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## Patient information leaflet

Version 2  
Updated January 2024



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# Thank you for visiting the Female Sterilisation Reversal Clinic

You will no doubt have lots of questions about reversing your sterilisation, whether for pregnancy or for treatment of post tubal ligation syndrome (PTLS) symptoms. We will try, through this e-book, to provide as much information as we can.

## What happens first?

The first step is to have an initial consultation with Mr Dobson. To arrange your initial consultation or to just ask any questions that you might have, you can either phone Mandy Banbury, Mr Dobson's PA, on 0115 966 2111 or email her at [mandy.banbury@circlehealthgroup.co.uk](mailto:mandy.banbury@circlehealthgroup.co.uk).

At the initial consultation, Mr Dobson will take a thorough medical and pregnancy history. He will also discuss the surgery, its associated risks and the success rates. He will be happy to answer any further questions that you may have.

## Where does the initial consultation take place?

It usually takes place on the phone, however, face to face and video consultations can be arranged at no extra charge. There is a charge of £200 that needs paying before the appointment by BACCS, or through an online payment system link that you will be sent in advance.

## What will we talk about?

Mr Dobson will ask you for information about your pregnancy history so far: the number of children you have had, any problems you may have had in pregnancy, how you had your children and what method of sterilisation you had. There will be other questions too, but they should all be easy to answer and should not need you to contact your GP. If any further information is required, with your consent, Mr Dobson may write to your GP or local hospital.

Mr Dobson may occasionally ask you to have some blood tests after the consultation which can be arranged via your GP, to provide him with more information about your reproductive health. He may also recommend your partner has an up-to-date semen analysis. These tests will provide valuable information if you wish to proceed with your sterilisation reversal surgery.

## Does my age matter?

Your age at the time of the procedure will affect your chances and the time that it takes you to achieve a pregnancy. This said, many women do continue to conceive naturally during their 40's. If you are over the age of 40 and have very irregular cycles, Mr Dobson may recommend a blood test or pelvic ultrasound scan before undergoing the surgery.

## What if I want the surgery for PTLs?

If you have been suffering from symptoms of PTLs since your sterilisation, please let Mr Dobson know. Reversal surgery is quickly becoming an effective way of treating these symptoms. Symptoms can include:

- Hot sweats/ night sweats
- Skin changes/ itching
- Pelvic pain
- Mood changes
- Weight gain
- Hair loss

## What is the price?

The full price is £4,875. It is a package of care: a fixed price so that you know you will not be charged more\*. The price includes:

- The initial consultation.
- All in-patient care and medication.
- The anaesthetist's fees.
- The surgeon's fees.
- A follow-up appointment 3 months after surgery.
- Any unforeseen treatment due to complications.

Initially, you would pay £200 for the initial consultation. If you decide to proceed & have your sterilisation reversed, you will then pay a £500 non-refundable deposit to secure a date for surgery (providing you inform us within two weeks of surgery, this date is transferable). The remaining balance of £4,175 is then payable directly to the Park Hospital (total £4,875).

## Methods of payment

We accept different methods of payment:

- Credit card.
- Payment plan (finance) - we offer 10 months interest free credit.
- Bank transfer.
- Cheque.
- Cash.

The final balance (i.e. £4,175) needs to be paid to [The Park Hospital](#) 14 days before the date of surgery. If it isn't received by then, the date may be offered to somebody else, and your surgery cancelled.

\*If you have a medical condition that requires you to have specialist care in the HDU post-operatively, then there may be an additional charge for this. In addition, a laparoscopic reversal of female sterilisation carries an extra £200 charge.

## **Where does the surgery take place?**

The surgery takes place at the Park Hospital, Nottingham. The full address is:

The Park Hospital,  
Sherwood Lodge Drive,  
Burntstump Country Park,  
Arnold, Nottinghamshire,  
NG5 8RX.

The Park Hospital is part of the Circle Health Group. It is fully operational private hospital with ITU, Radiology and Pathology departments as well as 5 operating theatres.

