

Introduction

The operation is done for effective and permanent contraception when fertility is no more wanted. This contraception is irreversible unless tubal reanastomosis is done.

The Operation

1. General anaesthesia.
2. Incisions made on abdomen. Pneumoperitoneum created by insufflation of carbon dioxide.
3. Laparoscope and instruments passed into abdomen. Fallopian tubes occluded with falope rings / clips; or partially removed.
4. All tissues removed will be sent for pathology report.
5. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operation room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

Postoperative Instruction**General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation and go home on the following day.

Wound Care: Keep dressing intact.

Diet: Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**Anesthesia related complications** Risk of general anaesthesia

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedure related complications

1. Bleeding (may need blood transfusion).
2. Trauma to adjacent organs like bladder, bowels (3 in every 1,000 procedures), may require repair.
3. Infection.
4. Need to undergo laparotomy.
5. Wound complications including infection and hernia.
6. 1 in every 12, 000 women undergoing laparoscopy dies as a result of complications.

Risk of Not Having the Procedure

Unwanted pregnancy.

Alternative Treatment

Other methods of contraceptions including vasectomy (husband).

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. No effect on hormonal status in the presence of normal ovaries.
5. Normal coitus is not affected.
6. Failure risk (risk of pregnancy) about 1 in 200 in lifetime.
7. Can still develop ectopic pregnancy.
8. May have unrelated menstruation change.
9. Need to continue with effective contraception until menstruation resumes.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Cleveland Clinic: “Tubal Ligation” (2023)
<https://my.clevelandclinic.org/health/treatments/4933-tubal-ligation> (25-07-2023)