

# Laparoscopic sterilisation

Day Surgery Unit

Surgical Short Stay Unit



Patient information leaflet

## **What is laparoscopic sterilisation?**

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The operation is done under a short general anaesthetic, usually as a day case. The aim of the operation is to stop pregnancy; this is done by blocking the tubes to stop the egg from being fertilised by the sperm. The fallopian tubes are reached by two tiny incisions, one at the navel and the other in the bikini line. Firstly, the tummy is filled with gas; this gives the surgeon a better view of the womb and tubes. A laparoscope is inserted. This is a thin telescope which allows the surgeon to see the fallopian tubes clearly. The fallopian tubes are blocked by the application of one small clip each side. This prevents the sperm reaching the egg.

Your ovaries and uterus will continue to work as normal. You will still produce an egg and hormones each month, so you will still have periods.

Laparoscopic sterilisation has a risk of 1 in 800 women a year becoming pregnant.

## **What are the potential complications and risks?**

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- There is approximately a 1 in 200-lifetime risk of failure resulting in unplanned pregnancy. If you did become pregnant seek medical attention.
- If the procedure does fail, the resulting pregnancy has a higher risk of being ectopic (developing in the fallopian tube).
- There is a small risk of bowel perforation or injury to a blood vessel, if this does occur it would be necessary to make a larger cut to make required repairs.
- This operation is not associated with an increase risk of heavier or irregular periods post procedure.

## Are there any alternatives?

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**Hormonal** – This may be tablet form such as the contraceptive pill, implant or injections. This method is usually reversible.

**Barrier methods** – Such as condoms or the diaphragm. This method is reversible.

**Intra-uterine contraceptive devices** – Such as mirena coil.

**Male sterilisation** – Vasectomy.

## Is sterilisation right for me?

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You must make sure that you have thoroughly considered the alternatives. It is not a decision that should be made too quickly.

Remember – sterilisation is intended to be permanent. Laparoscopic sterilisation can be performed at any time during the menstrual cycle.

Please do not have unprotected sex in the month before your operation.

## What happens after my operation?

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### Will it hurt?

Some discomfort is expected following any type of surgery. Painkillers will be given to you on the ward if you require them. You will also be provided with painkilling tablets to go home with.

You can experience shoulder tip pain caused by trapped gas from the operation, this will gradually improve in time. You may find sucking strong peppermints and gently walking around helps relieve discomfort.

### Vaginal bleeding

You may have some vaginal bleeding. Sanitary pads are advised as the use of tampons can increase the risk of infection, therefore should be avoided.

If you have any persistent pain or excessive bleeding, please contact the Day Surgery Unit for advice in **01483 406783** between 8am–6pm or contact your own GP.

If vaginal bleeding persists for longer than a week, becomes heavy clotted or of offensive smelling contact your own GP.

### **Sexual intercourse**

Intercourse can be resumed when you feel comfortable and ready. However, you should use alternative contraception until your next period. There is a risk that an egg may have already been released into the fallopian tube prior to surgery.

### **Time off work**

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It is advisable to take at least 5 days off work.

### **How should I look after my wound?**

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Keep your wounds clean and dry for 1 week. If you have stitches they will dissolve in 10–14 days. If you have any problems or your stitches fail to dissolve, contact your own practice Nurse at your GP practice.

### **Will I need a follow-up appointment?**

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It is not usual to have a follow-up appointment after a laparoscopic sterilisation.

### **Driving**

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You should not drive for 24–48 hours after your anaesthetic.

### **Exercise and lifting**

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Once your stitches have dissolved and your wounds have healed, you can resume normal exercise, as long as you feel comfortable.

Please avoid lifting and carrying objects that are heavier than two pounds / 0.8kg for the next week. This includes, household cleaning, gardening and carrying shopping.

Where lifting is unavoidable (small children etc.) bend your knees and not your back. Keep your feet shoulder-width apart to keep your body stable. Carry the object against your body. Bend at the knees to put the object down.

## Reference source

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- [www.nhs.uk/conditions/contraception/pages/female-sterilisation.aspx](http://www.nhs.uk/conditions/contraception/pages/female-sterilisation.aspx)





## Contact details

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If you require further advice, please do not hesitate to contact us.

### Day Surgery Unit

**Telephone:** 01483 406783 (Monday–Friday, 8am–6pm)

### Surgical Short Stay Unit

**Telephone:** 01483 406828 (Monday–Friday, 8am–6pm)

### Out of hours advice

**Telephone:** Call 111 (formerly NHS Direct)

**Website:** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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