



Fallopian Tube Recanalisation

This information sheet explains about the procedure fallopian tube recanalisation. It describes what this involves and what to expect when you come to the Interventional Radiology department for this procedure.

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you for, or is performing, the procedure.

What is Fallopian tube recanalisation?

This is a medical procedure used to open up or clear obstructions in blocked or damaged fallopian tubes. Normally, a fertilised egg travels from the fallopian tube into the uterus where it implants and develops into a baby. The goal of the procedure is to improve fertility by allowing this passage of the eggs from the ovaries to the uterus and therefore increasing the chances of future conception.

Why do I need a Fallopian Tube Recanalisation procedure?

Fallopian tube disease is recognised as a major cause of female infertility. Fallopian tube recanalisation is recommended as the first-line therapy for individuals who have blocked or partially blocked fallopian tubes (particularly at the portion adjacent to the uterus) which can prevent the sperm from reaching the egg, or even the fertilised egg from reaching the uterus.

How do I prepare for a Fallopian Tube Recanalisation?

The procedure is normally scheduled within 5-11 days of your menstrual cycle (in the follicular phase, prior to ovulation).

Your healthcare provider will also provide specific instructions for preparation which may include:

- Discussing your medical history, current medications and allergies. You will also be consented for the procedure, where the clinician will discuss what will happen in detail and answer any questions you may have. They should also counsel you of potential complications of the procedure and explain the importance for you to seek early evaluation if you were to become pregnant after it to confirm that it is intra-uterine (see below 'potential risks/complications' section for details).
- A urine pregnancy test is always performed prior to the procedure.
- An antibiotic is normally given 1-2 days prior to the procedure.
- Possibly you may need to undergo a number of tests prior to this, such as a hysterosalpingogram (HSG), to evaluate the condition of the fallopian tubes prior.
- Avoiding specific medications which could interfere with the procedure as advised by your healthcare provider.
- You will often be instructed not to eat anything after midnight the night before the procedure.
- You may be advised to take anti-inflammatory medications, such as ibuprofen, the night before and morning of your procedure.

As the procedure is generally a 'day case', where you will not have to stay in the hospital overnight, having planned transport to and from the hospital where the procedure will be performed is highly advisable as you may be given pain killing medication and mild sedatives which may prevent you driving safely.

How is Fallopian Tube Recanalisation Performed?

Before the procedure begins, a doctor will discuss the procedure with you and ensure you are fully prepared, as per their instructions. They will answer any questions you may have and gain your consent to proceed.



Some pain-relieving medication and mild sedatives may then be given to ensure you are more comfortable throughout the procedure and you will be lying on your back with your legs in stirrups. The doctor will then clean the area and drape some sterile sheets across you to minimise the risk of infection.

A small tube (called a catheter) with a balloon on the end is then inserted through the cervix into the uterus. The balloon is then inflated and some dye is injected into the uterine cavity. This will allow the doctors to see the uterus and assess the fallopian tubes with an X-ray. Some mild cramping may occur at this time.

If one or more of the fallopian tubes are seen to be blocked, the doctor will carefully guide a catheter or guide wire to the area of the blockage. Contrast dye, or other fluid may then be injected through the catheter into the area of blockage at the fallopian tube to try open it and better visualize the area as the catheter is advanced through the tube. The doctor will monitor this part carefully by with X-rays. Once the doctor is satisfied with the procedure, the equipment can then be removed.

Who performs the procedure and where?

The procedure is normally performed by an interventional radiologist, gynaecologist or fertility specialist doctor. It is typically performed in a hospital or outpatient clinic equipped with the necessary imaging and medical equipment.

What are the potential risks/complications of Fallopian Tube Recanalisation?

Although the procedure is considered safe with serious complications rates being very low, there are still risks to the procedure which include:

- **Infections** – as bacteria may be introduced to the area they are working on. Very rarely, a more serious infection called peritonitis may occur, where there is an infection of the tissue layered over the organs in your abdomen.
- **Some discomfort or pain** during or after the procedure.
- **Tubal perforation** – a small hole can sometimes be made in the fallopian tube itself, particularly if the obstruction is further towards to the ovary end of the tube or if there is a lot of scar tissue present.
- **Increased risk of ectopic pregnancy** – there is a low chance that a fertilised egg may implant itself outside of the uterus (normally in the fallopian tube itself). The fertilised egg can then grow in this location outside the uterus and is termed an ectopic pregnancy. This is a potentially serious condition that it is important for you to be aware of, and careful evaluation by a clinician should be performed if you were to become pregnant to ensure the pregnancy is confirmed to be inside the uterus.

What happens afterwards?

After the procedure, you normally don't need to wait very long before you can safely leave the facility.

It is normal to have some discomfort in the pelvic area for a day or two after the procedure in addition to some mild blood spotting. Resting and avoiding strenuous activities for a day or two after the procedure is advised. Sexual activity can be resumed the next day.

You should also ensure you take the medications prescribed to you, such as pain relievers and antibiotics.

If there is significant lingering pain, cramps, fever or discharge you should contact your health care provider for advice and evaluation immediately.

For many, the procedure will make it possible for you to get pregnant. Your chances of pregnancy however may vary greatly depending on numerous factors such as your age, underlying condition and location and cause of the blockage. Although this procedure works to unblock the fallopian tubes, it does not reverse the process that caused the blockage in the first instance. In approximately a third of the patients, the tubes may already re-occlude (become blocked again) by 6 months.



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