LAPAROSCOPIC BILATERAL TUBAL LIGATION INFORMATION & CONSENT

We recommend that you read this handout carefully to prepare yourself or family members for the proposed procedure. A proper understanding of the procedure, its preparation, and post-procedure expectations and care can improve your safety and outcome. We strongly encourage you to contact your care center prior to your procedure if you still have any questions or concerns.

Definition

Laparoscopic: examination of, or surgery on, abdominal structures by means of an illuminated (lighted) tubular instrument passed through a small incision into the wall of the abdomen; "telescopic" surgery. As opposed to a laparotomy (open surgery through a large incision), laparoscopy involves performing surgery through small holes in the abdomen. Through these holes, a camera and other instruments are placed and the surgeon visualizes the procedure on a television screen. With advances in camera optics (quality of the picture), laparoscopic instruments and laparoscopic technique, many traditional operations can be performed entirely in this fashion.

Bilateral tubal ligation: permanent blockage or removal of both fallopian tubes for the purpose of sterilization. The fallopian tubes can be blocked or occluded through several techniques: application of clips or rings, burning by electrocautery or partial/complete removal of both tubes. All of the different methods of tubal ligation are meant to be permanent and irreversible. **You should only consider a bilateral tubal ligation if you are absolutely 100% confident that you do not ever want to be pregnant again.**

Preparation

As with all procedures where general anesthesia is administered, you will be asked not to eat or drink anything after a certain time prior to your surgery. You may brush your teeth in the morning but should not swallow the water. If you are on medications that must be taken, you will discuss this with your provider at your pre-operative visit and instructions will be given to you. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit. The procedure may not be performed if you are currently taking or have recently taken any medication that may interfere with your ability to clot blood (blood thinners, aspirin, anti-inflammatory medicines, etc.). The most common of these medications is aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter).

Like any traditional open abdominal procedure, it helps the surgeon if your small intestines and colon are empty. You should avoid foods that cause constipation (e.g., rice, bananas, red meat) for a few days prior to your procedure. Eat lots of fruits and vegetables.

Procedure

Laparoscopic procedures are performed under general anesthesia (complete sleep). The procedure differs from open surgery in that there will be anywhere from one to three small (less than one inch) incisions carefully placed on your abdomen instead of one larger incision.

After the camera is placed in the initial incision (usually near the belly button or naval), the abdominal cavity is inflated with gas (carbon dioxide) to lift the abdominal wall away from the intra-abdominal or pelvic organs. This elevation provides the necessary space to perform and properly visualize the operation. The pressure of the gas in the abdominal or pelvic cavity is monitored to prevent high pressures. Small instruments are placed (under camera supervision) through one or two other small, carefully positioned incisions into the abdominal or pelvic cavity. The camera projects the picture onto a television screen. After the surgery is complete, the instruments are removed and each hole is sutured or glued closed.

Post Procedure

After the procedure, you will be in the recovery room until you are ready to be discharged. Most patients are discharge home in 60-90 minutes.

There will be small dressings, bandages, or just glue over each incision site. A small amount of vaginal bleeding is normal as a device is commonly placed into the uterus via the vagina in order to move and manipulate the uterus during the procedure. This allows for better visualization of the fallopian tubes.

Expectations of Outcome

The purpose of laparoscopy is to help minimize post-operative pain, hospital stay, and overall recovery. In most instances, this is accomplished.

In any laparoscopic surgery, your surgeon will have told you that there is a chance of "conversion" to an open procedure. This means that a laparoscopic procedure must be changed to an open operation. This may occur if there are findings (scarring, unexpected anatomy) that prevent the surgeon from completing the procedure effectively via laparoscopy.

Conversion is a decision made by the surgeon that is in the patient's best interest and is not considered a complication. It simply means your surgery will be completed in the open fashion.

Possible Complications

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- *Wound Infection* – the incision sites can become infected. While typically resolved with oral antibiotics and local wound care, part or all of the incision may open and require revision.
- *Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE)*: In any operation (especially longer operations), you can develop a clot in the vein of the leg (DVT). Typically, this presents 2-7 days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot can also become swollen. **If you notice these signs, you should go directly to an emergency room and contact your care center.** Although less likely, this blood clot can

move through the veins and block off part of the lung (PE). This would present as shortness of breath and possibly chest pain. We may sometimes ask the medical doctors to be involved with the management of either of these problems.

