TUBAL ANASTOMOSIS

Tubal Anastomosis is a surgical procedure on the female fallopian tubes. It is performed to reverse certain types of tubal sterilizations.

Bilateral tubal ligations have been performed on over 60 million women. The request for tubal reversal or anastomosis is most commonly due to a change in a woman's marital status or a change in her desire to have more children. The use of magnification has enhanced the success rate of tubal anastomosis. Microsurgery minimizes trauma to the delicate tubal tissue. It promotes precise coagulation for bleeding, complete excision of compromised tissue and precise placement of small caliber sutures. This promotes correct alignment and approximation of the existing ends of the tubes.

The attempt to reconnect the tubes and its success depends on:

1. The type of sterilization technique utilized. Sterilization involving the application of a clip or ring, or conservative excision of a part of the tube are most easily remedied. Single burn techniques can have favorable results, but multiple burning of the tubes or placement of the Essure device have the lowest success rates.

2. The location and extent of the damage done to the tubes.

3. The status of the inner lining of the tube. This can be affected by infection, scarring and poor blood supply. If any of these are present the overall results will be reduced.

4. The length of the approximated tube and the size of the lumen (opening of the tube).

Before tubal anastomosis is scheduled the patient’s partner should have a semen analysis to ensure adequacy to achieve pregnancy if he has never fathered children. Patients considering this type of surgery should obtain operative and pathology reports from their tubal ligation surgery to assist the microsurgeon in determining the feasibility of success. It is important for women to choose their microsurgeon carefully, since the initial surgical attempt is critical to the success of the procedure. Repeated tubal surgeries decreases the chance of pregnancy in the future. The procedure is performed in a Surgicenter and the patient is usually released that afternoon. A small bikini incision is made just above the pubic hair. The surgery usually takes 2 hours. During the surgery the bladder is drained with a urinary catheter. A microscopic probe is placed through the tubes to confirm patency. The lower abdominal incision is closed with dissolvable sutures. Most patients can return to work in 2 weeks.

Success of the procedure is determined by the intrauterine pregnancy rate following surgery and, with the exception of Essure or multiple burn tubal ligations, is approximately 60-70%. Most pregnancies that occur are seen in the first 18 months after surgery.

The tubes are usually patent at the end of the surgical procedure; however, the tubes may close during the healing process due to the small diameter of the tubal lumen. Patency can be evaluated by a hysterosalpingogram (HSG), an x-ray that introduces dye into the tubes. Note that occasionally following an Essure tubal anastomosis, that small metallic pieces can be seen on the HSG. These metallic fragments are usually from the foil that surrounds the Essure device or metal fragments in the fibrotic wall of the tube.

Risks of this type of surgery are minimal and may include bleeding and infection. The main risk is an increased incidence of tubal pregnancies in the future. Ectopic or tubal pregnancies could result in more damage to the tube or the need to remove a tube completely, resulting in diminished fertility. Patients with badly damaged tubes or those who had both tubes removed will require in vitro fertilization to conceive.

Tubal anastomosis is the most successful of all infertility surgeries. Women who become pregnant following this surgery need repeated blood pregnancy tests and an early ultrasound to assure pregnancy is intrauterine.
PREOPERATIVE INSTRUCTIONS

Your surgery, **Exploratory Laparotomy with Micro-Surgical Tubal Anastomosis**, has been scheduled at Bayfront Same Day Surgery Center on: ________________________________

You should arrive at the Bayfront Plaza Outpatient Surgery Center no later than ________________

**Pre-Operative Lab Instructions**

Your pre-operative labs must be completed seven (7) days before your scheduled surgery date. A copy of your lab slip is included as part of your packet. Please be sure to bring it with you on the date your labs are drawn. You do not have to fast. A urine drug screen may be included in your pre-operative lab work and a positive test will result in cancellation of your surgery. *The nurse will only phone regarding your lab results if they are not within normal limits.

**Pre-Registration Instructions**

We know you have a lot to do in planning for your surgery. For this reason, we are happy to take care of your pre-registration with the surgery center for you. The center will contact you the day before your procedure with confirmation of your arrival time. Should you have any questions regarding the surgery center, you may phone them at (727) 553-7906.

**Surgery Preparation - Fasting Instructions**

It is important that you DO NOT eat or drink anything after midnight the day prior to your surgery. This includes FOOD, WATER, BEVERAGES, CANDY and GUM. Please be advised that your surgery may be cancelled if you eat or drink past midnight or any time before the procedure.

**Medication Instructions**

Tylenol is the ONLY allowed over-the-counter medication that you may have prior to your procedure. Please do not take any aspirin, diet pills, herbal supplements or vitamins two weeks prior to surgery. You must check with your primary care physician for instructions on any other medications you are currently prescribed to ensure they are safe to take prior to your surgery.

