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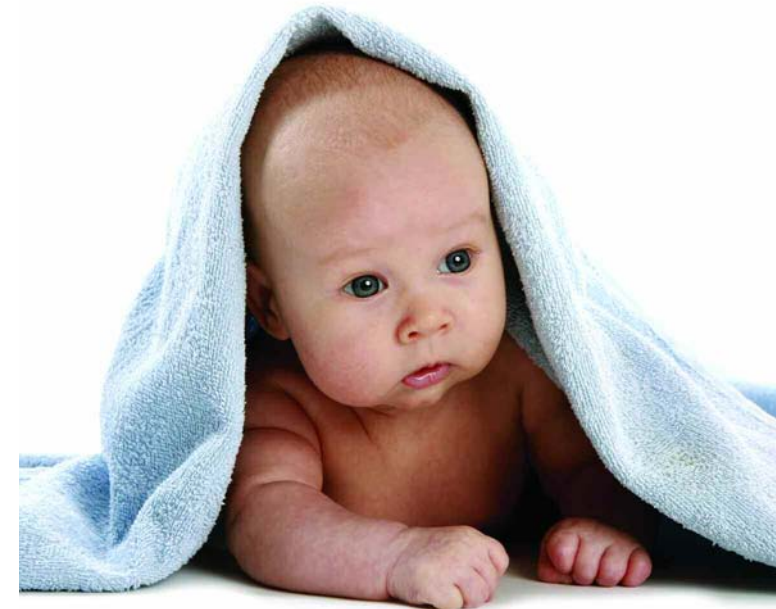
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# Tubal Surgery as an alternative to IVF



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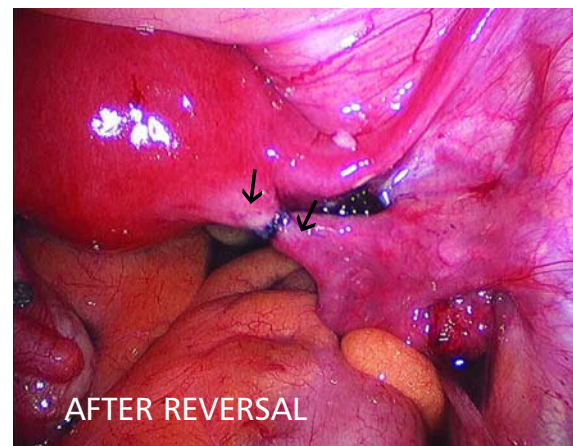
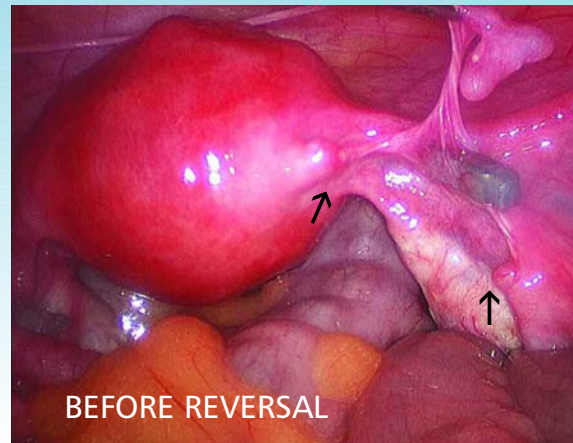
# Tubal Surgery as an alternative to IVF

The fallopian tubes have a central role in many reproductive functions, and abnormalities often result in impairment of fertility performance. The main determinants of tubal disease and prognosis for pregnancy are the severity, the anatomical site and the nature. There is therefore no doubt that accurate diagnostic tests are important in the management of involuntary and voluntary (sterilization) tubal disease.

Hysterosalpingo-contrast-sonography (HyCoSy) and hysterosalpingogram (HSG) remain the tests of choice to investigate tubal patency in women with involuntary subfertility who have no other gynaecological problems. Laparoscopy and dye test should be reserved for those women with known pelvic inflammatory disease, endometriosis and previous pelvic surgery. Women who have been sterilized and wish to have their tubal patency restored should be referred to a gynaecologist with special interest in reproductive surgery for further assessment and surgical management.

With the exponential progress of in-vitro fertilization (IVF) based techniques, and their frequent use as treatment of choice for subfertility, tubal surgery has become far less popular, thus leading to an inevitable decline in microsurgical expertise.

Amongst all the instances of involuntary tubal disease, proximal (i.e., where tubes and



uterus joint together) tubal blockage occurs in up to 25% of cases. A false positive diagnosis of proximal tubal obstruction can be as high as 50%. Unlike bipolar tubal disease (i.e., damage at the proximal and distal ends) for which IVF represents the most appropriate strategy, proximal occlusion can also be managed by hysteroscopic tubal cannulation (HTC) or microsurgical

tubo-cornual anastomosis in specialised centres. HTC has the advantage of being a day-case procedure which can be performed at the same time as laparoscopy. The spontaneous pregnancy rate after this day-case procedure is comparable to pregnancy rate after IVF. Careful selection of cases and adequate surgical expertise are crucial for the success.

Though there appear to be differences between countries, female tubal sterilization is a frequently requested method of birth control in the UK. The issue of microsurgical reversal of sterilization or IVF as treatment approach for women seeking pregnancy after sterilization is rather controversial. In selected cases and when performed by highly skilled reproductive surgeons, reconstructive tubal surgery is a valid alternative to conventional IVF for achieving a pregnancy. Patients should be given a realistic idea about reversibility of the previously performed tubal sterilization, risk of ectopic pregnancy and subsequent success rate.

Tubal disease continues to be a cause of subfertility in approximately one third of cases. Healthcare practitioners and patients have therefore to be aware of the different diagnostic and therapeutic strategies to manage it. Tubal microsurgery may be an appropriate and cost-effective alternative to assisted conception.