound infection, urinary infection or chest infection. These are usually easy to treat with antibiotics.
2. Serious bleeding is an extremely rare event for this type of surgery.
3. Bruising around the wound is more common and will usually settle on its own.
4. Damage to other internal organs theoretically can occur but is exceptionally unlikely unless you have had previous surgery or infections in your abdomen.
5. Clots in the legs and or lungs is a risk for all operations, to minimise this risk you will have a risk assessment undertaken prior to surgery and this will highlight which risk category you are in and appropriate treatment will be

given. For most this will be to wear special anti-embolus stocking and the use of flow-tron boots (which massage your legs) in theatre.

Success Rates– The success rates of the operation can be looked at in several ways and is dependent on several factors, including;

1. Age at time of operation
2. Type of sterilisation (clip sterilisations carry a better success rate)
3. Length of tube after it is joined together
4. Fertility of the male partner

For further information see Mr Pickles's Female Sterilization Reversal Success Rates (<http://www.femalesterilizationreversal.co.uk>)

The audited success rates for Mr Pickles show that for patients aged 41 or younger;

Total pregnancies = 75%

Patent Tubes = 84%

(figures from our latest audit in July 2014, amended September 2014)



Partner – semen analysis–Whilst it is not essential that your partner has a semen analysis, it needs to be remembered that if this is not within normal range then this will reduce your chances of pregnancy. We usually recommend that your partner has an analysis done either via your GP or we can arrange this for you.

Post-operative Care – Following your operation you may feel drowsy from the anaesthetic for some time. Pain relief will be given in theatre before you are woken from the anaesthetic but if you are still in pain your recovery nurse will ensure that you get further pain relief and are comfortable before you go back to the ward. These will be continued until you are comfortable without them. Your time in hospital will be 1-2 days depending on your recovery rate and preference to return home. Before you are discharged you will be seen by our physiotherapy team to advise you on exercises for your tummy. On discharge you will need to be driven to your destination and do not advise you to drive for 4 to 6 weeks depending on your recovery. You need to wait at least 3 weeks before having intercourse to allow the tubes to heal fully. Once home you should rest for the first week and then slowly get back to full activities by about 4 weeks. You will receive an appointment for the follow up clinic for 6 weeks post operatively, if you prefer and have a long distance to travel then we can arrange for our surgeon to phone from the clinic to see your progress

Pregnancy – If you miss a period and think you may be pregnant, perform a pregnancy test. If positive then when you are about 6 weeks pregnant, from the date of your last period, you will need an ultrasound scan to make sure the pregnancy is in the womb. This can either be arranged through your GP or you can phone Mandy on 0845 676 9 767 who will be able to arrange a private scan for you. Please let the clinic know if you are pregnant, we will be delighted to hear from you. If you have any concerns then contact the clinic to discuss these. Remember although ectopic pregnancy is uncommon, it is very important that this is ruled out as a problem. (see ectopic pregnancy below)

Ectopic pregnancy – An ectopic pregnancy is one that lodges in the fallopian tube, where it grows on and can rupture through the tube causing bleeding into you abdomen. Although the chances of this happening are low, the ectopic rate for your surgeon is 5%; other centres quote rates between 6% and 15% depending on the original method of sterilisation. Clip

sterilisation carries the lowest rate and ligation/coagulation the highest. When you get pregnant it is preferable to have an early ultrasound scan to ensure that the pregnancy is in the womb, this is usually done at about 6 weeks from the last period. If you are pregnant and start with abdominal pain/shoulder tip pain/bleeding and or feel faint/unwell then you should seek urgent advice from your GP or phone the clinic.

Alternatives to surgery – Your other options to surgery are for you to consider IVF (test tube baby) or adoption. IVF is sometimes a more appropriate treatment for you, particularly if your tubes have been excised or are very short from the sterilisation procedure. This will be discussed at your consultation. A laparoscopy (looking inside your abdomen with a telescope) may be advised prior to considering a reversal procedure or IVF if it is considered likely that the tubes are very short.

Consent – At the clinic or prior to your surgery you will be asked to sign a form to say that you understand the procedure and potential complications and give your consent to the procedure. If you have any questions they please write these down and discuss them with the consultant prior to consenting.

No Pregnancy – If you are not pregnant after 6 months then we advise that you are reviewed in the clinic. We can arrange for an x-ray of your fallopian tubes to ensure that they are open and discuss the potential for other fertility issues and how they could be overcome.