Laparoscopic Microsurgical Reversal of Tubal Sterilisation

Background
Many women undergo tubal ligation as a reliable form of contraception. For many reasons with time some women will choose to have the operation reversed. Until recently that has required open surgery. In more recent years the procedure can be performed using laparoscopic techniques. This means that women requesting a reversal of sterilization can enjoy the benefits of “key hole” surgery including less pain and a faster return to normal activity.

The Procedure
The operation involves 5 small cuts in the abdomen. The tubes are inspected to make sure they are suitable for rejoining. The ligating clips are removed and the tubes are cleanly transected to expose fresh edges. The first part of the tube is checked for patency using a blue dye. The ends are thenstitched together using 4–5 very fine sutures. Patients can go home that day but quite often they stay in overnight.

Success rates
The success rates of tubal reversal depend on multiple factors including age, fertility status, pelvic adhesions and the length of fallopian tube available for reanastomosis (rejoining). Overall pregnancy rates of around 50% have been quoted. The success rate is very similar to IVF so for those women wanting only one pregnancy IVF may be a better option. Conversely as women age the success rate of IVF falls. Consequently women in their forties who are ovulating may actually do better with tubal reversal. Prior to any surgery your Doctor will discuss the success rates of surgery and the option of IVF.

Risks
The risks of Laparoscopic Surgery will depend on many issues including the physical state of the patient and any concurrent pelvic pathology. Overall major complications occur in less then 1% of patients.
During the operation major complications include:
- Injury to internal organs – e.g. bowel / ureter or bladder.
- Haemorrhage requiring a blood transfusion.
- Gas embolism. The carbon dioxide gas used to distend the abdomen may, rarely, pass into the large blood vessels up to the lungs, causing problems with the lungs and heart.
After the operation problems include:

- Wound, pelvic, bladder or chest infection
- Pelvis or wound haematoma (collection of blood clot).
- DVT – deep vein thrombosis (blood clot in the leg veins).
- Pulmonary embolus (blood clot in the lungs) – rare but serious.
- Abnormal wound healing / scar formations (keloid).
- Constipation (very common)
- Shoulder pain/discomfort

Following successful tubal surgery

There is a risk that a pregnancy can become stuck in the tube and grow there. This is known as an ectopic pregnancy and can occur in women with normal tubes.

It is, however, more common after tubal surgery.

Ectopic pregnancy can lead to major blood loss and requires treatment which will often involve removal of the tube.

An ultrasound scan is advised at 6 weeks into any pregnancy to rule out an ectopic pregnancy.