Laparoscopy for Tubal Ligation

Laparoscopy for tubal ligation is when the fallopian tubes are closed. Tubal ligation is also known as getting your "tubes tied." It is a brief, common and relatively simple surgical procedure. Tubal ligation is done to cause sterilization. Sterilization means you will not be able to get pregnant or have a baby. Sometimes a tubal ligation may be reversed, **but this should not be considered a possibility because of failure to get pregnant and the increased risk of tubal (*ectopic*) pregnancy.** If you want to have future pregnancies, you should not have this procedure. Use other forms of contraception. Tubal ligation can be done at any time during your menstrual cycle. This procedure has a less than 1% failure rate. Tubal ligation does not protect against sexually transmitted disease.

BEFORE THE PROCEDURE:

- **Do not** take aspirin or blood thinners a week before the procedure. This can cause bleeding. Do as directed by your caregiver.
- **Do not** eat or drink anything 6 to 8 hours before the procedure.
- Let your caregiver know if you get a cold or an infection before the operation.
- Arrive one hour to the clinic or hospital before the surgery to read and sign documents.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Allergies, especially to medications.
- All the medications you are taking, even herbs, eye drops, steroids, creams and over-the-counter drugs.
- The possibility of being pregnant.
- Past problems with medications.
- History of blood clots or other blood problems.
- Past surgeries, medical or health problems.

RISKS AND COMPLICATIONS

Your caregiver will discuss the risks with you before the procedure. Some problems that can happen after this procedure include:

- Infection. A germ starts growing in one of the wounds. This can usually be treated with medicines that kill germs (antibiotics).
- Bleeding following surgery. Your surgeon takes every precaution to keep this from happening.
- Damage to other organs. If damage to other organs or excessive bleeding should occur, it may be necessary to convert the laparoscopic procedure into an open abdominal procedure. Scarring (*adhesions*) from past surgeries or disease may also be a cause to change this procedure to an open abdominal operation.
- Anesthetic side effects.

PROCEDURE

- You may be given a mild drug (*sedative*) to help you relax before the procedure. Once in the operating room, you will be given a general anesthetic to make you sleep (unless you and your caregiver choose a different anesthetic).
- Once you are sleeping, your surgeon makes your abdomen larger with a harmless gas (*carbon dioxide*). This makes your organs easier to see and gives room to operate.
- A laparoscope is then inserted into your abdomen through a small cut (*incision*) below the naval. A laparoscope is a thin, lighted, pencil-sized instrument. It is like a telescope. Once inserted, your caregiver can look at the organs inside your abdomen. They can see if there is anything abnormal.
- Other small instruments also are put into the abdomen through other small openings (*portals*). Many surgeons attach a video camera to the laparoscope to enlarge the view. The fallopian tubes are located and either burned closed (*cauterized*) or a plastic clip is placed on them to close the tubes.

Sometimes, your surgeon may take tissue samples (*biopsies*) from other organs if they see something abnormal.

Biopsies can help to diagnose or confirm a disease. The samples are sent to a specialist that looks at cells and tissue samples (*pathologist*). The pathologist examines them under a microscope.

AFTER THE PROCEDURE

- The gas is released from inside your abdomen.
- Your incisions are closed with stitches (*sutures*). Because these incisions are small (usually less than one-half inch), there is usually little discomfort following the procedure.
- **You will rest in a recovery room** until you are stable and doing well.
- As long as there are no problems, you may be allowed to go home.
- Someone will have to drive you home.
- You will have some mild discomfort in the throat. This is from the tube placed in your throat while you were sleeping.
- You may experience discomfort in the shoulder area from some trapped air between the liver and diaphragm. This will slowly go away on its own.
- You will also have some mild abdominal discomfort. You will also have discomfort from the incisions where the instruments were placed into your abdomen.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, discomfort or fever as directed by your caregiver. **Do not** take aspirin in can cause bleeding.
- Resume daily activities, diet, rest, driving and work as directed.
- Showers are preferred over baths.
- Resume sexual activities in one week or as directed.
- If biopsies were taken, find out how to get your results. The results are usually given during the follow up visit. Do not assume tests are normal if you do not hear from your caregiver. It is **your responsibility** to obtain your results.
- Change the dressings as directed.
- It is helpful to have someone with you for several hours after you go home. They can help you and be available if you have problems.

SEEK MEDICAL CARE IF:

- You have increasing abdominal pain.
- You develop new pain in your shoulders in the shoulder strap area that gets worse with time. Some pain is common and expected.
- You feel light headed or faint.
- You have chills or fever.
- If you develop a temperature 100° F (37.9 ° C) or higher, write it down. Have the records to show your caregiver.
- You develop bleeding or drainage from the suture sites or the vagina after surgery.
- You develop chest pain.
- You develop shortness of breath.
- You develop a rash.

Document Released: 09/26/2009
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