

Tubal ring vs clip

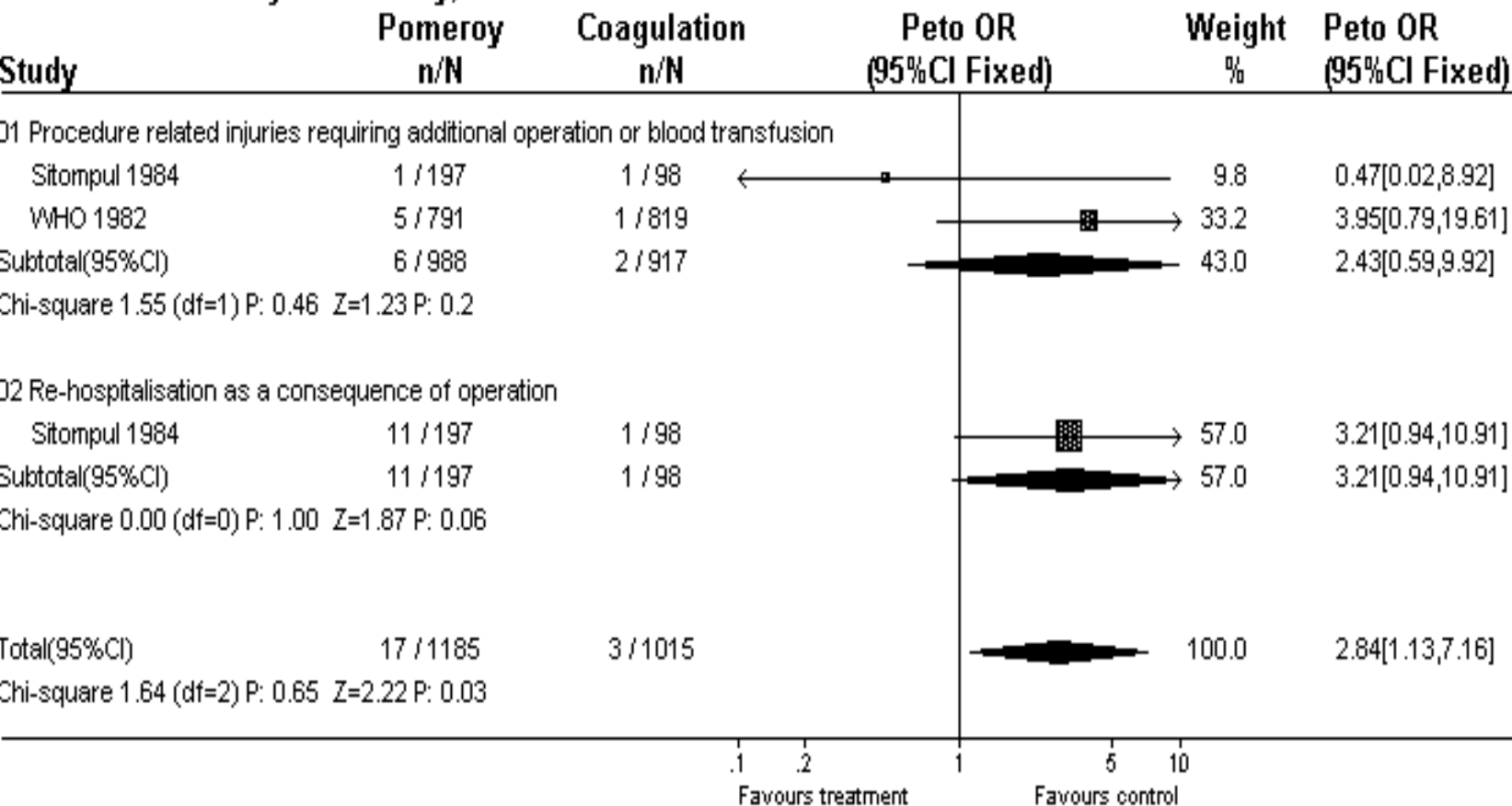
- No differences were found with regard to:
 - pregnancy rates
 - technical difficulties
 - postoperative complaints
 - menstrual irregularities



