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What type physicians perform tubal repair?

Tubal repairs are usually performed by reproductive surgeons, reproductive endocrinologists and/or gynecologists. Dr. Martin was trained in all three of these areas (reproductive surgery, reproductive endocrinology and gynecology) at the Johns Hopkins Hospital in Baltimore 1972-1977. He has also trained other physicians at the University of California, Irving and American Association of Gynecologic Laparoscopists workshops.

How long has Dr. Martin performed anastomosis?

Dr. Martin has performed tubal anastomosis since 1974. He changed to microsurgical techniques in 1977 and began use of out-patient procedures in 1987. He has performed about 870 reversals during this time and currently does about 60 a year.

Is an anastomosis used for tubes blocked by infection?

Sometimes it is. More often a cuff salpingostomy is used for a hydrosalpinx.

What patients have the highest success rates?

Healthy women under 30 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 tubal reversal.

What factors affect the success?

The success of this surgery depends on factors such as the length of tube, sperm counts and other fertility factors. When all else is healthy, the live birth rate are greater than 80% with tubes of 5 cm (about 2 inches) but are less than 5% with tubes shorter than 3 cm (about 1 inch) of tube. Short tubes have a low live birth rates because the egg moves though the tube too rapidly and pregnancies miscarry. With short tubes, in-vitro fertilization (IVF) or adoption is a better answer than tubal surgery for fertility. The success rate is also related your age, weight gain since your last pregnancy, your health, your husband's health and any other medical factors. A summary is below.

Success Summary:

- 90% in healthy couples with:
 - Age less than 30
 - Tubes 5 cm or more in length
 - Previous children together
- 70% overall with good length tubes if your husband has previous children.
- 60% overall with good length tubes if your husband has no children but has a good sperm count.
- 50% decrease after age 40 and decrease can be worse if FSH testing is abnormal.
- Pregnancies are uncommon after age 43.
- IVF, egg donors or adoption may be better with:
 - Low sperm count
 - Short tubes
 - Excess weight gain since your last pregnancy
 - Age greater than 43

What women should consider IVF?

Women with a history of more than 3.5 cm of tube removed, with short tubes of 3 cm (about 1 inches) remaining at surgery, with excess weight gain, or with a husband with a low sperm count should consider IVF

How do I know the length of my tubes?

Dr. Martin can review your tubal sterilization note and pathology report and estimate the length of the tubes and the success rate. There is no charge for this review.

If your tubes were cut and tied after a delivery (Pomeroy or Parkland tubal ligation), look at the length of the specimens removed. If it is less than 2.5 cm, the chances of a successful reversal are 80% or better if other factors are healthy. At 3.5 cm, the chances are about 60%. If more than 3.5 cm is removed, there is concern that the tubes may be too short and rapid passage will result in miscarriage. With more than 3.5 cm removed, IVF may be a better option.

If your tubes were burned, then the number and spacing of burns are important. One, two and sometimes three burns close together are reasonable for repair. Two or three burns spread apart can leave short tubes and the possibility of the egg moving through so fast that the pregnancy miscarries.

If the operative note is not available or if the information is inadequate, a diagnostic laparotomy (open surgery) can be used to determine the length. If the diagnostic part of the laparotomy shows adequate tube or tubes, one or both tubes would be repaired at that time. There is a refund if only one tube or if neither tube is opened. That is listed at Costs.

Laparoscopy (belly button surgery) is another way to check the tubal length. Laparoscopy is reasonable when there are other reasons for surgery, such as pain, and when there is insurance coverage. You heal more quickly from a laparoscopy than a laparotomy. But laparoscopy can add \$4,000 to \$8,000 to the overall costs. Laparotomy is less expensive than laparoscopy when there are no additional reasons for surgery and no insurance for a laparoscopy.

What technique does Dr. Martin use?

Dr. Martin uses a Zeiss operating microscope that has been fitted with angled lenses to allow the microscope to remain stable during the operation. These angled lenses permit magnification to be changed without moving the microscope. The stability created by angled lenses helps Dr. Martin maintain small incisions when operating on larger patients.

The procedure begins by removing old scar tissue and cutting back to healthy tubal ends. Microscopic stitches are then used to reconnect the healthy ends of the tubes. These stitches are extremely small (finer than human hair) and do not interfere with the proper functioning of the reconnected fallopian tubes. The ends are reconnected in a layering technique, using from two to three layers depending on the area of the tube being prepared. After the tubes are reconnected, blue dye is injected through a catheter into the uterus. The dye flows from the uterus into the fallopian tubes providing visual evidence of a successful operation.

Is any tube removed when you the surgery is done?

Yes, but this is not commonly a major problem. On occasion, endometriosis or scar tissue can require the removal of more tube. This is one of the reasons that we cannot be sure of the success rate until the surgery is over.

Is there any damage to my ovaries from a lack of blood supply due to the tubal ligation?

This may cause hormonal problems such as premenstrual syndrome or post-tubal ligation syndrome. But there is no evidence that this changes success rates for reversal.

Could the tube scar over and close?

Yes, the chance appears to be around 2% for one tube and less than 0.2% for both tubes. If repeat reversal is needed, Dr. Martin does not charge a surgical fee. This happened

once about 1986. That was repeated, with no additional charge by Dr. Martin, and she had a baby.