**Contact Information**

Our main phone number is (727) 796-7705. It is important that you save this number for future communication with our office. All medical questions must be answered by the nurse. Payments may be made with the Office Manager or Tubal Reversal Department.
TUBAL REVERSAL POST-OPERATIVE GUIDELINES

PAIN
- You will receive a prescription for a pain medication from the physicians. The medication can be taken one or two tablets every 4 to 6 hours depending on your level of discomfort.
- **The pain medication can be filled at the Walgreens located on the first level of the Surgery Center. Be sure to pick up the medication prior to the store closing.**
- The incision and tissue below the incision will be injected with a long lasting local anesthetic to assist in pain relief. This may make the area feel numb for a few days.
- Significant pain or discomfort will last for 2 to 3 days and should improve. Moderate pain may last for up to two weeks.

FOOD
- The evening of surgery only a clear liquid diet is recommended such as water, juice, soup. Avoid dairy products: no milk shakes or cream soups.
- The day after surgery you can resume a normal diet.

INCISION
- Leave the bandage on the incision for 2 days. Upon removing the bandage you will note steristrips across the incision. Remove the steristrips one week after the surgery. At this time apply vitamin E (oil, lotion, gel) to the incision for 2 to 4 weeks.
- The suture is under the skin and will dissolve on its own. This may take several weeks. Redness and some discharge from the incision is not uncommon.
- If the incision pulls apart please call our office. This may occur more commonly in overweight individuals or in women who have had several abdominal surgeries such as C-Sections.
- When the bandage is removed (post-op day 2) you may shower. We recommend no bathing or submerging in water for 2 weeks.
- No lifting of over 10 lbs for 3 weeks following the surgery.

POST-OP VISIT
- We will see you in the office the week following your surgery or will call you if you are outside our area. At that time we will review your surgical outcome.
- Please provide us with the name and address of your obstetrician at your postop visit or call. We will send a copy of your operative report to their office. Please remember that you have an increased risk of a tubal or ectopic pregnancy and you need to be evaluated by your obstetrician as soon as you are pregnant.

MISCELLANEOUS
- A catheter is placed in your bladder during the surgical procedure; therefore, it is common to experience burning with urination following the surgery. This should improve within a week after the surgery.
- If you develop a fever of over 100.5, take fluids and Tylenol. If the fever persists, contact our office.
- **Wait 2 months before trying to conceive. EMERGENCY PHONE# 727-796-7705**
About Bayfront Same Day Surgery Center

Your physician’s office has already pre-registered you for surgery. The surgery center will phone you the day prior to surgery to confirm your times. If you have questions prior to this, phone the information line at (727) 553-7858.

When you arrive you will finalize your paperwork. Anyone under 18 years of age, will require a parent or guardian to sign. You will then be taken to the pre-operative area where you will change into hospital clothing. Once settled in the pre-operative area, a family member or significant other may join you until the time of your procedure.

When your procedure is complete, you will be taken to the recovery room. Once you are awake, you will be encouraged to drink before you go home. At this time, your designated responsible party will be invited to stay with you. DO NOT smoke the morning of your procedure.

Preparing for Your Surgery

DO contact the surgery center or your doctor’s office if you have a cold, cough, fever or any illness prior to the day of your procedure.

DO call your doctor if you are unable to make your appointed date or time.

DO know any food or drug allergies you may have.

DO make arrangements for a responsible adult to drive you home after your procedure.

DO NOT eat or drink anything, including gum or mints, within 24 hours of your procedure.

DO NOT take aspirin-containing drugs, arthritis medications or over-the-counter herbal preparations for at least two weeks before your procedure. (Check with your physician with any questions or concerns.)

Day of Surgery

DO brush your teeth and/or rinse your mouth, but do not swallow.

DO bathe or shower before your procedure.

DO remove all body piercings.

DO wear loose-fitting, comfortable clothing.

DO NOT eat or drink anything, including gum or mints.

DO NOT bring children without a responsible adult to care for them.

DO NOT take recreational drugs or non-prescribed medications the morning of your procedure.

DO NOT smoke the morning of your procedure.

Day 2 – 120 Hours:

See the receptionist to check in. Bayfront Same Day Surgery Center is on the 2nd floor. See the desk attendant to check in.

Location & Parking

Bayfront Medical Plaza. Please park in the Bayfront Medical Plaza. Please park in the designated Same Day Surgery Center parking spaces for your convenience. These spaces are limited.

Questions or concerns?

Please direct all medical questions or concerns to the nurse. Phone: (727) 553-7906.

Ambulatory Surgery Center

Bayfront Medical Plaza

603 7th Street South

Second Floor

Health System