Pomeroy vs electrocoagulation: major morbidity

Comparison: 02 Modified Pomeroy versus electrocoagulation

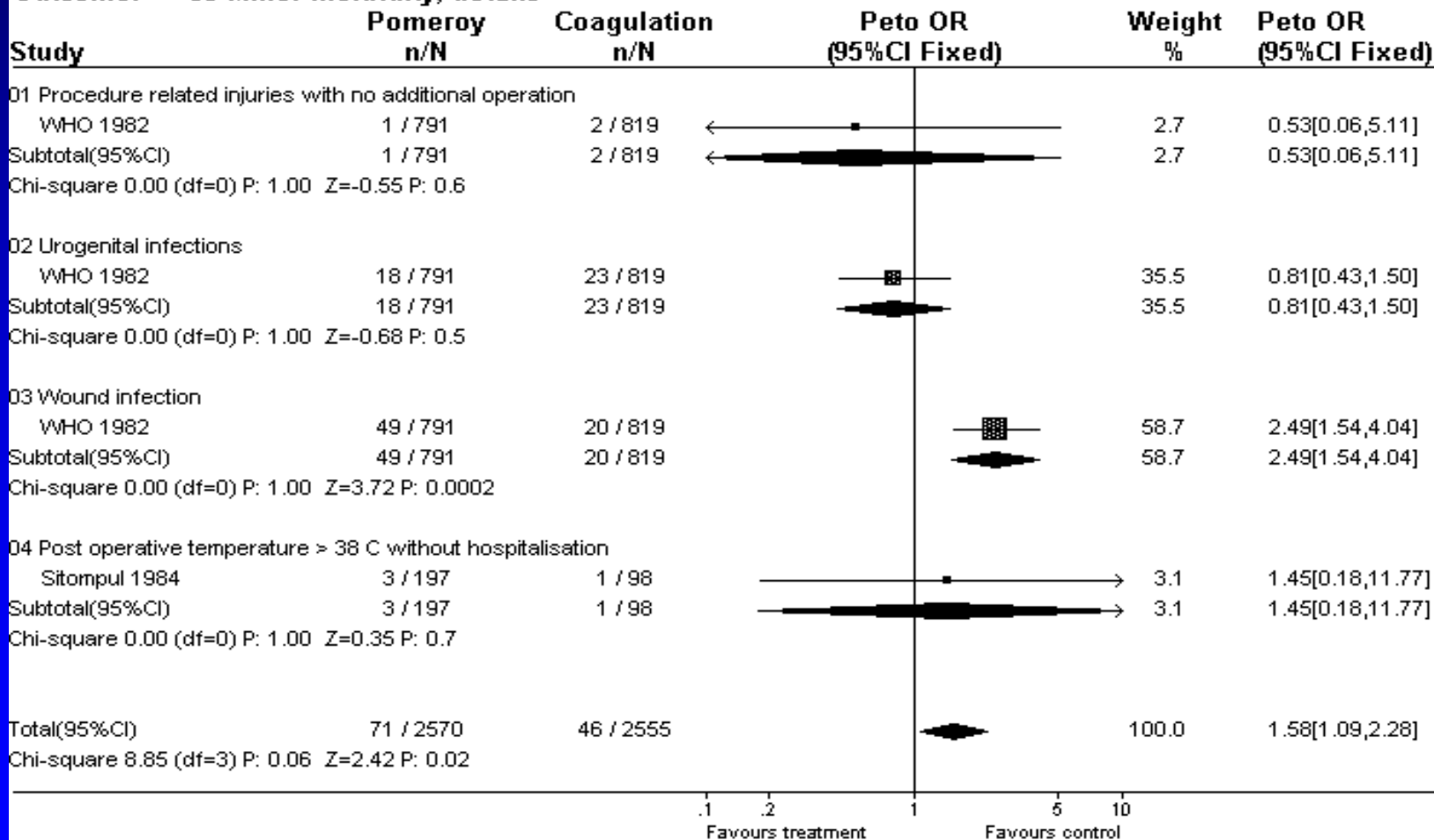
Outcome: 03 Major morbidity, details

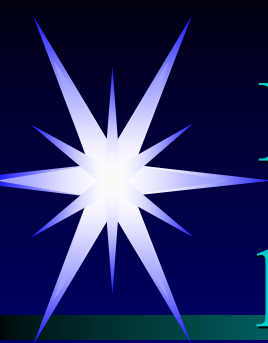


Pomeroy vs electrocoagulation: minor morbidity

Comparison: 02 Modified Pomeroy versus electrocoagulation

