

Laparoscopic Salpingectomy (Prior to IVF Treatment)

Information for Patients

This leaflet will help to inform you about your operation, its potential risks and what to expect afterwards. If you have any questions, you might find it helpful to write them down so that you can ask your surgeon on the day of surgery.

About the procedure

This procedure is to remove one or both of your fallopian tubes because they are damaged. This is done with the aim to improve the success of your IVF treatment. This is performed as a day case procedure under a general anaesthetic, which means you will be asleep during the procedure.

The procedure is done by laparoscopic method which is often referred to as “key-hole surgery” or “minimally invasive”, surgery. This investigation can be carried out at any time during your monthly cycle. **It is important that you avoid the chance of pregnancy, either by avoiding intercourse, or by using barrier contraception (condoms) from the time of your last period until after your surgery.**

The operation involves making two or three small cuts (incisions) about 5mm long. One is made under your umbilicus (belly button) and a small telescope, called a laparoscope, is passed through it. The laparoscope is connected to a video camera and a television so that the doctor can see the inside of your abdomen and particularly the uterus, fallopian tubes and ovaries. The other small incisions are made in the lower abdomen to allow narrow instruments to be inserted. These help the surgeon to carefully look at the tubes and ovaries. Gas is pumped through one of the instruments into the abdomen to inflate it. The gas lifts the abdominal wall away from the organs, giving the surgeon a clearer view of them. This gas is released at the end of the procedure. The damaged fallopian tube(s) (hydrosalpinx) is removed by cutting out the tube(s). If the fallopian tube(s) is stuck down, it may not be possible to remove it. If this is the case, a clip is put across the tube to block it. The operation normally takes 30 to 60 minutes and is usually straightforward.

The risks of surgery

As with any operation, this procedure has a small risk of complications. Although the chance of them happening are small, the most common complications are:

- Infection – in the cuts on your abdomen or in the urine
- Haemorrhage – more bleeding than usual, during or after the procedure
- Damage to the bladder, bowel or the ureters (these are the tubes coming from the kidneys to the bladder)
- Very rarely it may be necessary, to perform open surgery (laparotomy) to repair any damage caused by a complication
- Occasionally the operation is not able to be completed successfully due to technical or physical difficulties
- In rare cases, you may develop a hernia, blood clot or require additional surgery

Expected Length of Stay

If your surgery is uncomplicated you will be able to go home later that day or the following morning.

After Your Operation

- You will wake up in the Recovery Room and be taken back to the ward on your bed
- You may have an oxygen mask to help you breathe until the anaesthetic wears off and you are more awake
- You may have an fluid drip in your arm until you are able to drink enough fluids
- You can eat and drink as soon as you feel able.
- You can also get up and move around the ward as soon as you feel comfortable

You may experience some discomfort both in your abdomen and shoulders. This is because the gas used during the procedure creates pressure on a nerve which is also connected to the shoulder area. In some situations, this can last up to a week, although it normally settles more quickly. You will be given pain relief as required in hospital and will be given some painkillers to take home with you. Please follow the instructions.

If you feel sick after your anaesthetic, we can give you medication to help with this.

You may experience some vaginal bleeding. This should not be heavy and should only last a couple of days. You should use sanitary towels rather than tampons whilst this bleeding lasts to avoid the risk of infection. You should feel progressively better every day after surgery, if you are feeling increasingly unwell / a high fever / increasing pain please seek medical help urgently.

Your wounds should be kept covered for 24 hours. You will be given instructions about your stitches; they usually dissolve by themselves but if instructed, can be removed by your practice nurse after 7-10 days. If you notice your wounds becoming red, swollen, tender, bleeding or discharging, you should contact your GP.

One of the doctors involved in your operation will come and see you in the ward to explain what was found. They will arrange if necessary to see you for a follow up appointment. You will be given a discharge letter to hand in to your GP's surgery as soon as possible.

Going home

The effects of the anaesthetic drugs can remain in the body for up to 24 hours. A responsible adult should escort you home and you also require having an adult at home with you overnight in case you feel unwell.

You should not have a bath/shower the same day as your operation. You should not drive a vehicle or ride a bike or operate machinery including kitchen equipment.

You should not drink alcohol. You should try to rest for a few days after your operation. You could feel tired and will probably ache for 48 hours, so are advised not to return to work until you feel well enough (this could take up to a week). You can resume any other activity once you feel ready.

Contact numbers

Day Surgery Unit (Monday to Thursday, 8am to 8pm and Friday 8am to 5pm)

☎: 0131 242 3273

Ward 210 Inpatient Gynaecology Department:

☎: 0131 242 2101 or 0131 242 2104

NHS 24 (for urgent out of hours , when your GP is closed)

☎: 111

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

Keeping your Appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public Transport and Travel Information

Bus details available from:

Lothian Buses on **0131 555 6363** or www.lothianbuses.co.uk

Traveline Scotland on **08712002233** or www.travelinescotland.com

Train details available from:

National Rail Enquiries on **03457 484 950** or www.nationalrail.co.uk

Patient Transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** *calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hearing or speech impaired? Use text relay: **18001-0300 123 1236*** (calls charged at local rate). To cancel patient transport, telephone: 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.