



## Saint Mary's Hospital

# Laparoscopic Sterilisation

## Information For Patients



INVESTOR IN PEOPLE



POSITIVE ABOUT  
DISABLED PEOPLE

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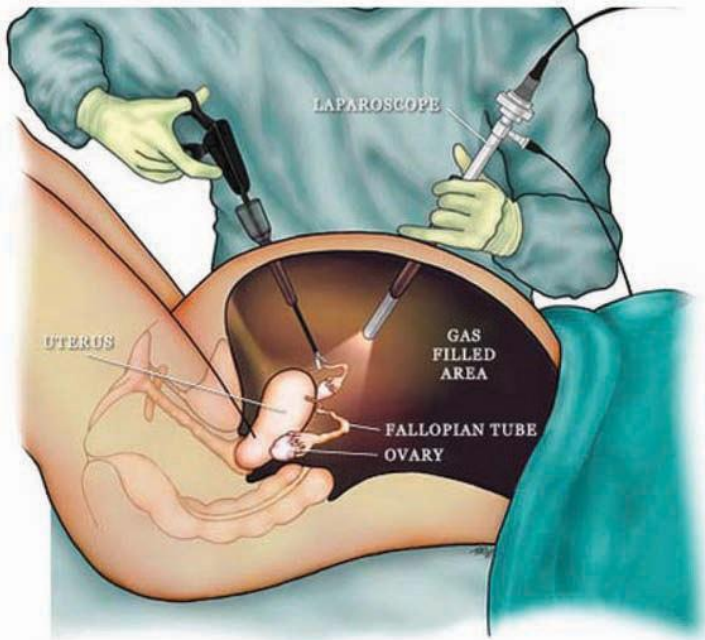
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## Welcome to the Gynaecology Services at Saint Mary's Hospital

This leaflet aims to give you some general information about a laparoscopic sterilisation, and help to answer some of the questions you may have. It is intended as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

### What is Laparoscopic Sterilisation?

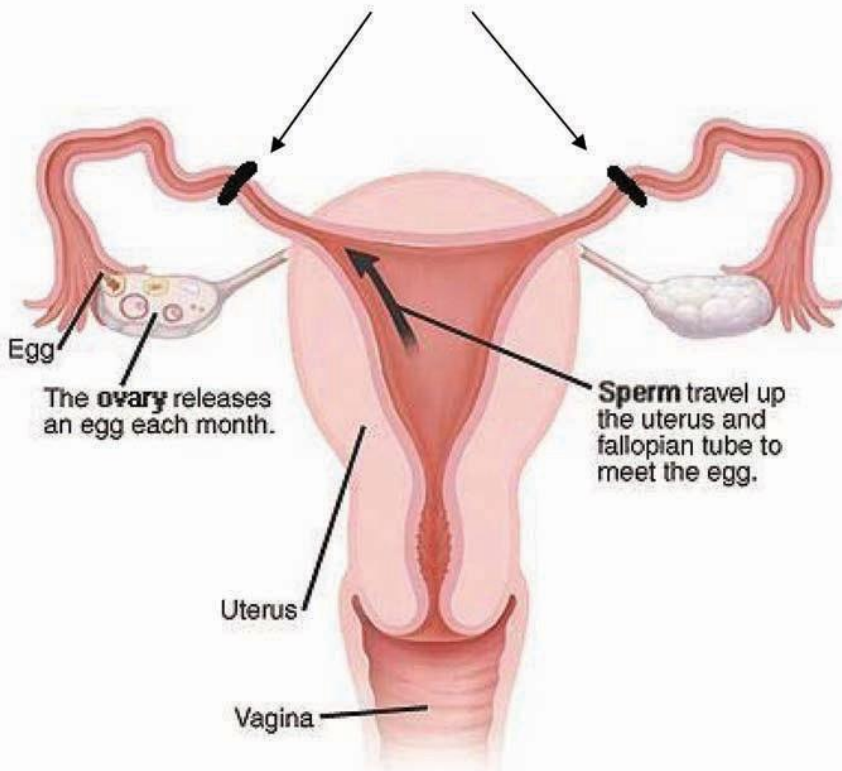
It is a minor surgical procedure performed under a general anaesthetic, which provides permanent contraception by blocking the fallopian tubes, usually with metal clips. This prevents the egg from the ovaries travelling to the womb (uterus) and also prevents the egg and sperm from meeting, so there can be no fertilization or resulting pregnancy.