In a recent survey, 100% of patients stated that they would recommend the Park Hospital to relatives and friends.

## **How long do I have to wait before surgery?**

We try our best to keep waiting times as short as possible, adding in extra dates for theatre if necessary. We will also try and accommodate you to fit in with your plans as much as possible. On average, waiting list times are around 4-6 weeks.

## **Can my partner come too?**

We cannot accommodate partners overnight at the hospital. However, the nearest hotel is the Premier Inn in Daybrook, which is good value and a quick easy journey away.

Partners are welcome to be with you in your private room during visitor visiting hours (please check with the ward nursing team for up to date visiting hours).

## **How long do I have to stay in the hospital?**

Following the surgery, you will usually only need to stay in the hospital for one night. However, if you would prefer to go home the same day, please let us know in advance so we can make arrangements to try and accommodate this.

## **What is the surgery?**

The procedure usually takes about 1-2 hours under general anaesthetic and involves precise and delicate surgery. Mr Dobson will make a short bikini line incision approximately 10-12cm in length across your lower abdomen (tummy). If suitable, (based on your medical history) he may make several small incisions in your tummy to perform the procedure by keyhole. If you already have a scar from a previous caesarean section, then the incision will be made through this old scar.

The tubes are then identified, and scar tissue excised to reveal healthy openings in the fallopian tubes. If you have been sterilised using clips, these are removed where possible. Mr Dobson will then join the tubes together in two layers using microsurgical instruments and techniques, with very delicate stitches to give the best possible results.

Occasionally it is only possible to repair one tube (3% of cases) and very rarely it is not possible to repair either of the tubes (0.5% of cases). The wound is closed in layers. A dissolvable skin stitch will be placed along the skin wound so no stitches will need to be removed.

## **What are the risks of this surgery?**

Whilst uncommon, all operations carry a risk of complications. Before you consent to your procedure you need to be fully aware of these risks. In addition to the surgical risks, you will be seen by your Anaesthetist prior to the surgery, who will discuss the anaesthetic risks with you, please ask any questions that you may have at that time.

Risks of this surgery include:

1. Infection: Whilst uncommon (1 in 100), it is possible that you could develop an infection of the wound or deeper inside your tummy. There is also a possibility of developing a urinary infection or chest infection. These are usually easy to treat with antibiotics.
2. Serious bleeding requiring a blood transfusion: (1 in 1,000) An uncommon event for this type of surgery.
3. Bruising around the wound is more common (1 in 10-100) and will usually settle on its own. You may also experience numbness around the wound, if this occurs it will usually resolve over 6-12 months.
4. Damage to other internal organs (e.g. bowel/ bladder/ blood vessels/ ureters (kidney tubes)/ uterus/ ovaries/ nerves) can occur, but is unlikely (1 in 1000). A history of previous abdominal surgery or infections increases this risk.
5. Clots in the legs and or lungs (1 in 1000) is a risk for all operations. To minimise this risk you will have a risk assessment undertaken prior to surgery and appropriate treatment to reduce your risk of getting a blood clot will be given. You will be asked to wear special anti-embolus stockings in theatre and during your inpatient stay. You will also be advised to have a blood thinning injection for at least one day following the operation.

## **What are the risks if I have had caesarean sections before?**

For women undergoing reversal surgery who have had multiple previous caesarean sections, there are some extra unique risks which must be considered:

1. Risk of an abnormally invasive placenta - Due to the presence of a scar on the uterus from a previous caesarean section, there is a risk that any future pregnancies may implant in this region of the uterus (near the scar). There is a small chance it could then invade through

the scar (and rarely into the bladder). This risk after 3 caesarean sections is around 1 in 125. If the placenta is found to be low on your 20 week pregnancy scan, this risk rises to 1 in 20.

2. Scar rupture - If you have previously had a caesarean section and were to labour vaginally following a tubal reversal (rather than have a repeat caesarean section), because the scar on the womb is slightly weaker, there is a 1 in 200 risk of the scar opening in labour. Your obstetrician will discuss this with you during your pregnancy, including the options for delivery.

