

Information for Patients

Fallopian tube cannulation

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

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

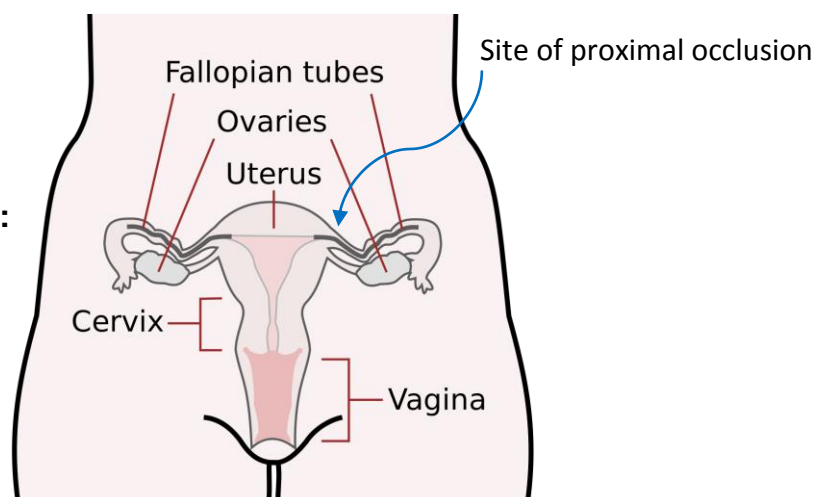
What is fallopian tube cannulation (by keyhole surgery)?

Fallopian tube cannulation is a surgical procedure aimed at treating women with subfertility (difficulty conceiving a pregnancy) with proximal tubal occlusion (blockage in the part of the fallopian tubes closest to the womb).

Why is fallopian tube cannulation performed?

Up to 1 in 6 couples may suffer from subfertility. The reasons behind subfertility are different between couples but in 1 in 5 couples this is because the fallopian tubes are blocked, either completely or partially (tubal factor). Normal fallopian tube function is important in allowing the egg (oocyte) to meet the sperm for fertilisation (joining of the egg and sperm) and to allow the fertilised egg (embryo) to travel to the womb (uterus).

The Female Reproductive System:



The common reasons behind a 'blocked' fallopian tube include previous infection, scar tissue (adhesions) and endometriosis. Blocked fallopian tubes may be diagnosed either by an X-ray test called a 'hysterosalpingogram' or by undergoing an operation called a 'laparoscopy and dye test'.

In a specific group of women the blockage is in the first and closest part to the uterus (proximal part) and this may be treated by fallopian tube cannulation.

Am I suitable for fallopian tube cannulation?

You are suitable for fallopian tube cannulation if:

1. You have a history of subfertility due to tubal factor.
2. Tubal blockage has been diagnosed either by hysterosalpingogram or laparoscopy and dye test.
3. The site of the blockage is in the proximal part of the fallopian tube (see diagram) and there is no hydrosalpinx (swollen tubes due to blockage at the end of the fallopian tube).

What are the alternatives to fallopian tube cannulation?

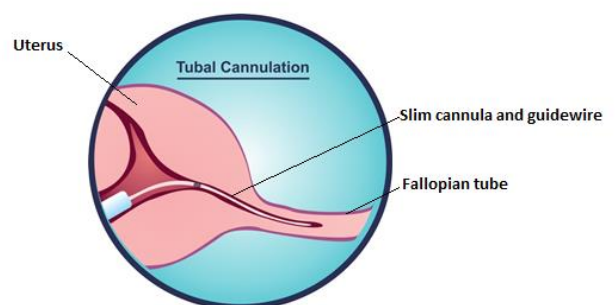
Your doctor will be able to advise you regarding the alternatives to increase your chances of achieving a pregnancy specific to your own circumstances. However, in general for couples with subfertility due to the tube factor, the main alternative involves undergoing IVF (in vitro fertilisation).

How is fallopian tube cannulation performed?

Fallopian tube cannulation is an operation performed by 'keyhole' surgery with two cameras, namely by hysteroscopy and laparoscopy.

