

INFORMATION SHEET REVERSAL OF STERILISATION

Sterilisation is a commonly performed procedure. The procedure itself can be done using clips, rings, diathermy (cautery) or removing the fallopian tube itself. The commonest operation used to perform a sterilisation is a laparoscopic procedure. This is usually performed as a day case. Whilst when the operation is performed the decision not to have further children is fairly firm circumstances often change in ones life. The natural desire to have further children is strong and occasionally women either regret having their sterilisation performed or seek children with a new partner. The following pieces of information are designed to help you understand those factors that make reversal of sterilisation more or less successful.

FACTORS AFFECTING THE SUCCESS OF THE REVERSAL

FEMALE AGE

Reversal of sterilisation is less successful as female age advances. Nevertheless under 35 one should expect at least a 70% pregnancy rate (depending on other factors below) but over 42 the results probably are reduced to between 10 and 15%. Despite the marked reduction in success rates this is still more successful than in vitro fertilisation per attempt. There is some evidence to suggest, especially in older women that although the chance of success with a reversal is low the chance of successful IVF is even lower.

IVF rates vary but one would expect at least a 45% chance if under 35 years reducing thereafter. At 45 the chance of a live birth with IVF is only 1%.

TYPE OF STERILISATION

If both fallopian tubes have been removed then reversal of sterilisation is not possible.

The success rate is poor if diathermy (cautery) have been used. This technique changes a damaged or abnormally wide area of the fallopian and the length of tube that remains after surgery is rather short. This type of sterilisation is not commonly used. I would not recommend that reversal is attempted.

The results from ring or clip sterilisation are much better.

TUBAL LENGTH AFTER OPERATION

The chance of successful reversal of sterilisation is partly dependant on the length of the fallopian tube remaining after surgery -the longer the better. The best results come from clip sterilisation.

The results are less good if two clips rather than one clip has been used for the sterilisation, as there is a shorter piece of remaining tube once the clips have been excised and the tubes rejoined. Unfortunately it is not possible to determine tubal length before the operation.

MR JULIAN PAMPIGLIONE MD FRCOG
DORSET FERTILITY

PARTNER

The results of reversal of sterilisation are best when the male partners semen analysis is normal. For this reason it is essential that the semen analysis is arranged prior to consideration of surgery for reversal of sterilisation.

If there is a major sperm problem then the results are very poor and in vitro fertilisation or ICSI should be considered as an alternative. The sperm are placed adjacent to or injected directly into the egg and do not have to swim the normal journey through the female genital tract.

THE OPERATION

Unlike sterilisation, the procedure of reversal of sterilisation is a much more major operation, it involves an approximately 7 -10 cm incision along the "bikini line". Because of this the recovery is much longer than the original sterilising operation. The procedure itself takes between 1½ to 2 hours. Although the surgery is not aggressive, it is very delicate and involves microsurgery. Microsurgery involves the use of fine instruments and magnification.

Once the abdomen is opened magnification is used to closely identify and examine the fallopian tubes. The fallopian tube is divided, both before and after the clip ensuring that the clip and the crushed portion of the fallopian tube are removed. The two ends of the fallopian tube are checked to ensure that they are normal and also trimmed to make sure that there are of an equivalent size. Once this is achieved they are joined together with between four and six fine permanent sutures of Prolene, an inert material. During the whole process the fallopian tubes are regularly bathed with solution to make sure that they do not dry out.

A blue dye is injected from the cervix to make sure that the fallopian tubes are open and patent. If successfully performed the dye should travel out of the other end of the fallopian tubes, therefore confirming that they are now patent. You may see some of this dye coming from the vagina after the operation. This is normal.

After the tubes are joined together the abdomen is closed with a dissolving suture, which will not need further removal. After the operation recovery from the operation is fairly variable but you should not consider returning to work earlier than 4 to 6 weeks. The actual time will depend upon the nature of your work.

Because hospital stay is expensive in the private sector arrangements have been made with the Nuffield and Harbour Hospitals to limit the stay to the time you would need actual nursing care. This is usually approximately one to two nights. After this time you will still need some help at home, but will not need professional nursing care. You are welcome to stay in hospital for longer but should be advised that the daily hospital charges are between £260 and £450. Should a surgical complication occur then you should rest assured that any prolongation of your stay will be covered within the original cost and there will not be an extra charge.

RISKS

There are some very rare risks of reversal of sterilisation that you should be aware of. Some of these relate to the risk of any surgery such as bleeding and infection particularly in the operation site or in the wound are possible. To minimize this risk a shot of antibiotics is given. You will be asked if you are allergic to any particular antibiotics.

MR JULIAN PAMPIGLIONE MD FRCOG
DORSET FERTILITY

Any operation that takes this length of time carries a low risk of developing a deep vein thrombosis or pulmonary embolus. Generally this is unusual in women of reproductive age. In order to minimize this risk thrombo-embolic stockings are used if you are at a particularly high risk, or over the age of 40. You may also have a Heparin injection. Generally this risk can be minimized by early mobilisation and you will be encouraged to be up and about within 24 hours of the operation.

BEFORE THE OPERATION

Before undertaking reversal of sterilisation you will need to have a consultation with Mr Pampiglione, this lasts for approximately 30 minutes. You are welcome to both attend the appointment.

The procedure will be discussed and any questions that you might have will be answered. You will be advised of the effect of any tests you have had. Please let us know in advance of the consultation if you have had any tests and where we can obtain the results.

Tests that you should have prior to surgery are as below:

Male semen analysis

Female Day 21 progesterone (ovulation test) or urine ovulation test. Rubella (German measles)

Hormone profile including FSH hormone.

You will need to have a test to ensure that you are ovulating and this is the day 21 progesterone blood test or urinary ovulation test. If you are not ovulating then it will be important to firstly check your follicular stimulating hormone. A high level might indicate menopause or ovarian failure and you would also have a trial of medication to ensure that we could get you to ovulate prior to the procedure.

These can be arranged at the Nuffield Hospital should you wish. If so, there will be a separate charge made.

Updated 1-11-16 JSP