

# Laparoscopic Sterilisation

**Obstetrics & Gynaecology**  
**Women & Children's Services**

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



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# Information for patients and visitors

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## Introduction

This leaflet has been designed to give you important information about your laparoscopic sterilization surgery, and to answer some common queries that you may have. Common risks, benefits and alternatives to laparoscopic sterilisation are also explained along with information about what to expect before, during and after your surgery.

## What is a Laparoscopy?

A laparoscopy is a surgical procedure which allows the doctor to visually examine the internal pelvic organs using a special instrument called a laparoscope.

## What is laparoscopic surgery?

In addition simply to looking inside, a doctor can use fine instruments which are also passed into the abdomen through another small incision in the skin. These instruments are used to cut, trim, biopsy, grab, etc, inside the abdomen. This laparoscopic surgery is sometimes called 'key-hole surgery' or 'minimal invasive surgery'.

## How is a laparoscopic sterilisation carried out?

Laparoscopic surgery is also known as keyhole surgery. The procedure is carried out under general anaesthetic, which means you will be asleep. A needle is passed into the abdomen and the cavity is inflated with gas (carbon dioxide). This separates the bowel from the wall of the abdomen which allows a better view of the internal organs.

During a laparoscopy a small tube carrying a telescope (laparoscope) with a video camera is inserted through a small cut in the abdomen. The end of the laparoscope

contains a light and a special type of mirror which convey images to a TV monitor. This allows the doctor to make a thorough inspection of the uterus (womb), fallopian tubes, ovaries and pelvic wall.

Two to four cuts may be made on the tummy depending on what is required for you and the doctor's preference. One of these cuts will be made inside or just below the belly button. Through these incisions a small clip is placed across each of the Fallopian tubes. This clip damages the tubes and prevents sperm meeting eggs and therefore prevents pregnancy.

Two small stitches are placed in the incisions and once you have recovered from the anaesthetic you are returned to the ward. This method of sterilisation is preferred in this unit because of the relatively fast recovery time. Once the laparoscope is removed the tiny cuts are closed with a small dissolvable stitch (suture).

## What are the alternatives to sterilisation?

Women having this operation need to consider it to be a permanent procedure. It is possible for a sterilisation operation to be reversed but most reversals of sterilisation do not work. The reversals that do not work carry an increased risk of ectopic pregnancy (which is dangerous) and there is currently no NHS funding for sterilisation reversal in this area and private costs exceed £2,500.

Women considering sterilisation need to be aware of the alternatives to this operation, particularly male vasectomy that carries a lower risk of pregnancy and is less hazardous than female sterilisation.

There are several other options for long term reversible contraception that you may wish to



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consider before opting for yourself or your partner to be sterilised. Examples of long term reliable contraception include:

- Intrauterine contraceptive device (copper coil)
- Intrauterine contraceptive systems (Mirena coil)
- Progesterone contraceptive implants & injections

Further information can be obtained at [www.fpa.org.uk](http://www.fpa.org.uk)

### **What are the benefits of a laparoscopic sterilisation?**

Laparoscopic sterilisation is a very effective form of permanent contraception. It avoids the need for hormonal or less reliable forms of contraception most patients can go home the day of their operation and have relatively small scars.

### **What are the risks and complications of laparoscopic sterilisation?**

As with any operation, laparoscopic sterilisation carries a small risk of complications. It is very important that you are aware of the potential risks and complications before giving your consent to the procedure. The most common complications are as follows.

### **Contraceptive failure**

All sterilisation operations carry a failure rate. The failure rate for laparoscopic sterilisation is 1 in 200 women life times. This means that if 200 women are sterilised, one of them will conceive in the remainder of their lives. If a pregnancy does occur, there is a greater chance than usually that it could be an

ectopic pregnancy. This is, therefore, a highly effective method of contraception but it is not 100% guaranteed.

All patients undergoing sterilisation need to be aware that if they are just pregnant when the operation is performed they will be pregnant afterwards. This is because very early pregnancies are not detectable easily and the operation of sterilisation does not remove them. You, therefore, need to be aware that contraception should be continued up to and including the day of surgery.

If your periods stop after sterilisation, pregnancy should be considered as a possible cause. If you suspect that you are pregnant or you have experienced abnormal abdominal pain or bleeding, you should seek medical advice.

If you have an intra-uterine contraceptive device (coil) fitted, this can be removed at the time of surgery, provided that you abstain from intercourse one week prior to your operation.

