Department of Obstetrics & Gynaecology - The University of Hong Kong

PREOPERATIVE INFORMATION SHEET FOR LAPAROSCOPIC TUBAL OCCLUSION / BILATERAL SALPINGECTOMY

Clinical diagnosis: unwanted fertility(partner of patient is encouraged to be involved in making the decision)

Indication: unwanted fertility

Nature of the operation:

- general anaesthesia
- pneumoperitoneum created by insufflation of carbon dioxide
- incisions made
- telescope and instruments passed into abdomen
- tubal occlusion: local anaesthestic applied to fallopian tubes, fallopian tubes interrupted with Falope rings / clips
- bilateral salpingectomy: both fallopian tubes excised
- incisions closed
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

Benefits of the procedure: effective contraception

Other consequences after the procedure:

- no effect on hormonal status in the presence of normal ovaries
- coitus is not affected
- Both are considered irreversible method of contraception.
- Tubal reanastomosis may be done after tubal occlusion but may not be successful. Reanastomosis is not possible after bilateral salpingectomy.
- Risk of carcinoma of ovary is reduced after tubal occlusion. The reduction may be more with bilateral salpingectomy.
- may have unrelated menstruation change following discontinuation of hormonal contraception

Risks and complications may include, but are not limited to the following:

- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Anaesthetic complications
- Serious
  - failure to gain entry into the abdomen and to complete the intended procedure, requiring laparotomy
  - bleeding, may require blood transfusion
  - injuries to the bowel, bladder or blood vessels (2 in every 1000, uncommon) , may require repair and or urinary/faecal diversion by laparoscopy or laparotomy
  - uterine perforation if instrument inserted to facilitate operation
  - one in every 12000 woman undergoing laparoscopy dies as a result of complications (very rare)
  - pelvic infection
  - luteal phase pregnancy (2-3 in every 1000, uncommon)
  - hernia at site of entry
  - failure, resulting in unplanned pregnancy (2-5 in 1000 at 10 years, uncommon)
  - the possibility of a future pregnancy occurring in the fallopian tube(ectopic pregnancy) if failure occurs
  - regret
- Frequent
  - shoulder-tip pain
  - frequency of micturition, dysuria and urinary tract infection
  - wound infection, pain, bruising, delayed wound healing or keloid formation
  - numbness, tingling of or burning sensation around the scar
  - internal scarring with adhesions

Risks of not having the procedure: unwanted pregnancy

Possible alternatives
- other methods of contraceptions including oral or injectable hormones, intrauterine device, vasectomy
- laparoscopic bilateral salpingectomy / tubal occlusion
- hysteroscopic tubal occlusion
- others _____

Other associated procedures (which may become necessary during the operation):
- laparotomy (3 in 1000, uncommon)
- repair of damage to bowel, bladder or blood vessels

Special follow-up issue: need to use effective contraception until the next menstrual period.

Statement of patient: procedure(s) which should not be carried out without further discussion

---

I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Signature _____

Date _____