



Operation Information

Postpartum Sterilization

Introduction

Postpartum sterilization is an effective permanent contraceptive option for women. This procedure can be performed at the time of cesarean delivery or shortly after a vaginal delivery. It should not prolong a patient's hospital stay. The aim of this operation is to cut or to use clip to ligate the fallopian tubes in order to prevent the egg and sperm from meeting and thus prevents pregnancy. For women who have had a caesarean section, it is just done during the same time of operation. For woman with vaginal delivery, a small incision is made in the abdomen (an operation is also called mini-laparotomy).

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 to pregnant.
- Reversal of sterilization is a major operation and success rates can be as low as 10%.

Outcomes

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

Procedures

1. This operation can be performed under general or regional anaesthesia.
2. You should be placed in supine position.
3. For Vaginal Delivery: a small incision is made in the abdomen and for Cesarean Delivery use the same site of the incision.
4. The tubes are tied and clipped or cut permanently.
5. The wound is closed with stitches and covered with sterile dressing material.

Possible Risks and Complications

1. Haemorrhage
2. Wound Infection
3. Incisional hernia
4. Damage to the nearby organs, such as bowel or bladder
5. Failure of sterilization leading to pregnancy or Ectopic pregnancy (rare)
6. Feeling of remorse (rare)
7. Women who regret and want to have babies after sterilization need reversal of sterilization (recanalization). The success rates can be low. Careful consideration is therefore necessary before this operation which is designed to give permanent results.

** 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.
2. The procedure and possible complications will be explained by the doctor and a consent form is 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.
4. Routine blood tests or ultrasound may be performed if necessary.
5. No food or drink six hours before operation.
6. Please change into a surgical gown after removing all belongings 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 including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. No additional hospital stays required beyond routine postpartum stay.
3. Sexual intercourse can be resumed after your wound healed. There may be already ovulation before the operation, you are advised to continue with the usual contraception until the next normal period after sterilization.

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. Please take the medication as prescribed by your doctor.
2. You may have some slight vaginal bleeding. Sanitary pads (**not tampons**) may be used for a few weeks for the vaginal discharge.
3. You may have some discomfort around the wound with gassy or bloated feeling.
4. Heavy lifting should be avoided for the next two weeks.
5. Normal activities can be resumed as soon as you feel better.
6. Showering is allowed. The wound must be kept clean and dry.
7. Immediately consult your doctor or return to hospital for professional attention in the event of persistent and severe abdominal pain or bleeding, redness or swelling from the wound, abnormal discharge, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
8. 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