### **Injury to the bladder, ureter or bowel**

The bladder, ureter and bowel are positioned close to where the instruments are inserted into to abdomen. The risk of damage occurring to these organs in a woman without previous abdominal surgery is four in a thousand cases (0.04%). This risk is greater if you have had previous surgery on your abdomen or have adhesions (scar tissue). Damage to bowel, bladder, uterus or major blood vessels would require immediate repair by laparoscopy or laparotomy. However, up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy.



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## Internal bleeding

Internal bleeding can occur from accidental damage to a pelvic organ or blood vessel. The surgeon will decide whether the blood vessel or organ needs to be surgically repaired to stop the bleeding. The risk of internal bleeding in a woman without previous surgery is two in a thousand cases (0.2%).

## Unintended laparotomy

If during the operation it becomes apparent that the clips cannot be placed correctly (usually because of previous surgery) then sterilisation by another route is undertaken. This involves making a slightly larger incision low down on the front of the abdomen through which segments of the Fallopian tubes are removed. If this becomes necessary, you will probably not be fit to go home that evening and will take slightly longer to recover. This alternative procedure is only rarely required.

An operation called a laparotomy, which involves a larger cut in the tummy, will sometimes have to be carried out if the laparoscopic sterilisation has to be abandoned due to a patient's obesity or scar tissue caused by previous abdominal surgery. A laparotomy may also be carried out to surgically repair damage to blood vessels, bladder, bowel or any other pelvic organ. This involves a larger cut on the abdomen and may require in a longer length of stay in hospital to recover.

## Infection

Infection following laparoscopy is rare but may occur in the urinary tract, uterus, tubes, pelvic organs or the incision wound(s).

## Thrombosis

There is a small risk of thrombosis (blood clot in the leg or the lungs). The risk of thrombosis is minimised by giving you a daily injection while in hospital which thins the blood slightly, without increasing the risks of bleeding. You may be given a pair of anti-embolic stockings to wear whilst you are in hospital and you may need to wear these for a certain amount of time when you go home. Leg exercises (gentle movements) are also advised whilst lying in bed. Early mobilisation is essential.

## Anaesthetic risks

In general anaesthetics are safe although the use of anaesthesia carries a small risk. People who are very ill or who have certain medical problems have a higher risk of complications from anaesthesia than those who are fit and well. Please note that every effort is made to reduce the risk of any complications occurring. If you or your family have any concerns about the above complications, you should ask for advice at the Pre-Assessment Clinic or on admission.

## Your visit to the Pre-Assessment Clinic

- You may be given an appointment to attend the Pre-Assessment Clinic. At the clinic the nurse will confirm your admission date and time, after checking that you are medically fit for the operation. The nurse will also arrange any tests that are necessary, for example, blood tests, an ECG, or x-rays. The nurse may also arrange for you to see an anaesthetist
- The nurse will begin the documentation for admission and explain the admission



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and ward procedures to you. You will be able to ask the nurse any questions and, if necessary, she will contact a doctor to speak to you. Please note that if there are any problems as a result of this, your operation may be delayed

- Failure to attend this clinic could result in your operation being cancelled

### Your admission day

On the day of your admission please report to:

- Scunthorpe General Hospital – Ward 27 or Ward 19 - Tel: 01724 290108
- Diana Princess of Wales Hospital – Day Surgery Unit or Laurel Ward– Tel: 01472 874111
- Goole District Hospital – Ward 6 – Tel: 01724 290040

### PLEASE BRING YOUR MEDICINES WITH YOU ON THE DAY OF ADMISSION

- On arrival to the ward you will be shown to a bed. You may stay in your own clothes or put on a nightdress, whichever you prefer. If you have come in fasting (not eating or drinking) for theatre you will be asked to put on a theatre gown
- A nurse will carry out some routine checks, such as your temperature, blood pressure and pulse rate and will then arrange for you to see the doctor. The doctor will explain the operation to you, and then ask you to sign the consent form after you have read it carefully
- If you are a smoker, you will have been advised to stop 24 hours before your surgery date. The Trust has a non-smoking policy within its grounds. If you come in the day before theatre, you will

be able to eat and drink as normal. The nurse will tell you when you have to start fasting. If you come in on the day of theatre, then you will have been told when to fast from. You need to fast because if you have food and drink in your stomach when you have an anaesthetic, then you may be sick while you are unconscious

