



Operation Information

Laparoscopic Salpingectomy

Introduction

Fallopian tubes are known as oviducts which are narrow tubes and attached to the upper part of the uterus, that transport the ova from the ovaries to the uterus. Salpingectomy is a surgical procedure that allows the surgeon to remove the affected fallopian tubes. The surgeon may recommend a laparoscopic salpingectomy if you have the symptoms of infection of the fallopian tube, ectopic pregnancies, tubal blockage or hydrosalpinx and etc. Women who have only one fallopian tube are still able to conceive and become pregnant naturally.

Outcomes

The expected outcome of this operation is determined on different indications. It is commonly used to eliminate the tubal pregnancy by removing the affected fallopian tube. This operation is significant helps to reduce the risk and morbidity of ectopic gestation. The exact procedures performed are individualised for each patient and the benefits also vary. Some potential advantages over traditional treatment may include:

1. A shorter hospital stay
2. Faster recovery time
3. Less painful

Procedures

1. The operation is performed under general anaesthesia.
2. Carbon dioxide gas is used to distend the abdomen.
3. Make 3 to 4 small incisions in the abdomen.
4. A laparoscope and laparoscopic instruments are inserted into the abdomen.
5. The affected fallopian tubes are removed.
6. Wounds are closed.
7. All tissue removed will be sent for examination or disposed of as appropriate.
8. Other associated procedures may required, such as blood transfusion.

Possible Risks and Complications

1. Bleeding
2. Wound infection
3. Injury of internal organs
4. Damage to blood vessels
5. Risk of incisional hernia with large trocar

** 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 surgical wound 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 and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. Clipping of hair may require on the intended incision sites.
5. Nurse will give you a surgical soap to clean the intended incision sites especially your belly button.
6. No food or drink six hours before operation.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
8. 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 including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. To speed up your recovery, the doctor and nurses will encourage you to do the activities such as deep breathing, walking and sitting on a chair, postoperatively.
3. An indwelling urinary catheter is inserted into the bladder to empty the urine. It will be removed before discharge.
4. 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 affected nerve endings in the shoulder.

Therefore, early mobilization would encourage to relieve those symptoms.

Wound Care

1. The incision is covered by sterile dressing.
2. Please inform nurse(s) for wound pain. Analgesics may be given as prescribed by the surgeon.
3. It is normal to have per vaginal discharge and some light bleeding or spotting following the operation.

Diet

Follow the instruction by the surgeon, normal diet will be gradually resumed. As mentioned above, you may have some abdominal bloating or mild nausea after post-operation, so eat slowly and only what you can tolerate.

Advice on Discharge

1. Strenuous activities should be avoided at least the first 4 to 6 weeks after the operation.
2. The medication should be taken as prescribed by the doctor.
3. Sexual activities can be resumed after two weeks.
4. You can take a bath or shower as normal, please avoid long soaks in the bath and bubble baths until your discharge has stopped.
5. Immediately consult your doctor or return to hospital for professional attention in the event of increasing abdominal pain, severe or continuous vomiting, redness, pain, swelling, bleeding or discharge around the wounds, persistent bleeding or discharge from vagina, persistent pelvic pain, leg swelling and pain, a burning or stinging sensation when urinating, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
6. 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