



Tubal Reversal (Anastomosis) Information

The chance of a successful tubal reversal depends on the length of the tube(s) and on other fertility factors. The problem with short tubes is that the egg moves through too fast and pregnancies often miscarry. With short tubes, in vitro fertilization (IVF) or adoption is more successful. If all else is healthy, the live birth rate is generally:

Greater than 80%	At 5 cm (about 2 inches)	Surgery better than IVF
40% to 70%	At 4 to 5 cm	Surgery usually better than IVF
20% to 40%	At 3 to 4 cm	IVF usually better than surgery
Less than 5%	At less than 3 cm (about 1 inch)	IVF is better than surgery

With one short tube and one long tube, the long tube is usually repaired and the short removed. If the short tube is left behind, the risk of tubal pregnancy increases.

Before tubal reconstruction is performed, either a sperm count or post-coital (PCT) test is usually done. The sperm count can be done at a Memphis lab or at a closer lab for those not from Memphis. A PCT is done near ovulation and about 6 to 24 hours after sex. A PCT test is like a pap smear but looks for sperm.

Although tubal repair is a relatively safe form of surgery, the complications are those of surgery in general. These include infection, bleeding and allergic reactions. There is an uncommon possibility of damaging other pelvic organs, decreased sexual response, admission to the hospital, or blood transfusion. Colostomy, paralysis, hysterectomy, coma and death are possible but so rare that I know of no such cases.

You will need to be at the surgery center or hospital 2 hours before surgery or 1 hour if your lab is done before the day of surgery. Surgery takes about 2 hours. Surgery is performed through an incision near the hairline. Recovery generally takes 2 to 6 hours in the surgery center. Almost all women do well as outpatient. Hospitalization is rarely needed for pain, nausea, or vomiting. Full activities can usually be resumed in 2 to 8 weeks. But there may be energy loss and weakness for 1 to 3 months.

After the surgery, there is no way to tell whether you will get pregnant until this occurs. This can be very frustrating. The average time to become pregnant is 11 months. Some women have taken 2 to 5 years while others have been pregnant the first month.

When pregnant, most pregnancies are perfectly healthy. However, the tubal pregnancy rate is close to 5%. Care must be taken in early pregnancy to identify tubal pregnancy promptly. Blood pregnancy tests and sonograms are needed at 2 1/2 to 4 weeks.

Expense can be a major obstacle. The anticipated fees are covered on the attached sheet. Most insurance companies do not cover tubal reversal. Written clarification from your insurance company is helpful if you expect their coverage. Insurance coverage can change so be sure your information is up to date. This sheet is to be discussed in the office. A permit will be signed the day of surgery.

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Steps for Tubal Surgery

1. Request your operative note and pathology report from your physician or the hospital where the tubal sterilization was done. Complete the *Authorization to Use or Obtain Health Information* form attached below.
2. Dr. Martin will review the tubal sterilization note and pathology report to estimate the success rate. Tubal reversal is best with long tubes. IVF is better if the tubes are short. Dr. Martin will mail you a report with his interpretation of your chances. There is no charge for this review.
3. You can decide about an appointment after receiving the letter. If you have other reasons to be seen, you can make an appointment without waiting.
4. Although insurance policies rarely cover the surgery itself, these may cover some of the evaluation and testing before surgery. Be sure to have your coverage in writing from your insurance company if you plan to use insurance. The ICD-9 diagnosis code is 628.2. A letter needs to specify infertility testing, basic infertility treatment and/or tubal reversal.
5. Office evaluation and testing appointment in Memphis. Tests may include cultures, semen analysis, Sims-Huhner's post-coital test (PCT) or other tests.
6. Office evaluation and testing at your physician's office may be better if they are covered by your insurance plan or if you are out of town and plan to do the surgery with one trip to Memphis. Review *Office Evaluation and Testing at Your Physician's Office* below.
7. Abnormal tests need to be discussed and may need to be treated.
8. The operation is scheduled the week after a menstrual cycle to avoid a large ovary after ovulation. Birth control pills can be used if needed to stop ovulation and to schedule later in the menstrual cycle.
9. Prior to surgery, stop aspirin products two weeks before surgery.
10. If you are on dietary or herbal medications, you need to be off of these for 30 days.
11. If you need a motel, the Hampton Inn is at 33 Humphries. Their phone is (901) 747-3700.
12. Arrive at the surgery center at least 2 hours prior to the procedure unless told to arrive at a different time.
13. The surgery usually takes less than 2 hours.
14. Recovery at the surgery center is generally 2 to 6 hours.
15. Limited (4 hours) non-physical work can be started at 3 to 10 days.
16. Longer (8 hours) non-physical work can be started at 2 to 4 weeks.
17. Full physical activities and heavy work can usually be started at 4 to 8 weeks.
18. You should come in for a follow-up visit four to six weeks after surgery. You will need to call the office after surgery to schedule this appointment.

Office Evaluation and Testing at Your Physician's Office

Office evaluation and testing at your physician's office may be covered by your insurance plan, if I am not on your plan. If you are out of town and plan to do the surgery with one trip to Memphis, evaluation and testing needs to be done before coming to Memphis.

The following lab needs done in the past year and can be done by your physician:

- Pap Smear
- Blood Count
- Cervical Culture and Sensitivity
- Cervical Chlamydia
- Sperm Count

If you are out of town and plan to do the surgery with one trip:

- Send your operative note and pathology report.
- The note and report can be requested from your physician or the hospital.
- The request forms will be mailed to you.
- Dr. Martin will review the tubal sterilization note and pathology report and send you an estimate of the success rate. There is no charge for this review.
- Call (901) 347-8331 to set up an appointment.
- Send me the results of general exam to include heart, lungs and pelvis in the past 3 months.
- Send me the results of the following lab done in the past year:
 - o Pap Smear
 - o Blood Count
 - o Cervical Culture and Sensitivity
 - o Cervical Chlamydia
 - o Sperm Count
- If you have any medical conditions, please have your physician send a letter clearing you for surgery and listing any specific medication or treatment needed.
- You will need to send the deposits before being seen if the surgery is to be done on the same trip. Contact our office at (901) 347-8331 to make payment arrangements.

Tubal Reversal Fees

- Initial office consultation for anastomosis \$80.00.
 Basic office tests (lab fees may not be up to date) are:
 - Cervical GC and Chlamydia (LabCorp).....\$95.00
 - Semen analysis (FAOM)\$100.00

Other fees after the first visit are:

- **Post-Coital Test (PCT)** - includes office visit\$99.00
*Detects sperm in the cervical mucus 6 to 18 hours after intercourse.
 This can be used in place of semen analysis.*
- **Day 3 FSH and Estradiol**.....\$246.00
These two tests are used to determine ovarian aging (pre-menopause) and are routine for women over 42. They are suggested for women 38 to 42 and should be considered at ages 35 to 37.
- **Pap Smear**\$61.00

Surgical, Surgery Center, Anesthesia fees and postoperative care are discounted based on your BMI and payment prior to scheduling. Contact our office with your height and weight to compute your BMI. When there is no other surgery and no insurance to be filed, these are expected rates: (revised 9/06)

BMI	DCM	Anesthesia	EMSC	Total
Up to 22.....	\$2,133.....	\$950.....	\$2,210.....	\$5,293.00
23 to 28	\$2,223.....	\$1,025.....	\$2,210.....	\$5,458.00
29 to 35	\$2,283.....	\$1,100.....	\$2,210.....	\$5,593.00
36 to 42	\$2,634.....	\$1,175.....	\$2,210.....	\$6,019.00
43 to 45	\$3,510.....	\$1,250.....	\$2,210.....	\$6,970.00

(See BMI Chart on page 6)

****There is a \$550 discount if one tube cannot be repaired because of short length or absence.**

****If your BMI is greater than 45, you have major medical problems or you have a latex allergy, the procedure may need to be done in the hospital, which will dramatically increase costs.**

**** These fees are based on available operating time. You may need to be on birth control pills so your cycle will meet the surgery center schedule.**

If additional surgery such as tummy tucks by a plastic surgeon, cyst removal or treating endometriosis or is performed, the fees can be significantly higher. If these involve combined insurance covered and non-covered services, preauthorization is needed to assure that the coverage is effective.

Payment of Tubal Anastomosis Fees

Dr. Martin's fee (see chart below) **\$2,133 to \$3,510**

Make money order or cashier's check payable to: **UT Medical Group, Inc.**

The complete fee is due three (3) days prior to your surgery date.
We accept Cash, Check, Money Order, MasterCard®, Visa®, and Discover®.

East Memphis Surgery Center (901-747-3233) **\$2,210**

Make money order or cashier's check payable to: **East Memphis Surgery Center**

This fee is due the day of your surgery.

Metropolitan Anesthesia (901-818-2160) **\$950 to \$1,250**

Anesthesia charges are based on the Body Mass Index (BMI).

Make money order or cashier's check payable to: **Metropolitan Anesthesia**

This fee is due the day of your surgery.

The final anesthesia cost is based on the total time. The anesthesia deposit has been correct for 85% of surgeries. About 15% of patients may owe another \$75 or may receive a \$75 refund. About 1% will have additional anesthesia time and costs due to scar from C-section, scar from other surgery or adhesions from infections.

