

Tubal Ligation Reversal

What is tubal ligation reversal?

Tubal ligation reversal is an operation that may be done in some cases after you have had tubal sterilization. Tubal sterilization, also called tubal ligation or having your tubes tied, is a permanent way to prevent pregnancy by surgically closing a woman's fallopian tubes. It is considered to be a permanent type of birth control.

Normally, the fallopian tubes carry the eggs from the ovaries to the uterus. Tubal ligation closes the tubes by cutting, tying, clipping, or burning the tubes, or by plugging the opening of the tubes. It prevents pregnancy because it stops sperm from reaching and fertilizing eggs after you have sex. It also prevents eggs from reaching the inside of the uterus (womb).

Tubal ligation reversal is an operation to try to reconnect or unblock the fallopian tubes so that you may be able to get pregnant again, naturally. Tubal ligation reversal is difficult, expensive, and often not successful. Health insurance may not cover the cost. Talk to your healthcare provider to see if this procedure is right for you.

When is this procedure used?

If you decide that you want to become pregnant again after sterilization, having surgery to reverse tubal ligation is one way that might make this possible. It does not always work, but it may be less expensive than other procedures. If it is successful, you will not likely need any other treatments to have more children.

Another way to try to get pregnant after sterilization is assisted reproduction technology (ART). When ART is done, eggs are removed from your body and fertilized with the father's sperm in a lab. Healthy-looking fertilized eggs are then put into your uterus or fallopian tubes. In vitro fertilization (IVF) is an example of an ART method. ART is usually more expensive than tubal ligation reversal, and you may have to do it several times before you become pregnant, or it may not work at all. You will need to have the procedure again every time you want to get pregnant.

The choice between a tubal reversal and ART depends on your age, the amount of damage to the tubes, cost, the quality of your partner's sperm and your eggs, and your history of pelvic infections. Reversal works best for women who are healthy and younger than 38 years old. The best results happen if it has been 10 years or less since the original surgery, and if only small sections of the middle of the tubes were damaged.

How do I prepare for this procedure?

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery. Allow for time to rest. Try to find other people to help you

with your day-to-day duties until your healthcare provider says it's OK to go back to your normal activities.

Be sure to tell your healthcare provider what medicines you are taking, including nonprescription drugs and herbal remedies.

Follow your healthcare provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For these reasons, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

A surgeon who is specially trained and experienced in this type surgery should perform the procedure. It is usually done by making a cut in your belly while you are asleep under general anesthesia. In some cases, the tubes can be repaired with laparoscopy, which uses a lighted tube with a camera and other tools placed through small cuts in your belly. The surgeon will remove the damaged part of the tubes and sew the good ends of the tubes back together.

What happens after the procedure?

If the surgery is successful, your ability to get pregnant returns right away. However, your healthcare provider will likely recommend that you wait to have sex for a short time after the procedure to give you and your tubes time to recover from the surgery. If you have sex during the fertile times of your cycle and don't get pregnant within 3 months after reversal, you should see your healthcare provider. Your provider will determine if the fallopian tubes are able to take eggs from the ovary to the uterus.

Ask your healthcare provider:

- How long it will take to recover
- What activities you should avoid
- How to take care of yourself at home and when you can return to your normal activities
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

What are the risks of this procedure?

Your healthcare provider will explain the procedure and any risks. Some possible risks include:

- Anesthesia has some risks. Discuss these risks with your healthcare provider.

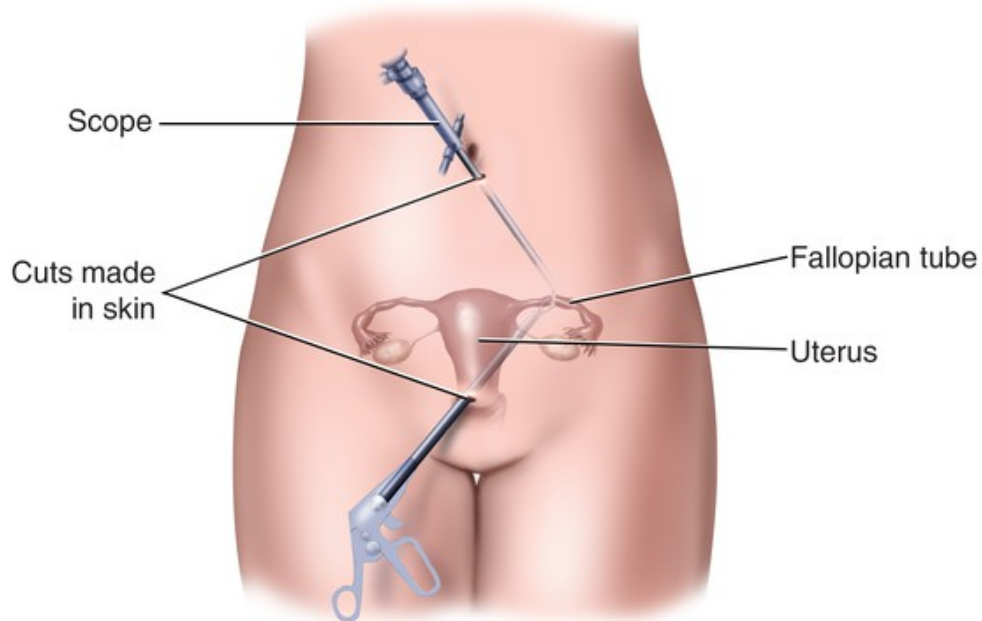
- The abdominal organs, glands, intestines, or blood vessels may be damaged. You may need abdominal surgery to repair them. However, this is rare.
- The lining of the abdominal wall may become inflamed.
- Scar tissue (adhesions) may form on the pelvic organs.
- You may have an infection or bleeding.
- You may not be able to get pregnant after the surgery.
- If you do get pregnant after this procedure, there is a greater than normal risk that the pregnancy will be in the tubes. This is called a tubal or ectopic pregnancy. If this happens, you will need to see a healthcare provider right away.

There is risk with every treatment or procedure. Ask your healthcare provider how these risks apply to you. Be sure to discuss any other questions or concerns that you may have.

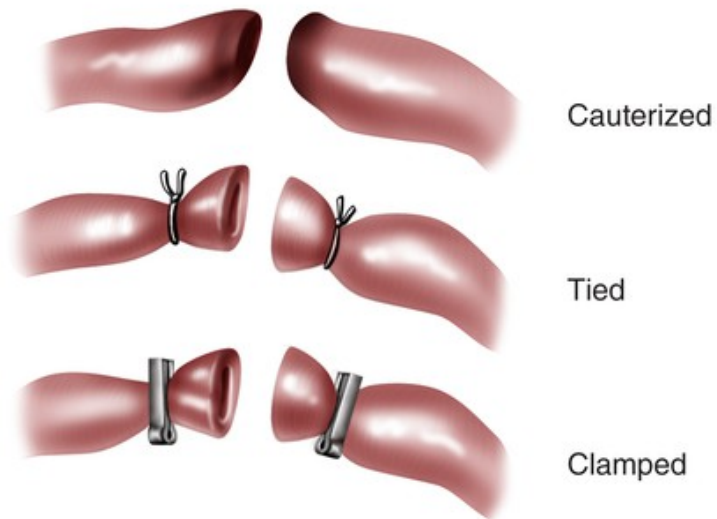
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Tubal Ligation



Two small cuts are made. A scope for seeing inside the abdomen is put into one of the cuts. A tool for working on the tubes is put through the other cut.



Both fallopian tubes are cut. The cut ends can then be burned (cauterized), tied, or clamped shut.

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