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LAPAROSCOPIC SALPINGECTOMY

WHAT IS LAPAROSCOPIC SALPINGECTOMY?

This procedure involves the removal of one or both fallopian tubes. Usually this is because the fallopian tube is damaged. It is also the same procedure used to treat ectopic pregnancy when the tube either cannot or should not be saved.

The intended benefit of the procedure is usually to reduce or stop pelvic pain or to improve IVF results in patients planning to undergo IVF. Removing both fallopian tubes has the equivalent effect as a sterilisation operation on your fertility. Pregnancy after removal of both fallopian tubes has been reported but is extremely rare. The risk is significantly less than either failed sterilisation operations or failure of common contraceptive techniques. You should not require any additional contraception.

The general view in the IVF world is that, if the fallopian tubes are swollen by disease (hydrosalpinx) then their presence adversely affects implantation. Hydrosalpinges usually occur if the distal (far) end of the fallopian tube is blocked. This is usually the result of previous tubal infection, surgery, infection adjacent to the tube or endometriosis. The fluid remaining in the tube is sterile but contains inflammatory fluid that may leak into the uterine cavity and adversely affect the endometrium and therefore implantation of the embryo. This has been shown to reduce pregnancy rates. The tubes can either be removed or clipped at the uterine end. The problem with clipping them is that the tubes are now blocked in 2 places and may swell further causing chronic pain as there is now no where for the fluid to go.

THE PROCEDURE

Under general anaesthetic a laparoscope (a 5 or 10mm fibre-optic telescope) is inserted through an incision just below the umbilicus. 2 further ports are inserted lower in the pelvis, one in the midline and one to one side. If you are expecting only one fallopian tube to be removed do not worry if the side incision is on the opposite side from the tube you expected to be removed. Sometimes the position of the tube is such that an approach from the opposite side makes the operation technically easier.

The fallopian tube is identified and any adhesions around it divided to free up the tube. The tube is then removed by dividing the tube from the ovary and pelvic sidewall using a combination of diathermy to close its blood supply and cutting once its blood supply is closed. If the tube is badly damaged then it may be necessary to remove the tube in several pieces rather than one single piece. Once separated the fallopian tube is then removed through the port on that side of your abdomen.

A careful inspection of the abdomen is carried out to make sure there is no bleeding and the instruments then removed.

It is very occasionally not possible to complete the operation laparoscopically and an open operation will be needed. Unless otherwise agreed we would plan to proceed to the open operation under the same anaesthetic.

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