- The anaesthetist will see you on the day of your operation
- On the day of surgery the nurse will check all the information with you and then you walk up to theatre escorted by a nurse. If you are unable to mobilise you will go to the theatre on a trolley, escorted by a nurse

### On arrival in theatre:

- You will be taken into the anaesthetic room and the doctor will insert a cannula (needle) into your hand in order to give you some drugs to make you feel sleepy and start the anaesthetic procedure. In some cases you may be asked to hold a mask to your face. This will give you a flow of oxygen to breathe
- You will then be taken into the theatre for the operation. The operation is usually carried out under a general anaesthetic so you will be asleep at this point
- The surgeon will clean your skin using an antiseptic which may leave the area discoloured
- During the operation a catheter will be passed up the urethra into the bladder to drain off the urine but this will be removed when you are still asleep
- You will usually wake up in the recovery area near the operating theatre. A specially trained member of staff will look



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after you. When you wake up you will be breathing through an oxygen mask and this is usually left in place until your nurse has assessed that it is safe to be removed or depending on the instructions of the anaesthetist

- Once the recovery room staff are satisfied with your condition, you will be taken back to the ward or moved out of the close observation area

### What will happen after the procedure?

After the operation, you will wake up in the recovery room, near the theatre, where a trained nurse or operating department practitioner will look after you.

You may find you are wearing an oxygen mask, which may be left in place for 2-4 hours depending on the anaesthetist's instructions.

Once the recovery staff are satisfied with your condition, you will be taken back to the ward.

Once you are back on the ward, the nurse will settle you into bed and check your blood pressure. Initially you will feel drowsy and it is advisable to have a sleep for 2-3 hours. It is advisable not to talk to any visitors or concentrate, just relax.

Your abdomen may feel bloated and sore, but this should wear off within a few days. You may also have pain or discomfort in your shoulders and the back of your neck. The gas inserted during the operation causes this because it irritates the diaphragm which has the same nerve supply as the shoulder.

You will have been given some painkilling drugs in theatre (which may be a suppository i.e. medicine inserted into the back passage)

so you can expect to wake up without severe pain. Please speak to the nurse if you begin to experience any pain before going home.

You may have nausea and sickness after the anaesthetic. The nurse can give you an injection to settle this. Once you feel well enough, you will be offered something to drink, then if there are no problems you will be allowed to eat. You can have a wash and go to the toilet whenever you feel ready.

You may be able to come into hospital, have your operation and go home on the same day. Other patients may need to stay in hospital overnight. This will depend upon how you recover from the general anaesthetic, if any other treatment was carried out during the sterilisation, or if a laparotomy was carried out.

### Discharge Advice

If you go home the same day it is **essential that someone comes to collect you and stays with you overnight**. Once at home, it is important to rest for the remainder of the day to recover from the anaesthetic.

Furthermore you should avoid the following activities for at least 24 hours after the procedure:

- going to work
- driving
- operating machinery
- drinking alcohol
- take sleeping tablets
- signing any legally binding documents
- carrying out any activities involving heights
- caring for young children (sole responsibility)



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### Stitches / wound advice

Remove any dressing after 24 hours. A bath or shower can be taken as soon as desired. The stitches will usually dissolve within two to three weeks of your surgery. Sometimes non-dissolving stitches are used. These need removal after 4-5 days by your GP's practice nurse.

A little bruising may also appear around the wounds that will gradually disappear. If the wounds become red or any of the stitches become tight or irritating or have not dissolved within 2 weeks, you should contact your Practice Nurse at your GP's surgery.

Stitches can be quite uncomfortable for 2-3 weeks until they dissolve. It can be soothing to have frequent baths but avoid perfumed soaps and bubble baths for the first 2 weeks. It is not necessary to have salt baths.

If a larger cut in the tummy has been used during the operation, a hernia can occur at a later date due to weakness in the muscle wall. This is very rare.

### Pain

Over the counter painkillers such as Paracetamol or Ibuprofen should relieve minor stomach or shoulder pain. It is essential that you follow the dosage instructions on the packets. Advice about pain relief can also be obtained from your pharmacist. If you have persistent or severe pain, temperature, vomiting or severe swelling of abdomen contact your hospital or GP for advice.

### Vaginal discharge

On leaving hospital you may experience occasional light bleeding or brown discharge for up to 7 days after your operation. Do not worry as this is quite normal. The loss will

become paler and / or the brown colour will eventually stop.