## What does the operation involve?

A laparoscope is a small flexible tube (telescope) which contains a fibreoptic light and camera. The camera relays images of the inside of the abdomen or pelvis to a television monitor. Small incisions (cuts) are made near the belly button (umbilicus), and possibly on either side of the lower part of the abdomen allowing the laparoscope to be inserted. Carbon dioxide gas is pumped into the abdomen which expands allowing the pelvic organs to be seen clearly. Metal clips are applied to both fallopian tubes.

**Fallopian tubes are cut or blocked to stop the egg travelling from the ovary to the uterus.**



If for any reason it is not possible to perform the operation in this way, it may be necessary to make a slightly larger incision along the bikini line to allow the operation to be performed safely (a mini-laparoscopy).

## **What are the risks of a Laparoscopic Sterilisation?**

Minor complications occur in 1 to 2 cases in every 100. These include:

- Post-operative infection.
- Minor bleeding and bruising around the site of the incision (cut).
- Nausea and vomiting.
- Failure rate of 1:200. If the sterilisation should fail there is an increased risk of the pregnancy implanting in the fallopian tube. This is known as an ectopic pregnancy.

Major complications following a laparoscopy are rare. They occur in an estimated 1 in every 1,000 cases.

They include:

- Not being able to perform a laparoscopy and needing to perform a mini-laparotomy.
- Damage to an organ, such as your bowel or bladder, which could result in the loss of organ function.
- Damage to a major artery (blood vessel).
- Damage to the nerves in your pelvis.
- Complications arising from the use of carbon dioxide during the procedure, such as the gas bubbles entering your veins or arteries.
- A serious allergic reaction to the anaesthetic.

Further surgery is usually required to treat any major complications.

## What are the benefits?

It is a permanent method of contraception and means that intercourse can be enjoyed without fear of unwanted pregnancy.

## Are there any alternatives to surgery?

The decision to have a sterilisation is usually made because you have tried all other methods of contraception, and find them unsuitable or are unable to use them due to medical problems.

If this is not the case, and you wish to discuss alternative contraception or male sterilisation, please inform a member of staff.

## Consent

We must by law obtain your written consent to any operation. Staff will explain the risks, benefits and any alternatives. You will then be asked to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak to a member of staff.

**It is extremely important that you are certain you do not ever want any more children before you have this operation.**

## How can I prepare myself for the operation

Please make sure your decision to have the operation has not been taken during a time of emotional stress, for example, recent childbirth or marital stress, and that there are no circumstances (such as divorce, remarriage or death of a child) where you would desire further pregnancies. Research has shown that you are more likely to have regrets later on if you are under 30 or if you do not have children already. You need to be very sure about your decision. No-one can force you to have the operation if you do not want to.

Ensure you fully understand the procedure by highlighting any questions or worries. There is a section in this booklet that you may wish to use to write down your questions and take with you on your admission to hospital so that you can discuss any of your concerns.

It is very important that you continue with your chosen method of contraception until the period following your operation. A pregnancy test will be taken on the morning of surgery, however, it may not show up a very early pregnancy.

Organise your home circumstances, so you do not have to worry about housework, shopping, childcare etc.

It is advisable to bring an overnight bag toiletries and sanitary towels with you, just in case you need to stay in hospital. You should have a bath or shower on the morning of your operation. Please remove any body piercings and nail varnish from fingers and toes. Valuables and jewellery should be left at home.

You will be asked to ring the ward the evening before your operation to confirm that a bed is available - please ask the nurse to confirm whether you will be going to theatre in the morning or afternoon and what time you need to starve from.

It is very important that you do not have anything to eat or drink for at least 6 hours before your operation. This includes sweets and chewing gum. You may be allowed water up to 2 hours before surgery - your nurse will confirm this.

## **How long does the procedure take?**

It will normally take between 20-30 minutes. You should return to the ward after 1-2 hours following a short time in the recovery room.



## What can I expect after my operation?

- **Pain/discomfort**

It is normal to expect some mild abdominal, leg or shoulder-tip pain after your operation. You may be prescribed some pain relief to take home. Your nurse will explain what they are and how often to take them. If you are not given any pain relief on discharge, please use over the counter pain killers, such as paracetamol or ibuprofen based products, but always read the label/instructions before taking them.

Wind pain is a common problem experienced by women following a laparoscopy, due to the gas put into the abdomen. Use of a heat pack or drinking peppermint tea can help, along with keeping mobile.

- **Vaginal bleeding**

It is common to have some mild vaginal bleeding for up to seven days after your operation. Do not use tampons during this period, only sanitary towels. Tampons may increase your risk of developing a mild infection. If you feel your bleeding is very heavy, prolonged or has an offensive smell, please seek advice from your GP.