A BMI chart is on the next page. We can calculate this for you if you send your height and weight.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	BMI
Height	Body Weight (pounds)																		Height
4' 10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	4' 10"
4' 11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	4' 11"
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	5'
5' 1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	5' 1"
5' 2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	5' 2"
5' 3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	5' 3"
5' 4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	5' 4"
5' 5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	5' 5"
5' 6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	5' 6"
5' 7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	5' 7"
5' 8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	5' 8"
5' 9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	5' 9"
5' 10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	5' 10"
5' 11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	5' 11"
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	6'
6' 1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	6' 1"
6' 2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	6' 2"
6' 3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	6' 3"
6' 4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	6' 4"

BMI	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	BMI
Height	Body Weight (pounds)																		Height
4' 10"	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258	4' 10"
4' 11"	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267	4' 11"
5'	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276	5'
5' 1"	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285	5' 1"
5' 2"	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295	5' 2"
5' 3"	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304	5' 3"
5' 4"	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314	5' 4"
5' 5"	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324	5' 5"
5' 6"	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334	5' 6"
5' 7"	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344	5' 7"
5' 8"	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354	5' 8"
5' 9"	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365	5' 9"
5' 10"	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376	5' 10"
5' 11"	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386	5' 11"
6'	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397	6'
6' 1"	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408	6' 1"
6' 2"	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420	6' 2"
6' 3"	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431	6' 3"
6' 4"	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443	6' 4"

Questions on Tubal Reversal

1. *What patients have the highest success rates?* Healthy women under 38 with at least 5 cm (about 2 inches) of tube and who have children with their current husband, have a 90% or better chance of having another child after surgery.
2. *What women should consider donor eggs?* Women over 43 with short tubes or high FSH blood levels rarely get pregnant. When pregnant the miscarriage rate may be 90%. These women have a better chance of a baby with donor eggs.
3. *What factors change the success rate?* The success rate is related to the length of tube, your weight, your health, your husband's health and any other medical factors
4. *Will scar tissue make it hard for the egg to pass through?* This would appear to be the least common problem. Short tubes are a more common problem.
5. *Could the tube scar over and close?* Yes, the chance appears to be around 2%.
6. *Is the egg a lot smaller than the diameter of the tube?* Yes.
7. *How many reversals have you performed?* The number is about 870 since 1974. I currently do about 60 a year.
8. *When did you start performing this type surgery?* I began performing tubal reversals in 1974 and changed to microsurgery about 1977. The use of outpatient techniques was started in 1987. I taught microsurgical and laser techniques at a national level since 1982.
9. *How long does the surgery take?* This usually takes less than 2 hours. However, when there are other problems such as cysts, this can take as long as 3 to 4 hours.
10. *How much healing time do I need before I can try again to become pregnant?* You can usually try in 10 to 14 days, but you may not feel like trying for 6 to 8 weeks.
11. *Will I be put to sleep all the way?* Yes
12. *Is a hotel close?* The Hampton Inn is at 33 Humphries. Their phone is (901) 747-3700.
13. *Will the fallopian tubes still have the ability to have muscular contractions to help the fertilized egg reach the uterus?* This should happen.
14. *Should I give blood before surgery?* Blood transfusion is uncommon after this type surgery. However, self-blood donation is still an option.
15. *Can allergic reactions happen during or after surgery?* Allergic reactions can occur with any medication. However, these are rare at surgery.
16. *Do you have to remove any tube when you do the surgery?* Yes, but this is usually a minor problem. On occasion, endometriosis, scar tissue or a short tube can require the removal of more tube or of the entire tube. This is one of the reasons that we cannot be sure of the success rate until the surgery is over. This occurs in about 1 in 30 women.
17. *Is it true that with the latest microsurgical techniques that the chance of ectopic pregnancy is reduced?* Yes, but there is still a 5% chance of tubal pregnancy. This is higher than the general population who has less than a 1% chance. If you do not live near Memphis, please discuss this with the physician who will see you in early pregnancy. Close monitoring is needed in the first four weeks of a pregnancy.

