

Swiss Society for Gynecology and Obstetrics (SGGG)
Fédération des médecins suisses (FMH)
Swiss Patient Organisation (SPO)

Information Protocol on Tubal Ligation

Name:

First name:

Date of birth

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

After careful consideration, you have decided to have a tubal ligation carried out.

Sterilization surgery is the safest method of contraception. As a rule, fallopian tube ligation is a definitive intervention, since surgical reunification of the Fallopian tubes is not usually successful. So your decision must be carefully considered.

There are various surgical methods, such as electrical cauterization of the Fallopian tubes with or without surgical sectioning of the tubes, removal or partial removal of both ovaries or closure of the tubes with clamps. All of these variants can be done through laparoscopy, abdominal incision, or – in exceptional cases – also from the vagina. If such an approach is not successful, the skin incision may have to be lengthened or another method used (for example, if there are adhesions). The most frequently chosen method is laparoscopy, where access is via a small incision in the lower navel and usually a second in the lower abdomen, after previous filling of the abdomen with carbonic acid gas. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

Risks and complications: Even with technically flawless execution, sterilization procedures have a failure rate of 3-7 pregnancies per 1,000 surgeries. About 30-60% of pregnancies occurring despite sterilization are ectopic pregnancies, which must usually be treated surgically. Complications, such as bleeding and intestinal injuries, may infrequently occur during laparoscopy. These then require opening of the abdominal cavity by incision. Inflammation, wound healing problems, thrombosis (blood clots) and embolism are general surgical risks. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

After the operation through laparoscopy, slight vaginal spotting and abdominal and shoulder discomfort may occur. These symptoms usually disappear within 24-48 hours. Ovarian activity (e.g., hormone production, period) is maintained.

Cost: It should be noted that a sterilization operation is not a mandatory service of the health insurance company.

You may have to pay all costs yourself. Please speak with your health insurer and the clinic to clarify possible coverage or partial coverage of costs. The doctor will be happy to give you further information. Reversal of sterilization, which means major surgery and is associated with high costs, is not paid by health insurance.

Your questions:

Explanatory consultation

Interpreter: _____

Proposed operation: _____

Outline of the operation: (surgical method, skin incision, what is removed, reconstructed, etc., side designation left/right)

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment Order

Dr. _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol.
I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date:

Patient:

The text on the front page was discussed with the patient, the questions answered and a copy of this information protocol was given to the patient.

Date, time:

Doctor: