This procedure is essentially an extension of the laparoscopy and dye technique. The salpingoscope is a very fine (under 3mm) thick fibre optic tube which can be actually inserted into the fallopian tube. The portion of the fallopian tube nearest the ovaries can then be examined to see whether there are any internal signs of damage.

Subtle damage sometimes is apparent in the form of an alteration in the small blood vessels within the fallopian tubes or a lack of folds within the mucosa (lining) of the fallopian tube. Rarely there are adhesions across the fallopian tube. This latter feature bears a particularly poor prognosis as it implies there are many points of damage within the fallopian tube, usually caused by infection.

The reason for performing this technique is that sometimes this degree of damage is not visible from the outside and the fallopian tube appears, initially at least, to be normal. It is usually performed when there is a previous history of damage to either that, or the other fallopian tube, i.e. an ectopic pregnancy, or if pregnancy has still not occurred two years or so following a previous, apparently normal, laparoscopy.

It can also be used for assessment prior to tubal surgery. If there is considerable damage inside the fallopian tube then operating to release adhesions and improving the appearance of the fallopian tube externally will not work. In this circumstance the chance of successful tubal surgery would be very low (under 10%).

Salpingoscopy is usually performed either as a day case or as an overnight stay. On top of the umbilical incision for laparoscopy it requires two 5mm stab incisions, one each side of the abdomen, just in the pubic area. Through this a fine cannula is passed and the scope is actually passed through the cannula. The fallopian tube is held by a device placed through the second cannula whilst the salpingoscope is inserted directly into the fallopian tube. The procedure is controlled by watching through the laparoscope inserted just below the umbilicus.

Recovery is largely the same as laparoscopy, and most people having this procedure performed will have previously had a laparoscopy and therefore will be able to judge the sort of time they require before returning to work. It may take four to five days to recover from this procedure and you should certainly not drive for 48 hours.

Please read laparoscopy leaflet