Outcome: 05 Minor morbidity, details

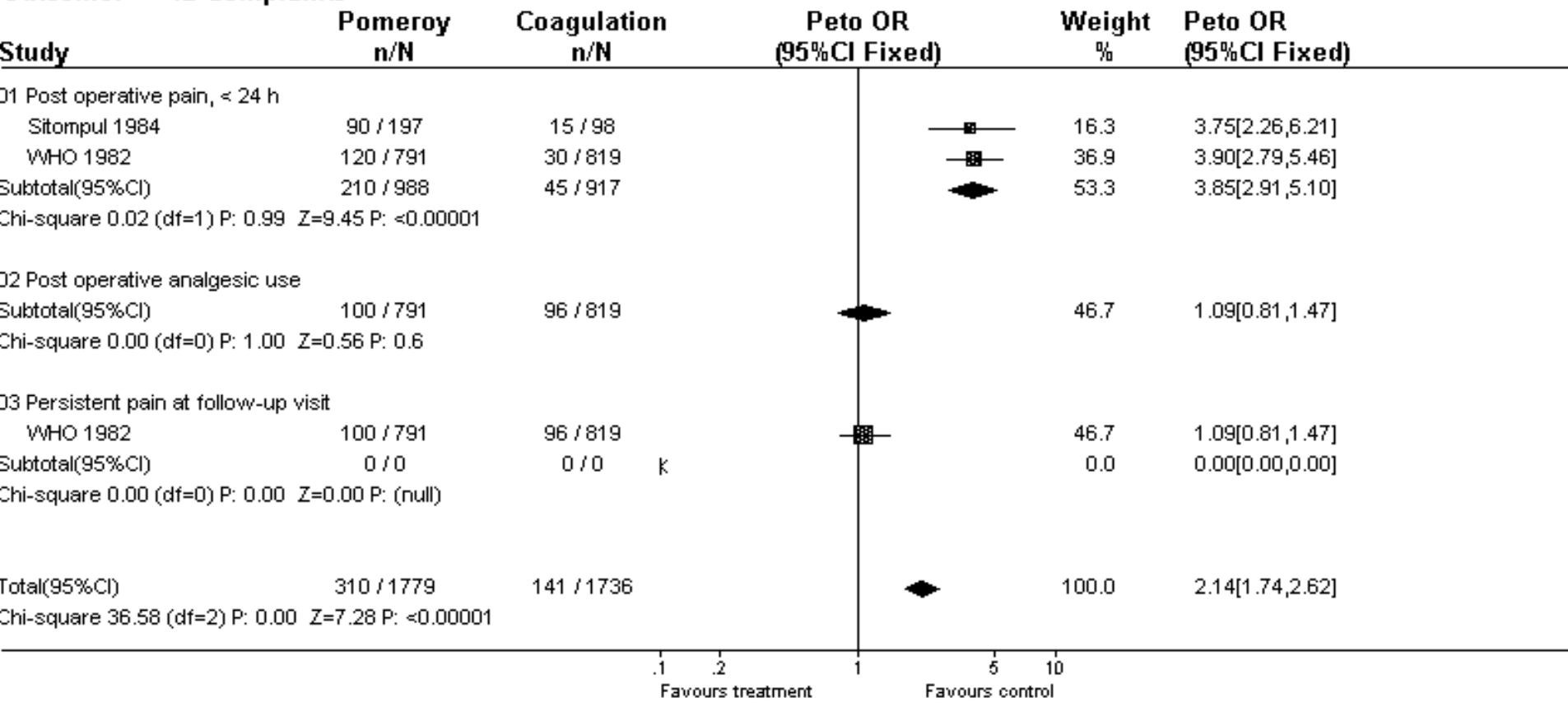


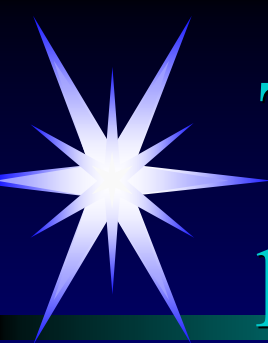


Pomeroy vs electrocoagulation: postoperative pain

Comparison: 02 Modified Pomeroy versus electrocoagulation

Outcome: 12 Complaints

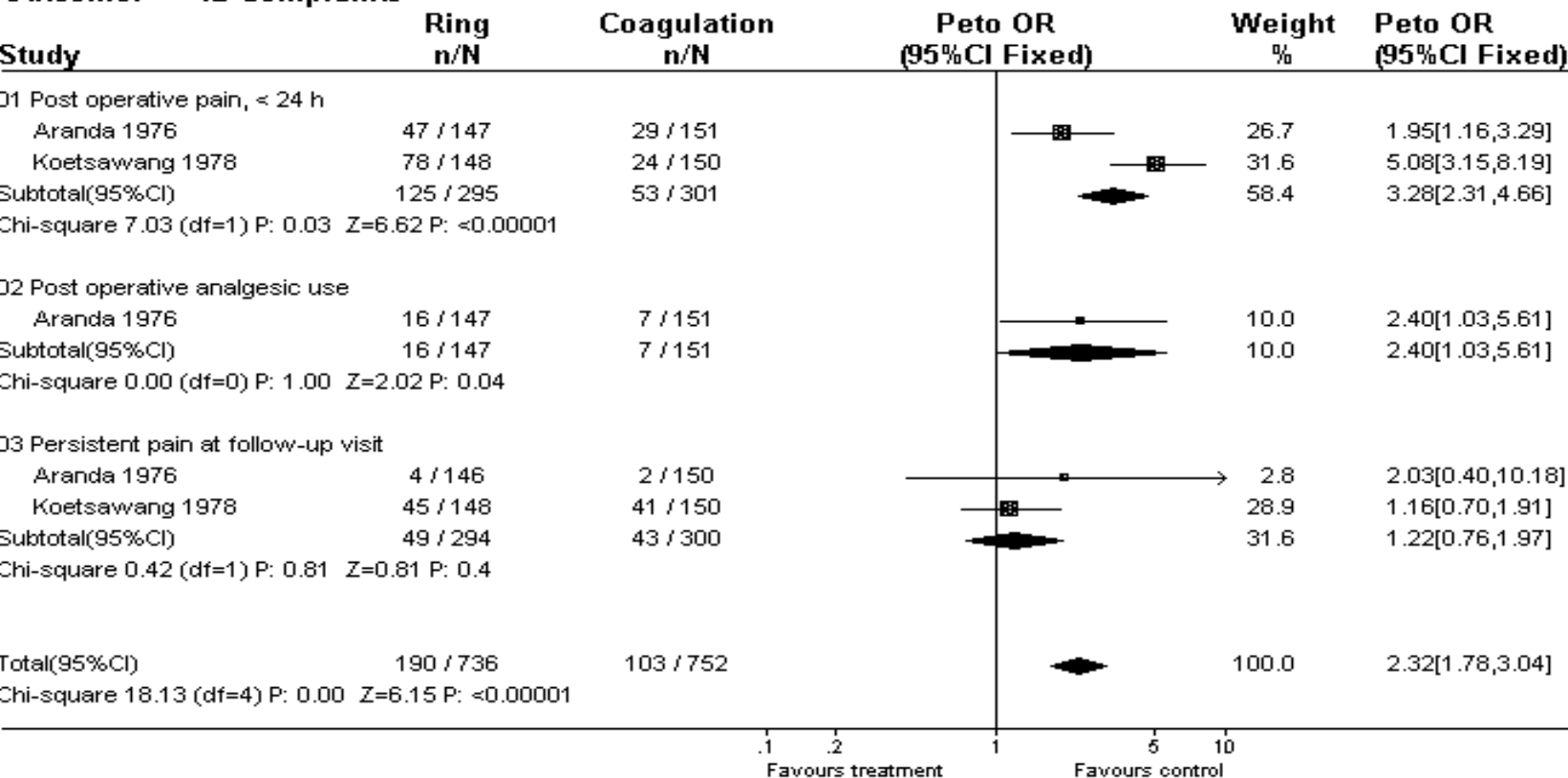


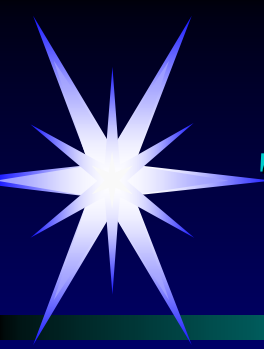


Tubal ring vs electrocoagulation: postoperative pain

Comparison: 03 Tubal ring versus electrocoagulation

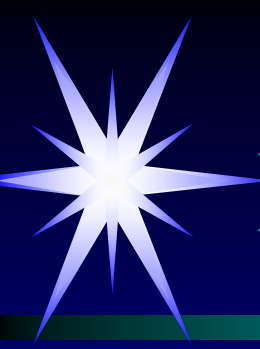
Outcome: 12 Complaints





Tubal ring vs electrocoagulation

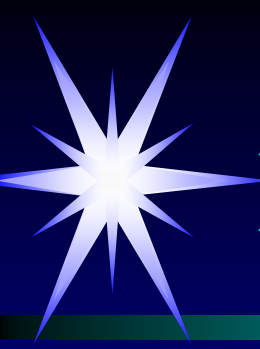
- No statistically significant differences:
 - major, minor morbidity
 - efficacy
 - technical failures