18. *Do you use a microscope or loops?* I use a Zeiss operating microscope and microsurgical sutures.
19. *Is there any damage to my ovaries from a lack of blood supply due to the tubal ligation?* In theory, this may be so. However, there are no comparative or prospective data to confirm this. Although this may effect hormonal situations such as premenstrual syndrome, there is no evidence that this changes success rates.
20. *Are the fimbriated ends of the tubes close enough or still attached to the ovary for transfer of the egg into the tube?* There is no reason to suspect that this is a problem. This should be the same as when you had your last children.
21. *Is the other end still attached to the uterus?* Yes, that is a planned part of the surgery.
22. *At age 35, are my eggs still good?* Although age 42 is a major concern, we can do hormonal testing to check the egg function at any age.
23. *Should I be taking vitamins?* Multi-vitamins with folic acid (400 mcg per day) decrease birth defects. Aspirin (81mg daily) may decrease miscarriages in some women.
24. *Do vitamins help you heal quicker after surgery?* Maybe, but data is needed

An Expanded list is at:

<http://www.danmartinmd.com/danmartinquestions.pdf>

Web Information

Downloadable Files	http://www.danmartinmd.com/downloads.htm
General Information	http://www.danmartinmd.com/anastomosis.htm
Fees	http://www.danmartinmd.com/anastomosis_fees.htm
Maps	http://www.danmartinmd.com/danmartinmap.pdf
Driving Instructions	http://www.danmartinmd.com/danmartindriving.pdf
Questions	http://www.danmartinmd.com/questions.htm
Steps in Preparation	http://www.danmartinmd.com/steps.htm
Photographs	http://www.danmartinmd.com/procedure.htm
PCT	http://www.danmartinmd.com/pct.htm

A PCT (post-coital test) is like a pap smear but looks for sperm. A PCT is done near ovulation and about 6 to 24 hours after sex.

CCT	http://www.danmartinmd.com/fshcct.htm
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Blood tests for follicle stimulating hormone (FSH) and Estradiol (E2) can be used to check ovarian reserves and for adequate egg function. When these tests are abnormal, fertility decreases and the chance of miscarriage increases. These tests are generally used in women over 38 as a guide for IVE, but can be used in younger women to give an estimate of egg reserves. A test done on day 3 of a menstrual cycle can be used as a basic screening test. A complete Clomiphene Challenge Test (CCT) also measures FSH on day 10 of the cycle after 5 days of clomiphene (Clomid, Serophene).

General Fertility Tests	http://www.danmartinmd.com/fertility_evaluation.htm
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HSG	http://www.danmartinmd.com/hsg.htm
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An HSG (hysterosalpingogram) is sometimes helpful in looking at the proximal (area closest to the uterus) tube. It does not check the rest of the tube.

MRN

NAME

DOB

Patient stamp above



UT Medical Group, Inc.

Dr. Dan C. Martin
Gynecology and Infertility
7945 Wolf River Boulevard, Suite 320
Germantown, Tennessee 38138-1733
901-347-8331 • Fax: 901-347-8188

Authorization to Use or Obtain Health Information

Please PRINT or TYPE and return completed form to the above address.

Patient Name: _____

The records may be under the previous name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ — _____ — _____

1. With regard the information identified in Section 3 below, I authorize UTMG to (a) use, and/ or (b) obtain information from the Name of physician or center that did the tubal sterilization listed here: _____

Address: _____

City: _____ State: _____ ZIP: _____

2. The purpose or need for which the information is being disclosed is Review by Dr. Dan C. Martin

3. I authorize the disclosure of following information from my medical record:

- Complete medical record Laboratory results Progress notes Immunization record

Other - Tubal ligation operative note and pathology report of _____ (date)

4. I understand that the information in my health record may include information relating to a sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. I understand that I have a right to revoke this authorization at any time by presenting my written revocation to (a) the UTMG Health Information Services Department at 920 Madison Avenue, Suite 415, Memphis, TN 38103, and (b) if applicable, the person/organization identified above in Section 1. I understand that the revocation will not apply to information that has already been used or released under this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. If this Authorization has not been revoked, it will terminate on the following date, event, or condition: _____

If I fail to specify an expiration date, event, or condition, this authorization will automatically expire in six (6) months.

6. I understand that I can refuse to sign this authorization. I need not sign this form in order to obtain treatment, payment, or health plan enrollment or eligibility. I understand that any disclosure of information carries with it the potential for redisclosure by the recipient and that the information may no longer be protected by federal confidentiality rules. If I have questions about uses or disclosures of my health information, I can contact the UTMG Privacy Officer at 66 North Pauline Street, Suite 101, Memphis, TN 38105 and/or, if applicable, the person/organization identified in Section 1 above.

Signature of Patient or Personal Representative*

Printed Name of Patient or Personal Representative*

Date

*Relationship to Patient (if Personal Representative)

*If Personal Representative, the patient is unable to sign because (check one):

- Minor Incompetent Other (explain): _____

For Office Use Only

Date received _____ All complete Proof of I.D. Signed copy to patient

Received by (employee name): _____ Title: _____

Completed by (employee name): _____ Title: _____