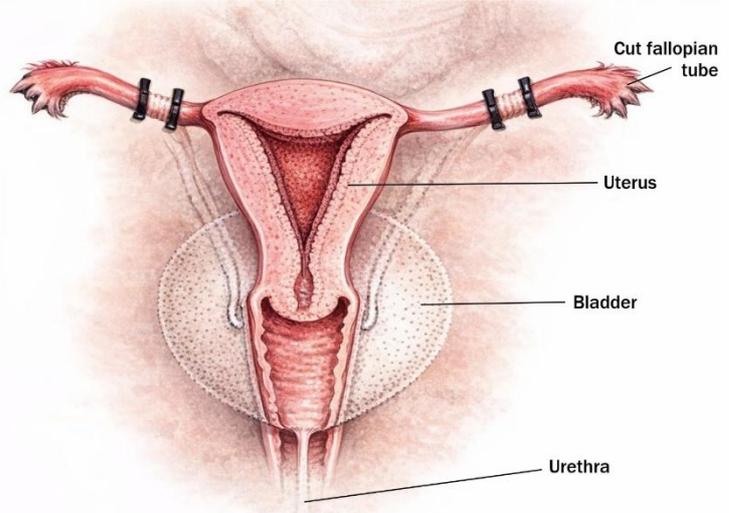


Patient Counselling Record and Information Form

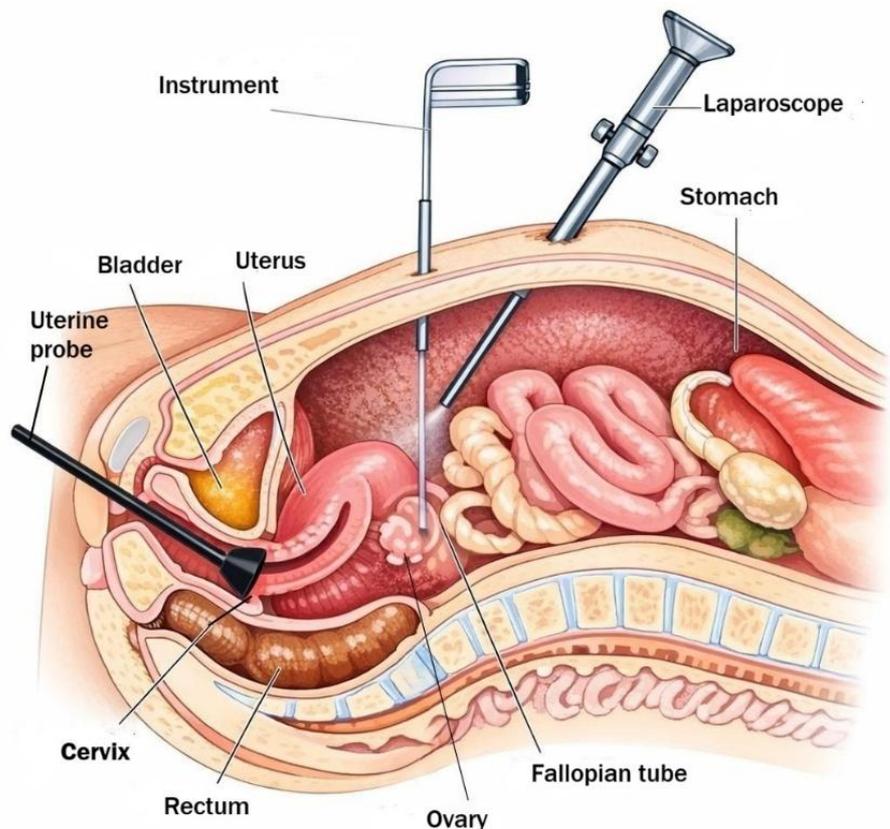
Female Sterilisation

Female sterilisation is a method of preventing pregnancy for women who no longer wish to give birth. After sterilisation, it is no longer possible to conceive naturally. Sterilisation is performed either by cutting and sealing the fallopian tubes or by closing them with special clips. This prevents fertilisation of the egg within the fallopian tube. The production of female sex hormones and the maturation of eggs in the ovaries continue as normal, and cyclical changes in the lining of the uterus ensure the continuation of normal menstruation. Female sterilisation is performed only at the woman's own request. In the Republic of Estonia, sterilisation is regulated by the Termination of Pregnancy and Sterilisation Act (25 November 1998).



The Procedure

Sterilisation is usually carried out laparoscopically (keyhole surgery). The procedure is performed under general anaesthesia and takes approximately 20-30 minutes. First, the abdominal cavity is inflated with carbon dioxide using a special needle. One to three small incisions (1-1.5 cm) are then made in the skin. At Fertilitas, a laparoscope with an additional instrument channel is available, which allows the procedure to be performed through a single incision. This incision is made near the navel. In some cases, additional instruments are required, and one or two further small incisions are made in the lower abdomen. At the end of the procedure, the gas is released from the abdominal cavity and the incisions are closed.



After the Procedure

Following the procedure, you will be taken back to the ward. You are usually discharged on the same day, although in some cases overnight observation may be necessary. If discharged on the same day, you will be prescribed pain relief. A follow-up appointment is required 5-8 days after the procedure. During this visit, the skin

sutures will be removed. Most patients are able to resume normal activities within 1-2 days. Light vaginal bleeding may occur for up to one week after the procedure. Sexual intercourse is not recommended while bleeding continues. As a rule, sterilisation does not affect your periods or sexual life. Possible short-term effects immediately after the procedure include abdominal discomfort or pain in the shoulders and neck. These symptoms usually resolve within 2-3 days. Every procedure carries a small risk of thrombosis (a blood clot blocking a blood vessel) or embolism (blockage of a blood vessel by a gas bubble). The risk of these complications is very low. There is also a minimal risk of injury to other organs, such as the intestines, bladder or blood vessels, either mechanically or electrically. General anaesthesia carries a small risk of allergic reactions to medicines. If fasting instructions are not followed, vomiting during anaesthesia may occur, and stomach contents may enter the airways, causing a risk of choking.

To reduce the risk of complications, please inform your doctor before the procedure about:

- Any known medical conditions and any medicines you are taking. On the day of the procedure, medicines may be taken only in agreement with your doctor.
- Your state of health at the time of the procedure (for example, if you have a viral infection).
- Any known allergies or hypersensitivity to medicines.

You must not eat or drink for at least 6 hours before the procedure. On the day of the procedure, you must not smoke or chew gum, in order to prevent vomiting and the aspiration of stomach contents into the lungs. Please follow your doctor's instructions regarding any special diet or the use of laxatives prior to the procedure.

You must contact your doctor immediately if the following occur after the procedure:

- Body temperature above 37.5 °C
- Severe abdominal pain
- Disturbances of bowel function or urination
- Vaginal discharge becomes heavy or develops an unpleasant odour

Although this is a highly effective method of contraception, in rare cases the fallopian tubes may spontaneously reopen and pregnancy may occur. The likelihood is slightly higher if clips are used to block the tubes.

Additional Risks and Notes

I have read the information leaflet and understand the nature of the procedure planned for me. I have received answers to my questions. Patient's

name: _____ Signature: _____

Counselling doctor's name: _____ Signature: _____

Date: ____ / ____ / 20__

This information leaflet is completed in two copies: one copy is given to the patient and the other is retained in the medical record