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The Tubal Reversal Procedure

Tubal reversal is a procedure done either by open microscopic surgery or through key hole surgery. The procedure is performed under general anesthetic. It can take up to 2 hours to re-join both tubes. In open microscopic surgery an operating microscope or magnifying loupe is used to perform the procedure. The first step after preparing for surgery is to insert a catheter inside the uterus which will be used later to confirm the success of the reversal. This is an important step that will guarantee that the procedure was a success. The surgery itself involves a very small incision at the bikini line of about 4cm long only

(mini laparotomy) to access the pelvic area to identify the tubes and site of blockage. If you have clips on the tubes then they will be removed and the blockage site will be cut to show the ends of the tubes ready for anastomosis.

Initially a supporting stitch will be made to approximate the broad ligament underneath the prepared tube to get the fresh ends of the tube close together to decrease the tension on the future stitches as they are very tiny, nearly the 1/3rd the thickness of the size of a hair.

Suturing to re-join the tubes is done in two layers, the inner layer of the tube is sutured and tied at four locations corresponding to 6, 9, 3 and 12 o' clock positions using an 8-0 suture under high magnification.

The outer layer of the tube is closed with the 6-0 fine sutures. After re-joining the tubes, a blue dye is then injected through the catheter which was initially inserted inside the uterus. When the procedure is successful the blue dye will pass from the uterus to enter into the fallopian tubes and will exit from the distal ends of the re-joined fallopian tubes. The catheter inside the uterus will be removed before the end of the procedure.

The abdominal layers are then sutured back to normal and the 4cm incision on the bikini line is closed with a special technique called a subcuticular closure. In this method a fine hidden stitch is placed under the skin, holding the incision together.

The stitch dissolves within several weeks of placement and does not require any removal. Unlike other abdominal closures, this type of closure produces optimal cosmetic results with often minimal abdominal scarring.

Following the surgery, patients are observed for a time in the recovery area.

Given the unique expertise of Dr Elzeiny in performing microscopic surgery, the success rate of tubal patency is 99%. Dr Elzeiny has performed the highest numbers of Tubal reversal in Victoria so you will be assured of the success of your operation.

Please refer to our Post - Operative care instructions.