

LAPRASCOPIC BILATERAL SALPINGECTOMY

Removal of both of the fallopian tubes is a permanent form of contraception. It removes the highway between the ovaries and the uterus, thus blocking the egg and sperm from meeting. It does not have any changes in hormones. The literature suggests that it does not bring on menopause any earlier, then you would experience otherwise.

It is performed in Nanaimo Regional General Hospital as a day surgery procedure. You can not eat after midnight and can consume clear fluids for up to 3 hours prior to the procedure. **Clear fluids are apple juice, ginger ale, black coffee or tea with sugar. Cream, milk or pulp in orange juice are all considered a solid.**

On arrival to the hospital, you will be checked in at admitting by a nurse. Then checked in at daycare. You will then be brought to the operating room. A surgical check list of safety will be performed. An IV will be started and you will be put to sleep through the intravenous.

Your belly will be cleaned off and a needle will be inserted through your belly button and your belly will be blown up with gas. The camera will then be inserted. Until the camera is in place, we can not see exactly where we are going, so there is a small chance of damage to bowels, blood vessels or bladder. Once the camera is inserted, 2 more little openings will be created in your abdomen to allow instrument access. These will all be less than 1cm. A cautery device will then be used to remove both of the fallopian tubes. You will have a total of 3 poke holes on the abdomen, occasionally a fourth is added if there is need.

Risks of this surgery include:

- 1) Risk of anesthesia. A very small risk of getting a general anesthetic, this is less than getting in a car and going for a long drive.
- 2) Small risk of entry into the abdomen.
- 3) Bleeding requiring blood transfusions. The risk of a blood transfusion is very small in Canada as all the blood is screened. Your blood work needs to be completed prior to the surgery, to ensure that we have a blood match in the hospital for you, if needed in an emergency.
- 4) Risk of infection. Very small with this procedure, so low we don't need to give antibiotics
- 5) Risk of clotting in the legs, moving up to the lungs. This is quite rare as it is a short surgery and you are up and walking around normally after the procedure.
- 6) If there is damage to structures in the abdomen, there could potentially be a laparotomy, which is a larger incision, like a c-section, needed to stop the bleeding or repair damage. This is very rare.

Following the anesthetic, you are considered legally intoxicated for 24 hours, thus you need someone to drive you home from the hospital.

Most patients just need Advil and Tylenol afterwards for the pain as the incisions are very small. If you are not taking narcotics, there is no restriction on driving following the 24 hours. There is no restriction on sexual activity.

The fallopian tubes will be sent to pathology to be examined. You will be contacted if there are any concerns.

Your follow up appointment will be booked at 2 weeks in the office to review how your incisions are healing. If you are doing quite well, you may cancel this appointment in advance.

If redness starts to develop on one of the incisions, apply any type of antibiotic ointment, such as Polysporin, if this is not sufficient, contact the office.

Other reasons to contact the office are fever, chills, increasing abdominal pain or not passing flatulence out of your anus.