Pomeroy vs clip (n=200)

➤ Similar

- minor morbidity
- menstrual irregularities
- Pomeroy: 1 pregnancy



Filshie vs Hulka n=200

➤ Similar:

➤ major, minor complications



Risk of pregnancy after tubal sterilisation

- cohort: 10 685 women
- follow-up: 8-14 years
- laparoscopic:
 - unipolar/bipolar coagulation
 - silicone ring
 - spring clip
- laparotomy
 - partial/total salpingectomy

➤ Peterson 1995



Risk of pregnancy after tubal sterilisation

➤ cumulative 10-years probability:

➤ overall: 18.5/1000

➤ clip: 36.5/1000

➤ unipolar coagulation

/pp partial salpingectomy: 7.5/1000

➤ Peterson 1995



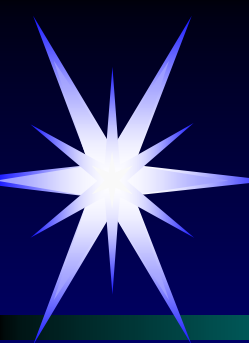
Risk of pregnancy after tubal sterilisation

↗ 18-27 years:

- ↗ unipolar coagulation: 3.7/1000
- ↗ clip: 52.1/1000
- ↗ bipolar: 54.3/1000

↗ 34-44 years:

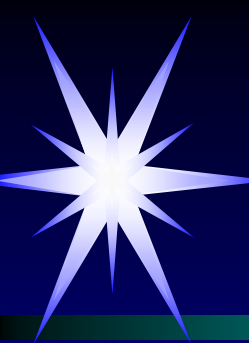
- ↗ unipolar coagulation: 1.8/1000
- ↗ clip: 18.2/1000



Risk of ectopic pregnancy

➤ 10 year cumulative probability/1000:	
➤ Bipolar coagulation	17.1 (9.8-24.4)
➤ Unipolar coagulation	1.8 (0.0-5.2)
➤ Silicone ring	7.3 (1.6-12.9)
➤ Spring-clip	8.5 (1.0-16.0)
➤ Interval partial salpingectomy	7.7 (0.0-15.9)
➤ Postpartum partial salpingectomy	1.5 (0.0-3.6)
➤ <u>All methods</u>	<u>7.3 (5.0-9.6)</u>

➤ Peterson 1997



Poststerilisation regret

- 11 232 women, 18-44 years
- cumulative probability of regret after 14 years:
- Age groups:
 - 18-30 : 20.3%
 - > 30: 5.9%

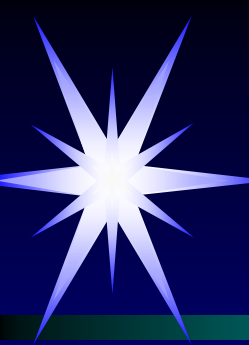
➤ Hillis 1999



Chemical sterilisation

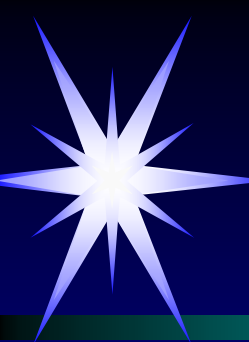
➤ **Quinacrine**

- 1920s developed as anti-malarial drug
- 1970s intrauterine use in 1100 women, up to 50 000 women treated until 1992



QUINACRINE

- three instillations to achieve adequate efficacy
- CNS excitations
- ? 3 deaths
- ? Carcinogenic



Conclusions

➤ Laparoscopy:

- seems to be associated with less minor morbidity
- less postoperative discomfort
- minimal or no scarring

➤ Laparoscopy:

- shorter operation time

➤ Culdoscopy

- no obvious advantages



Conclusions

- Major morbidity is rare with any method
- Failure rates low in RCTs with short follow-up (up to 2 years)
- Higher failure rates
 - longer follow-up (up to 14 years)
 - young age at sterilisation (<30 years)
 - inexperienced surgeons



Conclusions

- Risk of ectopic pregnancy is increased especially after bipolar coagulation
- No evidence of menstrual abnormalities are evident after tubal sterilisation
- Higher incidence of regret is observed after sterilisation at young age (<30 years)