Steps for Tubal Reversal (Anastomosis) Surgery

Appointments are generally made after your records have been reviewed and we know if tubal reversal is a reasonable options for you. There is no charge for the review and a mailed response. On the other hand, if you have other reasons to be seen, or if you wish to discuss tubal surgery and other concerns before a review of your records, you can make an appointment without waiting on your records.

Note that insurance companies do not generally cover services related to tubal reversal. Additional information is below.

1. We are on an electronic records system that requires registration for mail correspondence. Registration is at (901) 515-3800. Let them know you are registering for Dr. Martin to review your tubal ligation records. This will require your name, address, SS # and phone numbers. Ask them to notify Dr. Martin that you are registered and you will request records.

2. Request your operative note and pathology report from your physician or the hospital where the tubal sterilization was done. The request form can be downloaded at http://www.danmartinmd.com/files/recordsrequest_06062015.pdf or requested when you call (901) 515-3800 to register. Please fill in the spaces on the request with your information and send to the physician and the hospital where surgery was performed.

3. Dr. Martin will review the tubal sterilization note and pathology report, when pathology is sent, to estimate the success rate. He will mail you a report with his interpretation of your chances. There is no charge for this review. If you cannot get the reports, the general success rates are on the worksheet at the end of this file.

4. Although insurance policies do not usually cover tubal reversal surgery, they may cover some of the evaluation or testing before surgery. Be sure to have your coverage in writing from your insurance company if you plan to use insurance for either testing or treatment. The letter needs to specify testing for infertility (ICD-9 code V26.21) and/or tubal reversal (ICD-9 code 628.2 & CPT-4 code 58750). Additional information is in the page on testing by your physician.

5. Office evaluation and testing can include Pap, cultures, semen analysis, blood count or other tests. Abnormal tests may need to be treated.

6. The operation is usually scheduled the week after a menstrual cycle to avoid a large ovary after ovulation. It can be later in the cycle if necessary for your schedule.

7. Prior to surgery, stop aspirin products two weeks before surgery.

8. If you are on dietary or herbal medications, you need to be off of these for 30 days.

9. The Hampton Inn is at 33 Humphreys near the surgery center. Their phone is (901) 747-3700.

10. Arrive at the surgery center at least 2 hours prior to the procedure unless told a different time.

11. The surgery usually takes less than 2 hours.

12. Recovery at the surgery center is generally 2 to 6 hours.

13. Limited (4 hours) non-physical work can be started at 3 to 10 days.

14. Longer (8 hours) non-physical work can be started at 1 to 4 weeks.

15. Full physical activities and heavy work can usually be started at 3 to 8 weeks.

16. You should come in for a follow-up visit one to three weeks after surgery.
Testing by Your Physician

Testing by your physician may be covered by your insurance plan if Dr. Martin is not on your plan. We need:

- The results of a Pap smear within 3 years if Paps have been normal or within one year if you have abnormal Pap smears in the past.
- The results of the following lab done in the past year:
  - Blood Count
  - Cervical Gonorrhea
  - Cervical Chlamydia
- A sperm count is encouraged, but not required. When a partner has young children, some women decide not to do a sperm count.

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Long Distance Planning

If you are a long distance out of town and plan to do the surgery with one trip to Memphis, then evaluation and testing needs to be done before coming to Memphis. We need:

- We need the results of an exam including heart, lungs and pelvis within the past 6 months if you have no health problems.
- If you have any medical conditions, you need a letter clearing you for surgery and listing any specific medication or treatment needed. This needs to be received before scheduling surgery and may require a trip to Memphis for evaluation by Dr. Martin and by anesthesiology.
- If the surgery is to be done on the same trip, you will need to send the deposits before scheduling the appointment or surgery. Contact our office at (901) 515-3800 to make payment arrangements.
TUBAL REVERSAL (ANASTOMOSIS) INFORMATION

The chance of a successful tubal reversal depends on your age, the remaining 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 at age 28 is generally:

<table>
<thead>
<tr>
<th>Chance of successful pregnancy</th>
<th>Remaining tubal length</th>
<th>Surgery or IVF</th>
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<tr>
<td>Greater than 80%</td>
<td>At 5 cm (about 2 inches)</td>
<td>Surgery better than IVF</td>
</tr>
<tr>
<td>40% to 70%</td>
<td>At 4 to 5 cm</td>
<td>Surgery usually better than IVF</td>
</tr>
<tr>
<td>20% to 40%</td>
<td>At 3 to 4 cm</td>
<td>IVF usually better than surgery</td>
</tr>
<tr>
<td>Less than 5%</td>
<td>At less than 3 cm (about 1 inch)</td>
<td>IVF is better than surgery</td>
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The best success decreases to 60% at age 33, 40% at age 39 and less than 3% by age 44.