Hysteroscopy and laparoscopy are surgical procedures that allow the surgeon to access the inside of the womb and the abdomen respectively using a narrow tube that contains a camera and a light source.

While visualising the abdomen and the pelvis through the laparoscope, a fine guidewire is introduced into the womb and the opening of the fallopian tube. This guidewire is then carefully used to unblock the tube. A dye is then introduced through the womb into the fallopian tubes to check whether it can pass through into the pelvis and determine whether the procedure has been successful. This is similar to the way an artery is unblocked in the heart to treat heart disease.



How successful is fallopian tube cannulation?

The published evidence suggests that fallopian tube cannulation achieves tubal patency (successfully treating the blockage) in approximately 70% of women and is successful in achieving a pregnancy in 10-20% of women afterwards. (NICE interventional procedures programme 2013).

Specific to our unit in Saint Mary's Hospital our available data shows fallopian tube cannulation achieves tubal patency in 73 to 79% of women and is successful in achieving a pregnancy in 22 to 33% of cases.

How safe is fallopian tube cannulation?

Fallopian tube cannulation is generally regarded as a safe procedure. Serious complications as a result of surgery are rare and occur in an estimated 1 in 1000 cases. These complications are related to the laparoscopy and not the procedure of tubal cannulation itself.

Possible complications from a laparoscopy and hysteroscopy include injury to organs, such as bladder and bowel, and injury to a major artery (blood vessel).

Possible complications of the fallopian tube cannulation procedure include perforation of the fallopian tube (injury of the fallopian tube resulting from the guidewire insertion) in 1-10% of cases, infection and ectopic pregnancy. Ectopic pregnancies are those which implant outside the womb, most commonly in the fallopian tube and can be dangerous if undiagnosed. However any woman with complete or partial blockage of her tubes is at higher risk of developing an ectopic pregnancy. If you successfully conceive after this procedure it is important that an ultrasound scan is arranged at approximately 6-7 weeks' gestation to ensure that your pregnancy is developing normally.

How long will I need to be in hospital?

Most women will be able to return home on the day of the operation ('day case surgery'), although different people recover from a general anaesthetic and the operation differently and so you may need to stay in hospital a little longer.

Will I have pain or vaginal bleeding after my operation?

Women who undergo laparoscopy commonly describe lower abdominal, upper leg and shoulder tip pain. You will also have 2-4 incision sites where the laparoscopy and instruments were inserted over your abdomen. These may be tender immediately after your operation and for the next 10-14 days. Your nurse will provide you with appropriate pain relief accordingly.

It is common to have some mild vaginal bleeding for a few days after your operation. Do not use tampons during this period, only sanitary towels. Tampons may increase your risk of developing an infection. If you feel your bleeding is prolonged or becomes foul-smelling, please seek advice from your GP.

When can I have sex again?

Do not resume having sexual intercourse until any vaginal bleeding has stopped and you feel comfortable and able to have sex. We would recommend trying for a pregnancy when you are comfortable sooner rather than later. Please ensure you have had appropriate investigations regarding ovulation and semen analysis.

When can I return to my normal activities?

You will feel tired in the first few days following your operation. Rest and recover and resume your normal activities when you feel ready to. However, avoid heavy lifting, housework and strenuous exercise for 10-14 days. Following this procedure you can normally return to work within 7-14 days.

Can I help towards understanding tubal blockage and its treatment?

Yes – We are very interested in the outcomes of women who undergo fallopian tube cannulation and whether they have any successes in achieving a pregnancy in the future.

Many women are referred from outside our local area and we often do not find out their outcomes. As we are keen to regularly evaluate our services and assess your outcome, we would be grateful if you would agree to be contacted in the future. We would also be grateful if you would contact us with the details below if you successfully become pregnant in the future.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Emergency Gynaecology Unit (EGU)
(0161) 276 6204 (Monday to Friday. 8.00 am to 5.00 pm)

Gynaecology Ward 62:
(0161) 276 6105, or (0161) 701 0048 (24 hours a day)