- *Blood Loss/Transfusion:* Significant blood loss is rare with laparoscopic procedures. Uncommonly, small or large blood vessels can be injured during placement of the instruments into the abdominal cavity. Minor to moderate bleeding can usually be controlled through the laparoscope. Instances of severe bleeding may require conversion to an open procedure. If severe bleeding occurs, transfusion could be necessary.
- *Organ Injury:* During initial placement of the instruments or during any part of the procedure, any organ in the abdomen or pelvis (liver, spleen, colon, intestine, bladder, stomach, ureter, uterus, ovaries, etc.) can be inadvertently injured. Often, the problem can be treated through the laparoscope. In other instances, conversion to an open operation may be necessary. Treatment depends on the particular organ injured and the severity of the injury.
- *Subcutaneous Emphysema*: In rare instances, the carbon dioxide gas (CO_2) can escape into the subcutaneous (below the skin) tissue plane. In the post-operative period, this would present with minor to severe swelling and bruising, depending on the amount of gas in the tissue. The gas eventually gets reabsorbed by the body, and the swelling and bruising resolve with time.
- *Tension Pneumoperitoneum*: The pressure of CO_2 gas in the peritoneum (intraabdominal space) is carefully monitored, and there are short intermittent fluctuations of no consequence. Sometimes, the pressure can remain high for a prolonged period. In this instance, the elevated pressure can push upward on the chest cavity and cause problems with proper ventilation (breathing). This may result in blood pressure fluctuation and problems with the heart. In rare instances, high intra-abdominal pressures can result in a tension pneumothorax (collapse of the lung due to high surrounding pressures).
- *Gas Embolism*: This unusual problem results from a significant amount of CO_2 gas getting into the blood vessels. The result can be changes in heart rhythm and blood pressure. While cardiac arrest (complete stop of the heart) is possible, it is highly unusual.
- *Urinary Tract Infection or Urosepsis (Bloodstream Infection)*: An infection of the urinary tract may be a simple bladder infection that presents with symptoms of burning with urination, urinary frequency, and a strong urge to urinate. This will usually resolve within a few days of antibiotics. If the infection enters the bloodstream, you may feel ill. This type of infection can present with both urinary symptoms and any combination of the following: fevers, shaking chills, weakness or dizziness, nausea, and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids, and observation. This problem is more common in diabetics, patients on long term steroids, or in patients with disorders of the immune system.
- *Ileus or Bowel Obstruction*: Because we operate near the intestines, they can go into prolonged spasm (ileus), or they may become blocked (obstruction). Treatment ranges from observation to open surgery.
- *Hernia*: Not all small incisions are sutured closed in the deep layers. It is possible to develop a small hernia (tissue protrusion) in the wound. Treatment can be observation (if it is only a cosmetic issue) or a surgery to repair the weak area of supportive tissue.
- *Chronic Pain*: As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. The pain typically disappears over time, though some feeling of numbness or pain may persist. If persistent, further evaluation may be necessary.

If you have symptoms suggesting any of the above after your discharge from the surgical center or hospital, you must contact us immediately or go to the nearest emergency room.

- ***Failure of the procedure:*** **All methods of sterilization have the potential for failure. Some more recent studies state that up to 3-4% of female sterilization procedures will eventually fail. Failure could result in a normal pregnancy, miscarriage or ectopic pregnancy (pregnancy in the damaged fallopian tube or outside of the uterus/womb). If you ever believe that you are pregnant following the procedure, you should seek immediate medical attention in this office or through another physician's office. Ectopic pregnancies can be life threatening.**

Alternative methods of contraception

I understand that a bilateral tubal ligation is not an emergent procedure and also believe that surgical sterilization is the best contraceptive option for me. In addition, I understand that I have other contraceptive options including intrauterine devices, the subdermal implant, oral contraceptive pills, Depo-provera, contraceptive patches, the vaginal ring, male and female condoms, and a diaphragm.

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Patient Name Date

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Patient/Health Care Agent/Guardian/Relative Signature

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Physician Signature

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Witness Signature