



Laparoscopic Tubal Reanastomosis

What will be done?

This procedure will rejoin separated uterine (Fallopian) tubes.

Why is this done?

This procedure is most commonly performed after a female sterilisation procedure (tubal ligation) when further fertility is desired. Other reasons include repair of a tube following ectopic pregnancy or following the excision of abnormal segments of the tube.

What are the alternatives to this treatment?

Alternatives to a tubal reanastomosis include in vitro fertilization (IVF), embryo donation or adoption. Not all of these options may be suitable to or available for you.

How is this done?

The procedure is normally performed under a general anaesthetic. A drip is inserted into your arm. A catheter (a tube for urine drainage) is inserted after you have been anaesthetised. Depending on the circumstance, the procedure may be either performed laparoscopically (key hole surgery) or by an incision made horizontally (along the bikini line) on your abdomen.

An instrument (a manipulator) is inserted into the uterus through the vagina and a tube (a stent) may be inserted into each of the tubal remnants.

The tubal remnants (about the thickness of a strand of spaghetti) are reopposed and repaired in layers with sutures (less thick than the size of a human hair), utilizing either a magnified laparoscopic view or an operating microscope.

The procedure itself takes approximately two hours, but you can expect to be in theatre and recovery for up to three hours

How successful is the procedure?

The chance of conception after this procedure is less than four out of five (80%), but this depends on your age and the condition of the tube. At times, it may not be possible to perform a reanastomosis.

After the procedure, the risk of an ectopic pregnancy (a miscarriage in the tube: a potentially serious and life threatening condition) is approximately one in five (20%).

What are the costs of this procedure?

Unfortunately, this procedure is no longer performed in the public hospital system. There is no Medicare rebate and your private health fund may not cover the cost of this procedure. A detailed cost estimate will be provided by our office.

What should I do before the procedure?

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should continue your regular medications, unless advised otherwise. Stop smoking. Should you develop an illness prior to your surgery, please contact our office immediately.

What should I do on the day of the procedure?

Unless otherwise specified, you should stop eating and drinking at the following times on the day of the surgery:

1. at midnight for a morning procedure; or,
2. at 6 am for an afternoon procedure.

If bowel preparation is required, you should only have fluids (soups, jellies, cordials, juices or similar drinks) in the 24 hours prior to the surgery. The bowel preparation medication should be taken as ordered.

What should I expect after the procedure?

When you wake from the anaesthetic, you will be in the recovery room. A drip will be maintained for one to two days and the catheter will normally be removed the following day. You should expect a stay of one to three nights in hospital, depending on the mode of your surgery. You will be given specific discharge medication if required, but you may use panadol or panadeine as required (one to two tablets every four hours up to a maximum of eight tablets per day).

After discharge from hospital, you should:

- eat and drink normally
- remain mobile
- use sanitary pads (not tampons) if required
- shower normally

You should not:

- have intercourse for 6 weeks
- undertake any heavy lifting or straining for 6 weeks

It is normal to experience some depression after this procedure. You may require up to six weeks off work. You should have returned to normal activity by three months, but full recovery may take longer. Numbness under or around the wound is relatively common and may be permanent.

What are the complications of this procedure?

Every surgical procedure has associated risks. Complications include, but are not limited to:

1. the anaesthetic
2. the surgery
 - injuries to bladder, ureters (connection between the bladder and the kidney), bowel or blood vessels, requiring further surgery, blood transfusion or longer admission
3. the recovery period
 - infections of the bladder, wound (internal and external), abdomen or lungs; blood clots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing; variable postoperative pain and recovery

Any specific risks and complications will be discussed prior to the procedure.

What if I have any problems?

You should notify the following problems:

- fever or feeling unwell
- offensive vaginal discharge or heavy bleeding
- wound becomes hot, painful or discharges
- intractable nausea or vomiting
- inability to empty your bladder or bowels
- severe pain

Please contact the office on (07) 333 21 999 or attend the Emergency Department if you require urgent attention.