

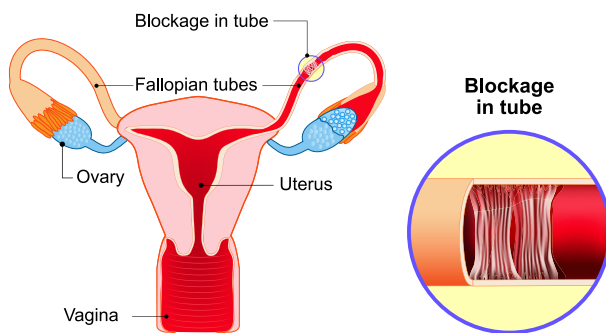
Reproductive Facts

Patient fact sheet developed by the
American Society for Reproductive Medicine



What do I need to know about conceiving after surgery on my fallopian tubes?

Fallopian tubes connect the ovary (where eggs are stored and grow) to the uterus (womb), where a fertilized egg develops into a baby (fetus). Fertilization is the joining of an egg and sperm and normally takes place in the fallopian tube. If a fallopian tube is blocked or damaged, this can prevent a woman from getting pregnant and increase the risk of becoming pregnant in the fallopian tube (a “tubal” or “ectopic” pregnancy). Surgery may be performed to open and repair blocked or damaged tubes.



What could damage my fallopian tubes?

An infection or surgery in the abdomen or pelvis can cause blockage of tubes by forming adhesions (scars). These adhesions can be between the end of the tube and the ovary or inside the tube and may completely block the tube. Two common sexually transmitted infections (STIs) that can damage tubes are chlamydia and gonorrhea. Occasionally, non-STI infections can cause tubal damage. For instance, tuberculosis can cause tubal disease (although it is very uncommon in North America). Tubal damage can also be caused by the rupture (bursting) of the appendix. Any surgery in the abdomen or pelvis can also cause scar tissue, including common surgeries like removing fibroids or operations for ovarian cysts.

In addition, endometriosis is a common gynecologic condition that can be associated with damage to your tubes. Women who have pelvic pain (pain during sex or painful periods) and who are also having trouble getting pregnant may be at risk of endometriosis.

How can a damaged tube be fixed?

Success of surgery on tubes depends on where the tube is blocked and the severity of the damage.

Different surgical techniques are used depending on the location of the tubal blockage. The goal of surgery is to open the tubal passage by either removing scar tissue, creating a new opening in the outside of the tube (closest to the ovary), or opening up the tube from the inside (cannulation).

If the blockage is at the end of the tube closest to the ovary, then surgery is performed either with:

- Laparoscopy (a camera is placed through a tiny incision through your belly button)
- Laparotomy (traditional open surgery performed through a much larger incision made in your abdomen [belly]).

Both the surgeries are performed under anesthesia. If the tubal blockage is inside the tube closest to the uterus, then hysteroscopy (a camera placed through your cervix and into your uterus) is used to place a tiny tube (cannula) past the blockage. This is typically done along with laparoscopy (see ASRM booklet titled *Laparoscopy and Hysteroscopy*).

Will I be able to get pregnant?

The chance of becoming pregnant after tubal surgery depends on 3 factors: the amount of damage to the tubes, the health of the partner's sperm, and the age of the woman. If the tubes are badly damaged or remain blocked even after surgery, a woman may be able to get pregnant through in vitro fertilization (IVF) (see ASRM fact sheet titled *In vitro fertilization [IVF]*). In IVF treatment, eggs and sperm are collected and joined outside the body in a laboratory. After 3-5 days, the healthiest fertilized eggs (now called embryos) are placed into the woman's uterus where they can grow into a pregnancy. If the partner's sperm

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count is low, going straight to IVF may be recommended because it treats both tubal disease and low sperm count.

What are the risks of tubal surgery?

The biggest risk after tubal surgery is the possibility of a tubal pregnancy, also known as an ectopic (outside the uterus) pregnancy (see ASRM fact sheet and booklet titled Ectopic Pregnancy). Ectopic pregnancy can be very dangerous to the mother. It is important for women with tubal disease/blocked tubes or women who have had tubal surgery to see a healthcare provider as soon as they think they are pregnant or have missed their period to be evaluated for an ectopic pregnancy before it causes serious complications. Irregular vaginal bleeding and lower abdominal pain are common symptoms associated with tubal pregnancy, particularly at later stages. If left untreated, tubal pregnancies can burst and cause internal bleeding and possibly death of the mother.

Other risks related to surgery for blocked tubes are the same as with any surgery and include the possibility of bleeding; damage to other organs (body parts) such as blood vessels, your bladder, and bowel (gut); development of new scar tissue; a reaction to the anesthesia; and the need for a blood transfusion. You should discuss with your healthcare provider whether surgery or other treatment, such as IVF, is appropriate for you based on your situation.

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If you have...	Your chance of getting pregnant after surgery is...
Very few adhesions (scars) between the tubes and ovaries, and your tubes otherwise look healthy	Fairly good
Lots of thick adhesions between the tubes and ovaries and/or the walls of the tubes look thick and rubbery	Not good; IVF may be the best treatment to help you get pregnant
Only 1 tube is blocked, the other tube is healthy, and the walls of your tube look normal	Fairly good
A blocked tube that is filled with fluid (hydrosalpinx), and the walls of your tubes look thin	Not good; IVF may be the best treatment to help you get pregnant. The damaged tube can be treated/removed to increase your chances of getting pregnant with IVF treatment.