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, a sperm count is usually done. The sperm count can be done at our East Memphis lab (901 515-3100) or at a local lab for those not from Memphis.

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 on the next page. Most insurance companies do not cover tubal reversal. Written clarification from your insurance company is helpful if you expect their coverage. They may need ICD-9 code 628.2 for tubal infertility & CPT-4 code 58750 for tubal reversal (anastomosis). Insurance coverage can change so be sure you information is up to date.

This information is to be discussed in the office. A permit will be signed the day of surgery.
Anticipated Tubal Reversal (Anastomosis) Fees

Dr. Martin’s fees are discounted based on BMI and anticipated time. A BMI chart is on the next page. We can calculate this for you if you send your height and weight. A BMI chart is on the next page. We can calculate this for you if you send your height and weight. Anesthesia fees are based on actual time.

<table>
<thead>
<tr>
<th>BMI</th>
<th>DCM</th>
<th>Anesthesia</th>
<th>EMSC</th>
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<tr>
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<td>$1,100</td>
<td>$2,210</td>
<td>$5,443</td>
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<tr>
<td>23 to 28</td>
<td>$2,223</td>
<td>$1,200</td>
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<td>29 to 35</td>
<td>$2,283</td>
<td>$1,300</td>
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<td>36 to 42</td>
<td>$2,634</td>
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<td>43 to 45</td>
<td>$3,510</td>
<td>$1,500</td>
<td>$2,210</td>
<td>$7,220</td>
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</table>

Fees were last revised in 2011 and are currently being revised for 2015. Be sure to clarify the amount and current name for the checks before writing them.

**Dr. Martin’s office fee**

$80 to $350

The office fee is based on degree of complexity and testing needed. Dr. Martin’s fees have been up to $350 for complex medical evaluations. Insurance companies do not commonly cover tubal reversal services. Additional information is in the Steps section.

**Dr. Martin’s discounted surgery fee (see chart above)**

$2,133 to $3,510

Make money order or cashier’s check payable to: **Region One Health**

The complete fee is due three (3) days prior to your surgery date.

We also 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.

**American Anesthesiology of Tennessee (844-294-5114)**

$1,000 to $1,500

Make money order or cashier’s check payable to: **American Anesthesiology of Tennessee**

This fee is due the day of your surgery.

The anesthesia deposit is based on the Body Mass Index (BMI).

The final anesthesia fee 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.
You can calculate your BMI with the chart below or at [http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm](http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)

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Revised 06/23/2015

Dan C. Martin, MD, UT Regional One Physicians, 880 Madison, 3rd Floor 3E14, Memphis, TN 38103
Office (901) 515-3800 - Fax (901) 515-3899
Questions on Tubal Reversal (Anastomosis)

1. **What factors change the success rate?** The success rate is related to your age, the remaining length of tube, your weight, your health, your husband’s health and any other medical factors.

2. **What does the operative note and pathology report let us know?** The remaining length of tube depends on how much tube was clipped, banded, removed or burned. Hulka clips, Filshie clips and Pomeroy tubal ligations give to highest success. Triple burns or removing more than 3.5 cm of tube give the lowest chance. IVF is better after triple burns or removing more than 3.5 tube. The worksheet for this is at the end of this file.

3. **What patients have the highest success rates?** Healthy women under 32 with at least 5 cm (about 2 inches) of tube after repair and who have children with their current husband, have a 90% or better chance of having another child after surgery.

4. **What women should consider donor eggs?** Women over 43 with short tubes or low AMH blood levels rarely get pregnant without donor eggs. If they are pregnant the miscarriage rate may be 90%. These women have a better chance of a baby with donor eggs.

5. **At age 35, are my eggs still good?** Although aging is a major concern, we can do hormonal testing to check the egg function at any age. In vitro fertilization (IVF) has faster pregnancies. The time to pregnancy is increasingly important between ages 35 and 44.

6. **Should I be taking vitamins?** Multi-vitamins with folic acid (400 mcg per day) decrease birth defects.

7. **Could the tube scar over and close?** Yes, the chance appears to be around 2%.

8. **Will scar tissue make it hard for the egg to pass through?** This can be a major problem and can result in tubal pregnancy.

9. **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.

10. **What is the problem with short tubes?** A fertilized egg takes 4 to 7 days to pass through the tube and implant in the uterus. Short tubes can result in a fast passage and miscarriage.

11. **Is the egg a lot smaller than the diameter of the tube?** Yes.

12. **Do you use a microscope?** Yes. I use a Zeiss OpMi-1 operating microscope and microsurgical sutures.

13. **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 have taught microsurgical techniques at a national level since 1982.

14. **How many reversals have you performed?** The number is more than 1100 since 1974. I currently do about 30 a year.

15. **Are resident physicians and medical students involved in surgery?** Yes. They assist, but do not do the anastomosis.
16. **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.

17. **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.

18. **Will I be put to sleep all the way?** Yes

19. **Is a hotel close?** The Hampton Inn is at 33 Humphries. Their phone is (901) 747-3700.

20. **Will the fallopian tubes still have the ability to have muscular contractions to help the fertilized egg reach the uterus?** This should happen.

21. **Should I give blood before surgery?** Blood transfusion is uncommon after this type surgery. However, self-blood donation is still an option.

22. **Can allergic reactions happen during or after surgery?** Allergic reactions can occur with any medication. However, these are rare at surgery.

23. **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.

24. **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.

25. **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.

26. **Is the other end still attached to the uterus?** Yes, that is a planned part of the surgery.

27. **Do vitamins help you heal quicker after surgery?** Maybe, but data is needed.
Tubal Reversal (Anastomosis) Worksheet

The chance of a successful tubal reversal depends on your age, 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 oftenmiscarry.

In vitro fertilization (IVF) or adoption is more successful when the tubes are short. That includes both healthy pregnancies and the time to pregnancy. The time to pregnancy is increasingly important between ages 35 and 44. Donor eggs may be needed at age 44.

The following are based on Dr. Martin’s patients in Memphis.

We know the following before tubal reversal surgery:

The general chance of having a baby based on age:
80% at age 32 or younger
60% at age 33 to 38
40% at age 39 to 43
Less than 3% at age 44 or older

The type of sterilization generally determines the length:
Tubal Coagulation / Fulguration / Cautery – Use the age data with single burn.
- Subtract 10% if double burn. Subtract 20% and consider IVF with triple burn.
Pomeroy / Parkland / Knuckle Cut - A path report can give the lengths of tube removed.
- Use the age data if length is less than 2.5 cm. Subtract 20% if it is 2.5 to 3.5 cm.
- Use IVF or do surgical exploration if more than 3.5 cm.

Bands and Clips: Falope Ring or Lay Band are the same as age if one on a side.
Add 10% if one Hulka or Filshie per side. Use the age data if two clips on a side.

Modifications based on other information:
Add 10% if husband / partner has small children or children with you and age less than 44.
If weight greater than 160 pounds, what was weight at the beginning of the last pregnancy?
Minus 10% if weight increased by 30% since the last pregnancy.
- Minus 20% if BMI is greater than 42.
- Minus 20% to 40% with both weight increase and irregular periods.

We know the following after surgery:

The chance of having a baby based on age and length of tube*:

<table>
<thead>
<tr>
<th>Age</th>
<th>&gt; 5cm</th>
<th>4 to 5 cm</th>
<th>3 to 4 cm</th>
<th>&lt; 3 cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age ≤ 32</td>
<td>80%</td>
<td>70%</td>
<td>40%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Age 33 to 38</td>
<td>70%</td>
<td>50%</td>
<td>30%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Age 39 to 43</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Age ≥ 44</td>
<td>&lt;3 %</td>
<td>&lt;3%</td>
<td>&lt;3%</td>
<td>&lt;3%</td>
</tr>
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*adhesions or other problems can modify these rates.

Modifications after surgery that are based on other information are the same as before surgery.