

A new approach to tubal re-anastomosis in South Africa



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To the Editor: Contraception by means of fallopian tube sterilisation is the most common method used worldwide, and it is estimated that on average 138 million women of reproductive age are sterilised globally each year. Several studies have indicated that the incidence of tubal re-anastomosis in previously sterilised women is 1 - 2%.¹ Laparotomy is currently seen as the gold standard for fallopian tube reversal, and this was the case at Tygerberg Hospital from 1982. However, laparoscopy has been extensively explored as a viable alternative over the past 3 decades. This technique requires expert endoscopic surgical skill. Recently laparoscopy was instituted as a reversal method at our facility owing to our interest in endoscopy.

Between January 2007 and December 2009, 27 patients at Tygerberg Hospital were identified who requested tubal re-anastomosis and fulfilled the admission criteria: 19 received a laparoscopy and 8 a laparotomy. All the patients had hysterosalpingograms from 3 months onwards. Overall patency figures of 78.9% (15/19) for laparoscopy and 75% (6/8) for laparotomy were achieved.

Post-reversal tubal patency as determined by hysterosalpingography has been reported in eight international reanastomosis projects.²⁻⁹ Mean patency in the laparotomy and laparoscopy groups was 69.9% and 69.2%, respectively. Our small series compares favourably with the international data outlined. The literature

indicates that post-anastomosis pregnancy rates after laparotomy range from 40% to 91.6%.^{4,10} Pregnancy rates achieved in studies evaluating success of laparoscopy ranged from 31.2% to 82.2%^{7,11} (mean 57.8%). The laparoscopic approach offers numerous advantages for the patient, with a shorter hospital stay and less discomfort and possibly lower cost.¹²

With this letter we are informing our colleagues that the laparoscopic alternative for reversal could be offered to patients when experienced endoscopic surgeons are available.

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