

ADAMS PATTERSON GYNECOLOGY & OBSTETRICS

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POST PARTUM STERILIZATION INFORMATION

IN THE PAST POSTPARTUM STERILIZATION (TUBE TIE) HAS BEEN COMMONLY PERFORMED IMMEDIATELY AFTER VAGINAL DELIVERIES. OUR MEDICAL GROUP HAS DECIDED TO DISCONTINUE ROUTINELY PERFORMING THIS PROCEDURE AT THE TIME OF DELIVERY FOR A NUMBER OF REASONS:

- Anesthesiologist considers immediate postpartum patients as high-risk patients for anesthesia. The digestive system commonly does not empty well during labor, so recently delivered patients are considered to have a “full stomach” and are at risk for aspiration. This is where the stomach contents are thrown up and inhaled into the lungs, resulting in very serious complications.
- Immediate postpartum sterilization has a higher rate of failure than when performed on a patient not recently pregnant.
- Most all patients now are delivered in a birthing room or “LDR”. You have to be transferred to a regular operating room for sterilization. This interrupts bonding with your baby and celebrating your new arrival with family and friends immediately after delivery.
- In this age of decreased hospital budgets, a minimum number of operating rooms are staffed to safely and immediately handle true emergencies, such as a cesarean section. Since sterilization is elective surgery and not an emergency, this sometimes results in delays of hours from delivery until sterilization is done. Often, we are managing other labor patients and cannot be removed from their care to perform the operation. It may also result in long delays in seeing office patients since we are at the mercy of the O.R. schedule.

OF COURSE, IF A CESAREAN SECTION IS NECESSARY, A TUBAL LIGATION STERILIZATION CAN BE PERFORMED AT THE TIME OF THE DELIVERY. OTHERWISE, AT YOUR SIX WEEK’S CHECKUP, WE CAN ARRANGE FOR AN OUTPATIENT STERILIZATION (LAPAROSCOPIC STERILIZATION) TO BE SCHEDULED AT YOUR CONVENIENCE. THERE IS MINIMAL RECOVERY WITH THIS PROCEDURE. MANY PATIENTS HAVE SURGERY ONE MORNING, ARE HOME BEFORE LUNCH, AND USUALLY RETURN TO WORK IN 2-3 DAYS. THE INCISION FOR THIS PROCEDURE IS EVEN SMALLER AND THE LONG-TERM SUCCESS RATE IS BETTER.

IF YOU ARE INTERESTED IN STERILIZATION AFTER THIS PREGNANCY, PLEASE DISCUSS THIS WITH YOUR DOCTOR SO THAT WE MAY ASSIST YOU IN PERFORMING THIS SAFELY AND SUCCESSFULLY.