### Do not use tampons, only sanitary towels.

If the bleeding is very heavy, i.e. you have to change a sanitary pad every 2 hours, then you need to contact the ward or a GP. Also if within 1-2 weeks of your laparoscopy you notice a smelly discharge, please consult your GP as you may require antibiotics.

### Periods

A sterilisation should not cause any change in your periods, or affect long term health. However, it is important to remember that if you are taking hormonal contraception prior to your sterilisation, it is likely that the hormones will have made your periods shorter and lighter. Once you stop taking your hormonal contraception these beneficial effects will be lost and your periods are likely to change. For example, they may become heavier, last longer and be less regular.

### Complications

Whilst most women recover well after laparoscopic surgery – complications can occur as with any operation. You should seek medical advice if you experience any of the following:

**Burning or stinging when you pass urine, or passing urine frequently** – this may be due to a urine infection and you may require / be given a course of antibiotics.

**Red and painful skin around your scar(s)** – this may be caused by an infection and you may require / be given a course of antibiotics.

**Increasing abdominal pain** – if you also have a temperature (fever), have lost your appetite and are vomiting, this may be caused by damage to your bowel or bladder.



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You may need to be admitted to hospital for further investigation (tests).

**A painful, red swollen leg or difficulty bearing weight on your leg(s)** – this may be caused by a Deep Vein Thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (Pulmonary Embolus – commonly called a PE). If you have any of these symptoms – you must seek medical help **immediately**.

### Convalescence

Take it easy for 2 - 7 days, but remember you need to be mobilising, so you do not need to stay in bed. It is quite common to experience general fatigue after an operation. You should gradually be able to begin resuming a normal lifestyle at a pace your body will dictate.

Most people need at least 2-3 days off work. If you have children it is best to arrange help for 24 hours with a relative or friend. Avoid strenuous exercise or heavy lifting for at least 7 days. The speed of your recovery depends on several factors; type of operation, body size, lifestyle and employment. By 7 days after your operation, you should usually be able to return to normal activities.

### Sexual intercourse

It is advisable to avoid sexual intercourse until any bleeding or discharge has ceased. **If you are taking hormonal contraception it is best to continue to take it until your next period after the sterilisation.**

### Driving

This should be avoided until you feel confident to handle a car and perform an

emergency stop. Sometimes after an operation your concentration powers are reduced. Your insurance company will give you more advice. The usual rule is that driving should be avoided for at least 48 hours due to you having an anaesthetic.

### Employment

The length of time you take off work depends on exactly what surgery has been performed and any other personal factors. You need to discuss this with your consultant before going home. Most people feel well enough to return to work after 2 - 7 days. You should be able to self-certificate for 7 days. If you need any longer you should discuss this with your own GP.

### Social Services

If you need to be seen by a social worker, this will have been discussed on admission, or at the Assessment Clinic. A social worker will visit you whilst you are in hospital and any necessary arrangements will be set in motion.

### Do you need any further information?

If you have any further questions, please ask the nurse or the doctor who is looking after you.

If you have any problems or worries once you have been discharged please ring the ward of your admission between 8am and 4pm, or contact your GP.

### Contact Numbers

**Surgical Day Unit – Diana, Princess of Wales Hospital direct dial 01472 875300**

**Laurel Ward, Diana, Princess of Wales Hospital 01472 875303**



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**Day Unit (Ward 27), Scunthorpe General Hospital, situated on D floor, direct dial 01724 290195**

**Ward 19, Scunthorpe General Hospital, direct dial 01724 203438**

Contact **your GP** or phone NHS Direct.

### References

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Female Sterilisation NHS choices (2014)  
<http://www.nhs.uk/Conditions/contraception-guide/Pages/female-sterilisation.aspx>  
Accessed 16/09/2014

National Institute of Health & Clinical Excellence (NICE). Long-acting reversible contraception  
<http://www.nice.org.uk/guidance/CG30>  
Accessed 16/09/2014

### Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

**For Diana, Princess of Wales Hospital**

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

### For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:  
[nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

### Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

### Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour

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- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

## Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

## Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

**Northern Lincolnshire and Goole NHS  
Foundation Trust**

**Diana Princess of Wales Hospital  
Scartho Road  
Grimsby  
01472 874111**

**Scunthorpe General Hospital  
Cliff Gardens  
Scunthorpe  
01724 282282**

**Goole & District Hospital  
Woodland Avenue  
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01405 720720**

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

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