- **Wounds**

Your wounds will either be closed with a very small suture (stitch) or with surgical glue. Sutures will usually dissolve within 10-14 days. If they do not and are causing discomfort please seek advice from your GP or Practice Nurse who may be able to remove them for you. Glued sites may be left to heal and no intervention is required.

Some oozing from the wounds may be noted for the first 24 hours after your operation and a dry dressing may be applied. After this time they should be left exposed and kept clean and dry. If the oozing continues and/or the areas become red, inflamed or smelly, please seek advice from your GP, as you may have developed a mild infection. Always make sure you wash



your hands before and after caring for your wounds.

You may bathe and/or shower as normal - it does not matter if you get the sutures or glue wet. However, please ensure that you dry your wounds thoroughly with a clean towel afterwards.

## **Will I have a scar?**

The incisions made are very small and the scars will barely be visible after a few months.

## **What arrangements should I make for going home?**

The operation is usually performed as a daycase, so you should make arrangements for someone to pick you up from hospital and stay with you overnight. Your nurse should be able to give you an approximate time for your discharge home.

## **When can I return to my normal activities?**

This advice can only be used as a guide as your recovery from the operation will be specific to you as an individual. If you have had a mini-laparotomy your recovery may take longer than the suggested guide below.

It is normal to feel tired for a few days after your operation, and you may need to rest.

- **Work**

Following a laparoscopy you can normally return to work within 7 days. (2-4 weeks for laparotomy). Most work places allow you to self-certify for up to 7 days, but please let staff know if this is a problem and you require a sick note.

- **Exercise and Lifting**

Avoid heavy lifting, housework, and strenuous exercise for 7 days (4-6 weeks for laparotomy). After this time you should be able to ease yourself gently back into your exercise programme.

You must not go swimming until your wounds have healed and any vaginal discharge has stopped.

- **Driving**

You must not drive for at least 24 hrs and only then when you feel comfortable wearing a seatbelt and can perform an emergency stop without any abdominal discomfort (6 weeks for laparotomy). Please contact your insurance company for confirmation.

- **Sex**

Do not resume having sexual intercourse until any vaginal bleeding has stopped and you feel ready and comfortable to do so. Please ensure that you continue to use carefully your chosen method of contraception until your next period.

## **When can I expect a period?**

Every woman is different regarding how soon after the operation to expect a period, however sometime in the next 4-6 weeks is considered usual.

Often this first period may be heavier or lighter than normal, but should return to normal with 2-3 months. If you have not had a period within 6-8 weeks, please contact your GP or the hospital.

## Will I need a follow up appointment?

Routine follow up appointments are not usually necessary at the hospital. A letter will be sent to your GP to inform them of your operation and you will be able to attend the surgery if you have any concerns.

## Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

### **Gynaecology Wards:**

0161 276 6105 (24 hours a day), or  
0161 276 6517 or  
0161 701 0048  
(24 hours)

### **Emergency Gynaecology Unit (EGU)**

0161 276 6204  
(Monday to Friday 8.00 am–5.00 pm)

## Other useful contact numbers and websites:

Women's Health Concern - 01628 478473  
[www.womens-health-concern.org.uk](http://www.womens-health-concern.org.uk)

NHS Direct - 0845 4647  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

NHS Choices  
[www.nhs.uk](http://www.nhs.uk)

## No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on  
Tel: (0161) 205 5998 ([www.stopsmokingmanchester.co.uk](http://www.stopsmokingmanchester.co.uk)).

## Translation and Interpretation Service

Do you have difficulty speaking or understanding English?

আপনি কি ইংরেজীতে বুঝতে কিংবা বুঝাতে পেরেছেন ? (BENGALI)

क्या आपको अंग्रेजी बोलने या समझने में कठिनाई है ? (HINDI)

તમે ભાષા કામઠી વાતચીત કરવામાં મુશ્કેલી આવે છે ? (GUJARATI)

ਕਿ ਤੁਹਾਨੂੰ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲਣ ਜਾਂ ਸਮਝਣ ਵਿਚ ਦਿੱਕਤ ਹੈ ? (PUNJABI)

Miyey ku adagtahay inaad ku hadasho Ingriisida aad sahamto (SOMALI)

هل لديك مشاكل في فهم اوالتكلم باللغة الانجليزية ؟ (ARABIC)

你有困難講英語或明白英語嗎？ (CANTONESE)

کیا آپکو انگریزی سمجھنے اور سمجھانے میں وقت پیش آتی ہے؟ (URDU)

 0161 276 6202/6342

Produced by the Gynaecology Department

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