

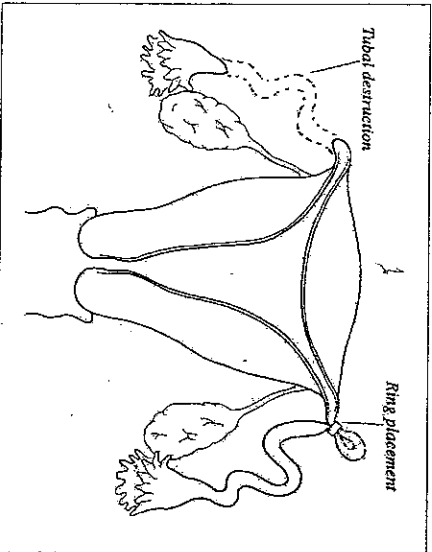
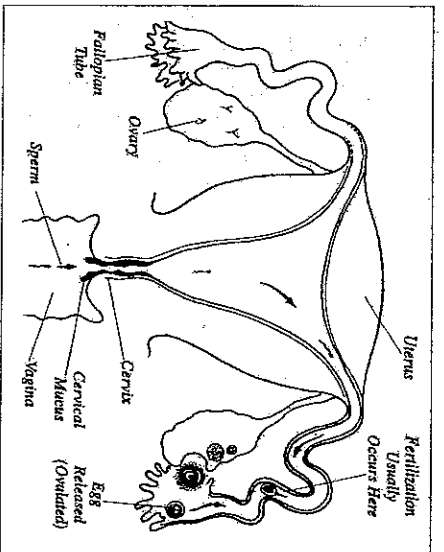
Q.B.G.Y.N.

ASSOCIATES OF NORTHERN INDIANA, P.C.

MANY WOMEN choose tubal ligation as a means to permanently prevent reproduction. With increasing frequency these same women, for various reasons, want to reverse this operation.

Fortunately, this procedure, called *microsurgical fallopian tube reanastomosis* can be performed with a high degree of success. In most cases, dependent on other factors which influence fertility, pregnancy can be achieved in the majority.

There are a number of sterilization techniques used today by doctors in practice in this area. They are under a great deal of pressure to get it right and not allow a pregnancy to occur. So, naturally, we occasionally find much of the tube has been destroyed during the sterilization procedure. Each case needs to be assessed for the precise kind of procedure done to determine how likely it is that a successful reversal can be done. Whatever the procedure, the aim is two-fold: 1) to trap sperm in the uterus; and 2) to trap the egg in the part of the tube left by the ovary or, at least, not to allow it to come in contact with the sperm.



The success of the reversal procedure will depend on several factors:

- The amount of tube removed or destroyed at the sterilization
- The part of the tube removed or destroyed at the sterilization
- The presence or absence of tubal infection before or after the sterilization
- The length of time since the sterilization was done
- The age of the patient now trying to conceive

There is not enough space here to discuss all of these issues but they will be covered in the first of your office consultations. Tubal anatomy and function will be discussed as well. We will need an operative summary to review at this visit, which you should be ready to provide.

The surgery is done as a same-day surgery by open laparotomy. In other words, a general anesthesia (put to sleep) is used. The surgery is done first thing in the morning; you are sent home that same day. Since the cost is of great significance as insurance does not cover this most of the time, we use the Allied Physicians Surgicenter. This can be scheduled at either of the local hospitals, too. The surgery is done with the aid of an operating microscope as the tissues and sutures are too small to see well otherwise. The procedure takes about one and a half hours. Our patients do very well on oral pain medication after discharge.

The cost as listed below includes a pre-operative and post-operative visit with the doctor but not the initial consultation. This total must be paid in advance of the surgery.

Surgeon's fee.....	\$2,300
Anesthesiologist fee.....	750
Surgicenter total usage fee.....	3,000
Total.....	\$6,050