



Operation Information

Laparoscopic Sterilization

Introduction

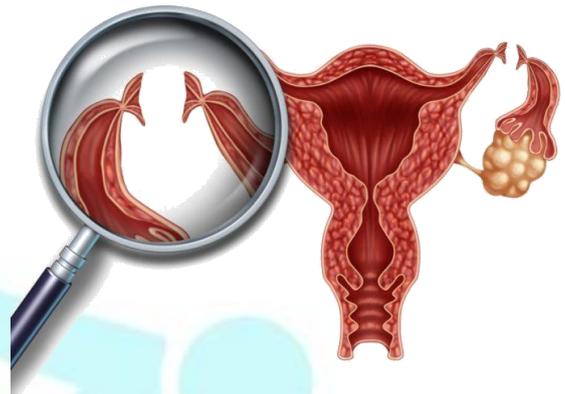
Laparoscopic sterilization is an effective permanent contraceptive option for women. It is an operation to block the fallopian tubes which prevents sperm from reaching the egg at the end of the tubes.

Advantages

- Sterilization is one of the most reliable forms of contraception.
- You do not have to use any other form of contraception once the operation is complete.

Disadvantages

- It is permanent and should not be considered if you have even the slightest doubt that you may wish a family in the future.
- Reversal of sterilization is a major operation and success rates can be as low as 10 per cent.



Source: https://familydoctor.org/wp-content/uploads/2004/06/shutterstock_509503675-705x509.jpg

Outcomes

This operation is an irreversible and a permanent form of birth control. The fallopian tubes are both cut and separated or they are sealed shut. For this reason, please discuss with your partner and your doctor after taken a mature consideration for your final decision making.

Procedures

1. The operation is performed under general anaesthesia.
2. Two small incisions are made on the abdomen.
3. A laparoscope is inserted into the abdomen through a small incision.
4. Carbon dioxide gas is used to distend the abdomen.
5. A uterine manipulator may be needed to facilitate the procedure.
6. Permanent clips or rings are placed onto the fallopian tubes.
7. The gas is released out.
8. The wounds are closed with stitches.

Possible Risks and Complications

Common:

1. Wound bleeding
2. Wound infection
3. Wound complications
4. Bruising and discomfort around the scars on the abdomen
5. Shoulder-tip pain

Rare:

1. Uterine perforation if uterine manipulator is needed
2. Damage to the nearby organs, such as bowel or bladder
3. Failure of sterilization leading to pregnancy or ectopic pregnancy

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor if you are pregnant or suspected pregnancy.
4. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
5. No food or drink six hours before operation.
6. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. You are typically discharged on the same day after the operation.
3. Some of the gas used to inflate your abdomen can remain inside your abdomen after the operation, which can cause:
 - Bloating
 - Abdominal cramping
 - Shoulder pain, as the gas can irritate your diaphragm which might affect nerve endings in the shoulder.

Therefore, early mobilization would encourage relieving those symptoms.

Wound Care

The wound is covered with a sterile dressing which must be kept clean and dry.

Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Advice on Discharge

1. Prescription pain medication may be taken as needed.
2. Abdominal and shoulders pain are common due to the injection of carbon dioxide gas into the abdomen during the operation.
3. You may experience mild vaginal bleeding or brown discharge for a few days.
4. You may experience some discomfort around the wound, shoulders, back of your neck and a feeling of bloatedness with pain but this should wean off within a few days.
5. Please avoid sexual intercourse until any bleeding or discharge has ceased. An egg may be released prior to the operation, you are advised to continue with the usual contraception until the next period after sterilization.
6. Heavy lifting and strenuous exercise should be avoided for the next two weeks.
7. Normal activities can be resumed as soon as you feel better.
8. Showering is allowed. The wound must be kept clean and dry afterwards.
9. Sterilization should not cause any change in your periods, or affect long term health.
10. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, increasing abdominal pain (pelvic cramps), severe pain in the shoulder, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
11. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification