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<th>The decline of laparoscopic sterilisation</th>
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<td>Author(s)</td>
<td>Horgan, Richard P.; Higgins, John R.; Burke, Gerard J.</td>
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Female sterilisation is an extensively used method of contraception all over the world but there appears to be a decline in the performance of this procedure in Ireland. There also appears to be an increased uptake of alternative methods. We set out to establish the extent of the decline of laparoscopic sterilisation and to explore possible explanations. Data for female sterilisation from Ireland was obtained from the Hospital In-Patient Enquiry Scheme (HIPE) section of the Economic and Social Research Institute (ESRI) and from the Department of Health and Children. We have shown a dramatic decline in laparoscopic sterilisation in Ireland in recent years. This decline has coincided with the introduction of progestogen-loaded contraceptives, particularly the LNG-IUS, which has seen a huge increase in sales over the same period.

Abstract

Female sterilisation is an extensively used method of contraception all over the world but there appears to be a decline in the performance of this procedure in Ireland. There also appears to be an increased uptake of alternative methods. We set out to establish the extent of the decline of laparoscopic sterilisation and to explore possible explanations. Data for female sterilisation from Ireland was obtained from the Hospital In-Patient Enquiry Scheme (HIPE) section of the Economic and Social Research Institute (ESRI) and from the Department of Health and Children. We have shown a dramatic decline in laparoscopic sterilisation in Ireland in recent years. This decline has coincided with the introduction of progestogen-loaded contraceptives, particularly the LNG-IUS, which has seen a huge increase in sales over the same period.

Discussion

We are satisfied that the HIPE data provide a reasonable estimate of female sterilisation activity since the records of safe, long-acting reversible contraceptives, specifically the levo-norgestrel-loaded intrauterine system (LNG-IUS) (Mirena) and the etonogestrel implant (Implanon) were obtained from their suppliers, Schering (Ireland) and Organon (Ireland) respectively.

The HIPE Scheme is a computer based health information system designed to collect medical and administrative data regarding discharges and deaths from acute hospitals. Each HIPE discharge record represents one episode of care and may not necessarily cover the entire course of a hospital stay. HIPE data includes hospital diagnoses, operative procedures and complications. The HIPE data does not include any information on patients who are discharged against medical advice. The records therefore facilitate analyses of hospital activity rather than incidence of disease. In the current study, all laparoscopic and open sterilisation procedures, which have individual codes depending on the method of tubal occlusion or destruction, were divided into two simple groups, laparoscopic or open (which include procedures carried out at time of Caesarean section).

Results

HIPE data for female sterilisation from Ireland were obtained for the years 1999 to 2004 (Table 1). These show a marked reduction in the number of laparoscopic sterilisation procedures performed. Laparoscopic tubal ligations fell from 2,566 in 1999 to 910 in 2004, a 65% decrease. The LNG-IUS (Mirena) received its first license in Ireland for contraception in October 1998. It was licensed as a treatment for idiopathic menorrhagia in October 1999. During the same period (1999-2004) the annual sales of the device increased from 4,840 to 17,077 units (a 350% rise). The etonogestrel implant, Implanon, is a long-acting reversible contraceptive. It is a sub-dermal implant and is effective for three years. Implanon was launched in Ireland in 2001 and from 2002 to the end of 2005 over 30,000 units were distributed in Ireland (Table 1).

Issues likely to have been responsible for the change in medical practice include reversibility, safety and the availability of reliable alternatives. Reversibility is an important feature of contraception as regret and requests for reversal or in-vitro fertilization are not uncommon after sterilisation. In a study of the General Practice Research Database data suggests that in 1999 an estimated 47,268 tubal occlusions were performed in the UK. In the corresponding period the use of Mirena coils increased from 4,840 (1999) to 17,077 (2004).

Female sterilisation is a surgical procedure and is therefore unusual in that the indication for surgery is generally patient request for social reasons and not a treatment prescribed by a doctor for medical reasons. Also, it is up to the patient to ensure that the patient has all the information required to make an informed decision. This is important as female sterilisation is a frequent cause of medical litigation. Major morbidity caused by laparoscopic sterilisation is a rare event but some women may have complications such as severe pelvic pain, persistent bleeding and/or blood vessels that require laparotomy or lead to death. The risk of laparotomy as a result of severe complications was 1.9/1,000 procedures in the European multicentre practice surveys recording laparotomy rates of 1.43/1,000 cases. The risk of death with a laparoscopy is one in 12,000. Some women are at increased risk from conditions such as previous abdominal surgery or obesity. Previous abdominal surgery increases the risk of complications and need for laparotomy. Obesity increases the relative risk of complications and need for laparotomy. Women in Ireland now have at least one Caesarean section and 30% of Irish women are either overweight (BMI = 25.0-29.9) or obese (BMI >30) and the prevalence of pelvic inflammatory disease is also increasing.
In our own units, laparoscopic sterilisation has almost disappeared completely. Some consultants stopped offering the procedure once the LNG-IUS became available as an alternative. There was little resistance from patients or from referring physicians and it is apparent that the change in policy has been broadly accepted. Thus, it would seem that a procedure that was introduced in Ireland to considerable furore is becoming rapidly obsolete. Many will have no regrets about its passing.

References

Comments: R Horgan<br>Email: <a href=mailto:richard.horgan@ucc.ie>richard.horgan@ucc.ie</a>