Laparoscopic Salpingectomy for Hydrosalpinx *(Keyhole surgery for removal of a fallopian tube)*

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Why is removal of a hydrosalpinx recommended?
A hydrosalpinx is a fallopian tube that has become blocked and filled with fluid, usually as a result of previous infection, inflammation or surgery. A blocked or damaged tube cannot function normally, which means natural conception through that tube is very unlikely.

A hydrosalpinx is also associated with an increased risk of ectopic pregnancy (a pregnancy developing in the tube rather than the womb, which is not viable and can be dangerous).
The fluid that collects inside a damaged tube can be harmful to a developing embryo. Research shows that the presence of a hydrosalpinx reduces IVF success rates by approximately 50%, likely because fluid from the tube can pass back into the womb and create an environment that makes it harder for an embryo to implant.

Removing the affected tube improves the environment of the womb and is associated with significantly better pregnancy and IVF outcomes.
Mr Subramanian will discuss whether surgery is recommended in your case and the likely impact on your fertility.

What is a laparoscopic salpingectomy?
A laparoscopic salpingectomy is a keyhole operation to remove one or both fallopian tubes. It is performed using small incisions on the abdomen rather than a larger open cut and is carried out under a general anaesthetic.

Review & Consent
You will have an appointment with Mr Subramanian to assess if a salpingectomy is recommended for you. You will be asked to sign a consent form before your operation. This confirms that you understand the nature of the procedure, the expected benefits and the potential risks.

Please ask any questions you may have before signing.

Preparing for surgery

Eating and drinking before surgery
You will receive clear instructions about when to stop eating and drinking before surgery. It is important to follow these instructions carefully, as failure to do so may result in your operation being postponed.

Pre-assessment
You may undergo routine pre-operative checks to confirm you are fit for anaesthetic and surgery.

Day of surgery
On the day of surgery, you will again meet Mr Subramanian and the anaesthetist, who will explain the procedure again and answer any remaining questions.

During the operation
The procedure is performed under general anaesthetic, meaning you will be asleep throughout. A small plastic tube (cannula) will be placed into a vein in your arm or hand to give fluids and medication.
Your bladder will be emptied using a catheter during the procedure. A small instrument may be placed through the cervix into the uterus to help gently move the womb and improve visualisation.
Between three and five small incisions, each approximately 1cm in length, are made on the abdomen.
The laparoscope (camera) and surgical instruments are inserted through these incisions and the affected fallopian tube is carefully removed. The wounds are closed using dissolvable stitches, which means you do not need to come back to have them removed.
The operation usually takes about one hour, although you should expect to be in theatre and recovery for several hours.

After the surgery
You will wake up in the recovery area before returning to the ward. You may feel drowsy and may not remember much initially. Pain relief is given during and after surgery. Some discomfort is normal, but this is usually well controlled with medication.

Eating and drinking after surgery
You are usually able to drink and eat within a few hours of surgery. Until then, fluids will be provided through your cannula.

Length of hospital stay
Many women are able to go home on the same day. However sometimes, an overnight stay is recommended depending on your recovery or if additional procedures were required.

Going home and recovery
Some abdominal discomfort is expected for a few days. You may also experience bloating or shoulder-tip pain due to the gas used during surgery. This usually settles within a few days. Gentle movement and simple pain relief such as paracetamol or ibuprofen (with food) can help. Peppermint tea or peppermint oil in warm water may ease bloating. There is no need for antibiotics unless specifically prescribed at discharge.

Returning to normal activities
Returning to work depends on the nature of your job. Most patients can return within one week, depending on how you are feeling and the nature of your work. You should not do any heavy lifting until 4 weeks post-operatively. This can be discussed on an individual basis with Mr Subramanian. You can usually return to driving within a few days. You should not drive until you can comfortably perform an emergency stop and are not taking any strong painkillers. You are advised to check with your insurance provider.

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Light exercise can be resumed after 3-4 days, but avoid strenuous activities for 1 week and heavy weight lifting for 4 weeks.
Please refrain from sexual intercourse, using tampons, or swimming for 2 weeks to reduce the risk of infection and allow complete healing.

Possible risks and complications
Laparoscopic salpingectomy is generally safe, but complications can occur.

Expected
- Bruising around the small cut
- Abdominal discomfort, bloating and shoulder-tip pain from the gas used during keyhole surgery. These usually improve over a few days.

Common >1:100 (greater than 1% of patients)
- Infection can occur in the wounds, urine, chest or pelvis. You may need antibiotics.

Uncommon <1:100 (less than 1% of patients)
- Bleeding can occur and, rarely, a blood transfusion or another operation is needed.
- Injury to nearby organs can occur, including the bowel, bladder, ureters, uterus, ovaries, tubes, or major blood vessels. If this happens, repair may be needed by keyhole surgery or open surgery. Some bowel injuries are not recognised straight away, so worsening pain, fever, vomiting, or feeling very unwell after discharge must be checked urgently.
- A hernia can develop at a keyhole entry site. This is uncommon.
- Blood clots can form in the legs or lungs after surgery. Moving early and using any stockings or injections you are given helps reduce this risk.
- Anaesthetic complications are uncommon, but your anaesthetist will discuss your personal risks.

It may not be possible to remove the fallopian tube safely. The surgeon may clip, block or disconnect it instead, or stop and discuss a further plan with you afterwards.

Incomplete procedure or removal of both fallopian tubes
In fewer than 5% of cases, it may not be possible to complete the full removal of the tube due to unexpected findings, adhesions (scar tissue) or other complications. In these cases, Mr Subramanian may clip or disconnect the tube without removing it. If both tubes are removed, natural conception would not be possible and IVF would be needed for pregnancy.

Follow-up
A follow-up appointment will be arranged in the following weeks. Mr Subramanian will discuss recovery, any results if relevant and next steps, including fertility treatment planning where appropriate. If you have any concerns about your recovery or symptoms, or questions before your follow-up appointment, please do not hesitate to get in touch by phone or email.

When to seek medical attention
- Severe or worsening abdominal pain, or pain not helped by prescribed pain relief
- Persistent vomiting or inability to keep fluids down
- Fever of 38°C or above, chills, or feeling very unwell
- Increasing tummy swelling
- Heavy vaginal bleeding
- Redness, swelling, discharge, opening, or worsening pain at a wound
- Pain, swelling, or redness in one calf
- Chest pain, shortness of breath, coughing blood, or collapse - call 999

How do I make an appointment?
You can make an appointment either by emailing us at info@londonprivategynaecology.co.uk or contacting 07379 271915 and we will be happy to assist you with appointments, scheduling and any questions you may have.

How to book or ask a non-urgent question

Email:
info@londonprivategynaecology.co.uk

Phone: 07379 271915

If you have urgent symptoms after surgery, use the hospital discharge number you have been given. If you cannot get advice promptly, contact NHS 111 or go to A&E. Call 999 for chest pain, severe shortness of breath, collapse, or very heavy bleeding with faintness.

Surgery location:
King's Private, The Guthrie Wing, King's College Hospital NHS Foundation Trust, Denmark Hill, London, SE5 9RS.

Outpatient appointments:
- The Medical Chambers Kensington, 10 Knaresborough Place, London, SW5 0TG
- HCA Healthcare UK Chelsea Outpatients, 272 King's Road, London, SW3 5AW
- 86 Harley Street, London, W1G 7HP

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