MICROSURGERY OF BLOCKED TUBES

Microsurgical Tubal Reanastomosis

Treatment option for women whose tubes were blocked by tubal ligation and will be rejoined again.

About Microsurgery of blocked tubes

Microsurgery of blocked tubes is a treatment option for women whose tubes were blocked by tubal ligation (Pic. 1) and with this procedure they can be rejoined again.

Microsurgical tubal reanastomosis (a reconnection between two things) can be used to restore fertility by rejoining the separated segments of the Fallopian tube which was blocked by tubal ligation (a surgical procedure for sterilization in which a woman’s fallopian tubes are clamped and blocked).

In this process, the area of the tubes which was occluded is removed, leaving only open, healthy tube. These open, healthy, tubal segments are then connected. A multi layer, micro surgical technique is used to suture these segments together.

After the tubes are repaired, a chromopertubation (a procedure usually done during a laparoscopy to visualize the fallopian tubes in order to see if they are patent or open) is performed wherein dye is injected into the uterus. This dye is passed through the repaired tubes to ensure that the tubes are open.

The entire surgery is performed through a small incision of about 3 to 4 inches just at the uppermost part of the hair line.

Success or failure factors
Laparoscopic tubal reversal is a feasible, tested and successful alternative to the traditional surgery performed by laparotomy, however, to achieve a successful outcome it is necessary a meticulous surgical technique, adequate equipment and extensive experience with tubal anastomosis by laparotomy and advances laparoscopic techniques.

In some cases, however, the separated segments cannot actually be reattached to each other. It is very important to note that either failing to properly align the tubal segments, or damaging these delicate structures, can make the difference between a successful and an unsuccessful operation.

If woman suffer from pelvic tuberculosis, if her age is advanced or if she had pelvic inflammatory disease (an infection of the upper part of the female reproductive system) recently, the surgery cannot be performed.

It is necessary to examine woman's fertility which includes ovulation testing. If ovaries does not work properly, the surgery is unnecessary.

### Complications

Sometimes after surgery there is possibility of reocclusion (repeated closure) due to adhesions, which are common complication of any surgery in pelvic area.

Another major complication is tubal pregnancy. If woman become pregnant after surgery, she has to be watched carefully to exclude the possibility of a tubal pregnancy.

### Prognosis

Success of the procedure depends on the extent of tubal destruction and the length of the repaired tubal segments. A length at least 4 cm with an ampullary length of 1 cm gives 60% to 80% of live birth rate. The tubal pregnancy occurs in 2% to 5%.
**Fallopian tube blockage**
An obstruction prevents the egg or sperm from traveling down the tube, thus making fertilization impossible.
Learn more at: [www.fertilitypedia.org/therapy/diag/fallopian-tube-blockage](http://www.fertilitypedia.org/therapy/diag/fallopian-tube-blockage)

**Tubal phimosis**
The type of blockage that affects the part of the fallopian tube end towards the ovary.
Learn more at: [www.fertilitypedia.org/therapy/diag/tubal-phimosis](http://www.fertilitypedia.org/therapy/diag/tubal-phimosis)

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**Gallery**

***Pic***

*An elective tubal ligation performed as a secondary procedure following a cesarean section.*

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**Sources**

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