

MICROSURGICAL REANASTOMOSIS (TUBAL REVERSAL) OF THE FALLOPIAN TUBE IN THE STERILIZED PATIENT

**ROCKY MOUNTAIN CENTER FOR REPRODUCTIVE MEDICINE, P.C. (RMCRM)
1080 East Elizabeth Street • Fort Collins, CO 80524
(970) 493-6353 • (800) 624-9035**

WHAT IS A TUBAL REVERSAL?

A tubal reversal is a microsurgical procedure that rejoins the fallopian tubes in women who have previously undergone voluntary tubal sterilization (tubes tied, cut or blocked). Microsurgical tubal reanastomosis is the standard procedure for tubal reversals (reconnecting the fallopian tubes).

WHO SHOULD CONSIDER THIS PROCEDURE?

This procedure generally will only be of benefit if you and your partner are both otherwise fertile. Before a tubal reversal can be performed, a fertility evaluation is performed to ensure that there are no secondary causes of infertility. This could include blood work, ultrasounds, semen analysis and/or an x-ray dye test of the uterus and fallopian tubes. Many factors determine whether or not tubal reversal is the best option for any couple. In general, couples may choose between tubal reversal and in vitro fertilization (IVF). We offer both tubal reversal and in vitro fertilization (IVF). The best treatment method depends on the patient's age, semen analysis, blood work, and method of prior sterilization.

HOW IS A TUBAL REVERSAL PERFORMED?

If the tubal segments are favorable for surgical reconstruction, under general anesthetic, the abdomen is opened through a small transverse (4 inch to 5 inch) incision. Next, the closed ends of the tubes are surgically excised. Then, using a very fine suture (about the diameter of a human hair), the tubes are reapproximated using a surgical microscope to achieve magnification of 10-20 times. The surgery usually takes between 2 to 3 hours and usually can be performed on an outpatient basis or with a single overnight stay in the hospital.

WHAT ARE THE RISKS OF A TUBAL REVERSAL?

The risks of the surgery include those generally associated with having surgery and anesthesia. The main risks associated with a tubal reversal are a fallopian tube blockage rate of approximately 5% and an ectopic pregnancy rate of 6% to 12%. An ectopic pregnancy is a pregnancy that develops when the fertilized egg settles and starts to grow in the fallopian tube or somewhere other than in the uterus. In the general population, there is a 2% lifetime risk of having an ectopic pregnancy. Following a tubal reversal, it is *imperative* that you contact your doctor as soon as you have a positive pregnancy test.

WHAT ARE THE ADVANTAGES OF A TUBAL REVERSAL?

The advantages include a high probability of uncomplicated postoperative period and rapid return to full activity. Approximately 70% to 80% of women will become pregnant following a tubal reversal. Success rates are affected by the woman's age, where/how the tubes were tied, cut or blocked, if scar tissue has formed, and other contributing factors.

TUBAL REVERSAL VS. IVF?

With each menstrual cycle, pregnancy rates are higher with IVF. IVF is typically the treatment of choice in older women. However, IVF is considerably more expensive than a tubal reversal. After a tubal reversal, there is no limit to the number of times pregnancy can be attempted through intercourse, whereas the number of repeat IVF cycles is often limited by cost. These issues will be discussed in detail with you at the time of your consultation.