3. Placenta praevia (low lying placenta over neck of the womb) - 1 in 100.

4. Scar tissue with increased risk at caesarean section of injury to organs/ structures.

## **What are the chances of success?**

### **Pregnancy**

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 history of the male partner
5. A history of good fertility and quick conceptions

For further information see our website.

The audited success rates for the technique used by Mr Dobson (who was trained in the exact technique by his predecessor Mr Pickles) show that for patients aged 41 or younger:

- Proportion of women achieving at least one pregnancy after reversal surgery = 75%

(figures from our latest audit in July 2014, amended September 2014)  
(New success rates are due to be published 2024)

### **PTLS symptoms**

We are currently collecting more and more data on symptom improvement following reversal surgery for those who have suffered with PTLS symptoms after sterilisation. Interim analysis of cases so far has shown that over 90% of patients have reported either significant improvement or complete resolution of their PTLS symptoms at 3 months post-op. This is incredibly promising, showing that reversal of sterilisation is a safe and effective treatment for PTLS.

## **What about my partner's sperm?**

As the purpose of this surgery is to reverse your sterilisation, it is not essential that your partner has a semen analysis. It needs to be remembered however, that if a semen analysis is not within the normal ranges, then this will reduce your chances of pregnancy. A semen analysis can be done either via your GP or your local private IVF/ fertility clinic.

There is information online about improving the quality of sperm through diet and lifestyle changes.

## **What happens immediately after surgery?**

Following your operation, you will feel drowsy from the anaesthetic, but this will pass. You will remain in theatre recovery until you come round and will only go back to your private room on the ward once you are comfortable and ready to do so. Once back on the ward you will have access to pain relief as needed and will be offered cold/ hot meals & drinks.

On the evening of your operation:

- You will be able to get up and out of bed & be able to walk to your private ensuite toilet.
- You will be able to eat and drink as normal.
- You will be given a single blood thinner injection to reduce your risk of blood clots.
- Mr Dobson will see you to check on your progress, inform you of how the surgery went and to answer any questions that you may have.

On the morning after your surgery:

- The nurses will want to make sure you are passing good volumes of urine before home.
- The nurses may also review your wound and if necessary, apply a water-proof dressing. This type of dressing should stay on for 5 days and will allow you to shower as normal.
- Once you have passed urine and the nursing team are happy, you will be free to go home. Most patients go home the morning after their surgery.

## **How should I care for my wound?**

Mr Dobson closes the small incision in four layers to provide extra support, reduce discomfort and get the best cosmetic result possible. The skin layer is closed with a very fine dissolvable suture. There will be a small knot on one end of the incision which occasionally pokes out. If this is the case and it is troublesome, then you can ask your local practice nurse to snip it off 10-14 days after your surgery. Otherwise, the skin suture will eventually dissolve and fall out (it can take 2-4 weeks).

On top of the dissolvable skin stitch will be a line of Steri-Strips. The purpose of these is to provide further support to the incision and prevent any stretching or movement in the wound as you get on with your daily routine. This helps to ensure the best possible cosmetic result. Mr Dobson advises that you leave the Steri-Strips on for 10 days. If they have not fallen off by

themselves after 10 days, then after soaking them in a warm bath, they can simply be peeled off.

On top of the steri strips will be your waterproof dressing, which we advise you leave on for 5 days to allow you to shower as normal. After this time the wound will be watertight, and you can shower/ bathe without the need for a waterproof dressing.

You do not need to apply any oils or creams to the wound. We advise just carefully washing it with water until it is fully healed (4-6 weeks).

## **Can I drive home?**

No. You will still have high levels of anaesthetic in your blood stream which will invalidate your insurance. Also, and very importantly, as you are unable to perform an emergency stop due to the abdominal incision, this prevents you from driving safely. Therefore, on discharge you will need to be driven to your destination. We do not advise you to drive until you can safely and comfortably perform an emergency stop (this may be 3-4 weeks).

## **How soon can I have intercourse?**

We advise that you wait at least 2 weeks before having intercourse to allow the tubes to heal fully. Once home you should keep mobile and hydrated, with gentle activities for the first week before slowly getting back to full activities by about 4-6 weeks. It can take 2-3 months for the tissues inside your tummy to fully heal.

## **Will you contact me after surgery?**

Yes, you will receive an appointment for a follow up telephone appointment 3 months post operatively. This will allow Mr Dobson to check on your progress and answer any questions you may have.

## **What should I look out for after my operation?**

Whilst uncommon, it is important that you look out for any signs of infection (fever/ feeling hot & cold/ redness around the wound) or blood clots (chest pain/ shortness of breath/ swollen calf muscles) following your surgery.

If you do notice any of the above signs, please contact 111 or your local GP practice. In an emergency, contact 999.

## **What do I do if I think I'm pregnant?**

If you miss a period and think you may be pregnant, perform a pregnancy test.

If it is positive, count the number of days from your last period and this will tell you how many weeks pregnant you are. Once you think 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/ local early pregnancy unit, or you can phone Mandy on 0115 966 2111 at the Park Hospital who will arrange a private scan (at an additional cost) for you.

Please let us know as 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 early in pregnancy as women who have had tubal surgery are at a higher risk of ectopic pregnancy (see ectopic pregnancy below).

## **Do I have a risk of an ectopic pregnancy?**

An ectopic pregnancy is a pregnancy that develops in the fallopian tube. As an ectopic pregnancy grows, it can rupture through the tube causing bleeding into your abdomen. Although the chances of this happening are low, the ectopic rate for the reversal technique used by your surgeon is 6-8%, other centers quote rates between 6% and 15% depending on the original method of sterilisation. Clip sterilisation carries the lowest rate and ligation/ coagulation the highest.

For this reason, it is important you arrange an early ultrasound scan to ensure that the pregnancy is in the womb, usually around 6-7 weeks from your 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 111/999.

## **Are there alternatives to reversing my sterilisation?**

Alternatives 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 removed. 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 if there are any concerns that the tubes are very short/ absent.

IVF carries an average success rate of around 30% per cycle and can cost between £6-10k per cycle depending on which treatment options you need. This is compared to the 75% pregnancy rate with tubal reversal surgery at a cost of £4,875.

## **Do I have to sign a consent form?**

All the risks discussed in this information leaflet and on our website will be discussed at your initial consultation. On the day of your surgery, you will then be asked to sign a form to say that you understand the procedure and potential complications and give your consent to the procedure. There is no need for you to attend the hospital beforehand. If you have any questions, then please write these down and discuss them with the consultant prior to consenting. You will receive a phone call for a pre-op assessment, by a nurse from the park Hospital, in advance of the surgery.

## What if I don't become pregnant?

If you are not pregnant after 6 months, then we advise that you get in touch to arrange a follow up consultation with Mr Dobson to check the tubes have remained open and ensure you are ovulating. As a subspecialist in fertility medicine and surgery, Mr Dobson is perfectly suited to help you with any issues that may arise.

## What is a HyCoSy?

Following the surgery, it is advisable to have tubal patency (blockage) testing (a HyCoSy test) at around 3-6 months post-op. This test involves a pelvic ultrasound and can be performed in the outpatient clinic, taking around 30 minutes to perform.

The purpose of the HyCoSy is to ensure the tubes have remained open following the surgery and to flush out any debris/ mucus or skin cells that may be blocking the tubes, preventing the sperm and eggs from meeting. There are many studies showing an increase in pregnancies following this procedure.

A HyCoSy would normally cost £400-500, however, for those who have undergone a reversal with the female sterilisation reversal clinic, this test can be booked at the reduced fee of £295 and even performed at the included 3 month follow up appointment.

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If you have any further questions or would like to book an initial consultation, please contact Mandy Banbury on 0115 966 2111 or email her at [mandy.banbury@circlehealthgroup.co.uk](mailto:mandy.banbury@circlehealthgroup.co.uk).

Why not join our Facebook group for regular updates and to get involved in the reversal community:



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