

Laparoscopic Sterilisation

Information for patients

Please contact a member of nursing staff at the appropriate day unit if you wish to discuss your operation before your admission to hospital. (Contact numbers can be found at the end of this leaflet)

The procedure

A small incision (cut) is made just below the navel and a laparoscope (fine telescope) is passed into the abdominal cavity. The abdomen is then inflated to separate the organs and make them visible. Another incision is made lower down the abdomen in order to enable the surgeon to operate. At the end of the operation, the abdomen is deflated. A stitch may be placed in the small wounds.

Sterilisation is achieved by placing clips or rings around the Fallopian tubes, which carry the egg from the ovary to the womb, to be fertilised. As a result, the egg and the sperm do not meet and fertilisation does not take place.

It is important to understand that sterilisation is considered to be a permanent method of birth control and should not be undertaken unless your family is complete. Following sterilisation, another method of contraception should be used until after your next period.

Before your operation

You will be having a general anaesthetic, so you will have a pre-screening appointment to assess your suitability for day surgery, before you are given a date for your operation. At this appointment the nurse will take details of your:

- Medical history
- Current medication
- Home care arrangements after you have been discharged from hospital.

Please use this opportunity to ask any questions about your surgery and after-care. Where possible, the nurse will arrange a mutually convenient date for your surgery. S/he will also give you instructions about preparing for your operation, which will include advice about:

- Having a bath or shower before you come to the hospital
- Eating and drinking
- Taking your normal medication, if appropriate
- Returning to work after surgery

On the day of surgery

You should have a bath or shower before you come to hospital.

If you wear contact lenses, you will need to remove them before your operation. Please bring your spectacles or an extra pair of contact lenses with you.

On admission to the unit you will be greeted by a nurse who will check that your details are correct.

The surgeon and the anaesthetist will talk to you and you will be invited to ask any questions you may have.

A member of staff will escort you, as you walk to the operating theatre.

Following your operation

You will be transferred to the ward area where nurses will continue to monitor your condition. You may feel some discomfort, particularly in your upper chest and shoulders. This is due to the abdominal inflation during surgery. Please inform the nurse looking after you, so that pain relief can be given.

As long as you do not feel sick (after a general anaesthetic) you will be encouraged to have something to eat or drink, prior to going home.

After about 1-2 hours, if the nurse feels you are sufficiently recovered, you may be discharged home.

Care at home

You may experience some discomfort around your umbilicus (navel) and over your abdomen for a few days. You may be prescribed painkillers to take home with you. Please take only as directed on the packaging.

If you have not passed urine within six hours of discharge from the Unit, please telephone the Unit or go to the A&E Department at your local hospital.

Your wound will probably have dissolvable stitches. Dressings to be removed in 48 hours and left uncovered.

You can have a shower the day after your surgery but please do not have a bath or submerge in water for two weeks.

Some patients are troubled by 'wind' following laparoscopic surgery. This can be relieved by gently walking around and by taking mild painkillers.

You should mobilise gently, gradually building up to normal activities; this includes sexual intercourse. Following sterilisation, another method of contraception should be used until your next period. You may find that your next period is not in your regular cycle and may be late or early.

You may drive when you feel you can safely perform an emergency stop. This will not be for the first 48 hours following your surgery. Please check that your insurance policy does not prohibit you from driving for a longer period, following general anaesthetic or surgery.

You will need up to one week away from work, depending on your occupation. Your surgeon will be able to advise you about this.

If you need an outpatient appointment (around 6-8 weeks after your operation), this will be sent to you.

Possible complications

Minor

- Slight oozing of blood from operation site
- Infection at the operation site

Major

- Significant blood loss
- Perforation of the bowel, bladder or blood vessels, which may require an operation to stitch up the damage.
- Failure of the operation, resulting in fertility. If a period is missed, a pregnancy test should be done

Please contact your GP, if you develop:

- A temperature
- Fresh bleeding or bruising
- Redness or swelling at the operation site
- Pus or drainage at the operation site
- Prolonged or severe pain

If you have any problems or cause for concern please contact:

Your General Practitioner or

The relevant Day Unit:

David Beevers Day Unit, St James's Hospital: **0113 206 5786**
(Monday -Saturday 8am to 12 noon)

Wharfedale General Hospital Day Unit: **0113 392 1710**

Gynae Assessment Unit: **0113 206 5724**

You last had painkillers at:

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Further information is available from our website:

<https://www.leadsth.nhs.uk/a-z-of-services/day-case-surgery>



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