Are the fimbriated ends (fingers) 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.

Is the other end still attached to the uterus?

This should be the same as it was when you had your children.

At age 35, are my eggs still good?

Although age 40 to 44 is the common time of worry, some women have early changes in egg quality. Hormonal testing (FSH, estradiol) is available if we are concerned about early menopausal changes. These tests start changing 5 to 10 years before menopause.

What women should consider donor eggs?

Women over age 43 especially with high basal FSH blood levels can get pregnant, but they often miscarry. If pregnant, they may have a 10% chance of a baby and a 90% chance of miscarriage. Hormonal treatment may lower the miscarriage rate to 50%. These women can have a better chance of a baby with donor eggs.

Will scar tissue make it hard for the egg to pass through?

This appears to be an uncommon problem. Short tubes are more common.

Is the egg a lot smaller than the diameter of the tube?

Yes.

Will the fallopian tubes still have the ability to have muscular contractions to help the fertilized egg reach the uterus?

This should happen.

How much healing time do I need before I can try again to become pregnant?

You can try in 10 to 14 days. However, you may not feel like trying for 6 to 8 weeks. In addition, there may be energy loss and weakness for 1 to 3 months.

How long does it take to get pregnant?

The average time to pregnancy depends on the length of tube. My patients have been pregnant as soon as one month and as late as 5 years.

Should I be taking vitamins?

Multi-vitamins with folic acid (400 mcg to 1000 mcg per day) have been proven to be helpful in decreasing birth defects. But, herbal medication, weight reduction medication and many over-the-counter medications need to be stopped 30 days before surgery.

Do vitamins help you heal quicker after surgery?

Maybe, but data is needed.

Can my physician do preoperative lab testing?

Yes, you need a Pap smear, a blood count, a cervical chlamydia and a cervical culture & sensitivity done in the past year. Your husband needs a sperm count.

Are there special circumstances which need to be considered?

If your **BMI** is greater than 45 (about 5' 4" and 260 pounds), if your weight is greater than 300 pounds, if you have major medical problems or if you have a latex allergy, the procedure may need to be done in the hospital. Total surgical, anesthesia and hospital charges for in-patient care have been \$12,000 to \$17,000 and can be more. A preliminary visit for evaluation is needed. IVF may be a better option.

What do I ask my insurance company to see if tubal reversal is covered?

Few insurance companies will cover the tubal reversal costs. If you are covered under your plan, Dr. Martin requires written clarification that you are covered for CPT code #58750 for elective microsurgical anastomosis with corresponding ICD-9 code #628.2 for tubal infertility. Coverage can change, so be sure your information is up to date.

Can I have a reversal in one visit to Memphis?

Yes, please read the section "Out of Town" at www.danmartinmd.com/outoftown.htm

Do the fees include preoperative and postoperative care?

The prep-op visit the day before surgery and post-operative visits in Memphis are covered in the basic fees.

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.

How long will I be at the surgery center?

You will generally be at the surgery center 5 to 10 hours. This includes 1 to 2 hours before surgery, 2 hours for surgery and 2 to 6 hours for recovery after surgery. Although most women do well as outpatients, there is a 1 in 200 chance of significant discomfort or nausea requiring 1 to 3 days in the hospital.

Will I be put to sleep all the way?

Yes.

What type incision is used?

Surgery is performed through an open incision near the hairline.

Should I give blood before surgery?

Blood transfusion is rare after this type surgery. However, self-blood donation is still an option.

Can allergic reactions happen during or after surgery?

Allergic reactions can occur with any medication. However, these are rare at surgery.

What are the other complications?

Complications are uncommon. These have included:

Bladder infection

Bleeding

Allergic reactions

Damage to bladder (twice in 30 years) and bowel (once) with up to two day hospitalization

Decreased sexuality

Possible surgical complications that have not happened here can include: blood transfusion, hysterectomy, paralysis, colostomy, coma or death.

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.

Is it true that with the latest microsurgical techniques the chance for tubal pregnancy (ectopic) 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 possibility with your personal physician who will see you early in pregnancy. Close monitoring is needed in the first 4 weeks of pregnancy for prompt diagnosis and treatment. This includes two or more blood pregnancy tests at 2 to 3 weeks and one or more sonograms at 3 to 3.5 weeks

Where are the closest hotel, the surgery center and the office?

- The Hampton Inn Memphis-Walnut Grove/Baptist Hospital East is at 33 Humphrey Center Drive.
- East Memphis Surgery Center is at 80 Humphreys Center Drive.
- Dr. Martin's Office is at 7945 Wolf River Boulevard, Suite 320, Germantown, TN

If you exit from I-240 Expressway on Exit 13 and go East, Wendy's is about three blocks away. Turn on the first side of Wendy's. The second building on the right is the Hampton Inn at 33 Humphrey Center Drive. After Wendy's on the left is a small shopping center then The East Memphis Surgery Center is across from the Hampton Inn and down one building at 80 Humphrey Center Drive.

If you miss the first turn at Wendy's, take the second turn and then come to the exit in front of the filling station which is next to Wendy's. The Hampton Inn will ahead of you.

Driving instructions to Dr. Martin's office are at:

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

A larger map is at: <http://www.danmartinmd.com/danmartinmap.pdf>