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<th><strong>Title</strong></th>
<th>The decline of laparoscopic sterilisation</th>
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<td><strong>Publication date</strong></td>
<td>2008-02</td>
</tr>
<tr>
<td><strong>Type of publication</strong></td>
<td>Article (peer-reviewed)</td>
</tr>
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The Decline of Laparoscopic Sterilisation

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 in 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 for the years 1999 to 2004. The first year for which data of this returns was obligatory was 1999 and for 2005 the coding scheme was modified and now uses the ICD-10-A (The Australian Modification of ICD-10 incorporating the Australian Classification of Health Interventions). Recent sales figures for long acting reversible contraceptives, specifically the levonorgestrel-loaded intrauterine system (LNG-IUS) (Mirena) and the etonogestrel implant (Implanon) were obtained from their suppliers, Schering (Ireland) and Organon (Ireland) respectively.

Discussion

We are satisfied that the HIPE data provide a reasonable estimate of female sterilisation activity since the records from the returns have all been performed at time of Caesarean section. 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).

Methods

Data for female sterilisation from Ireland was obtained from the Hospital In-Patient Enquiry Scheme (HIPE) section of the Economic and Social Research Institute for the years 1999 to 2004. The first year for which data of this returns was obligatory was 1999 and for 2005 the coding scheme was modified and now uses the ICD-10-A (The Australian Modification of ICD-10 incorporating the Australian Classification of Health Interventions). Recent sales figures for long acting reversible contraceptives, specifically the levonorgestrel-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. The database includes all females and no estimates of coverage or denominators are possible. 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 data show a marked reduction in the number of laparoscopic sterilisation procedures performed. Laparoscopic tubal ligations fell from 2,566 (1999) to 910 (2004). 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). The LNG-IUS, which has a seen a huge increase in sales over the same period.

The swiftness of the change in medical practice probably suggests that this has been physician led, rather than patientdemand led, from the outset. It may reflect that doctors, particularly gynaecologists, were not very enthusiastic about laparoscopic sterilisation and were eager to adopt potentially safer and reversible alternatives. No remarkable decline in nonlaparoscopic sterilisation (which are almost all performed at time of Caesarean section) was observed. This suggests that there is no aversion to sterilisation per se among Irish patients, there has been a notable decline in the number of 'interval' (i.e. between pregnancies) sterilisations which are usually performed laparoscopically, as a day-case procedure, most commonly with application of Filshie clips. Over the last decade a number of novel, safe, long-acting, progestogen-loaded, reversible contraceptives have also become available. We set out to establish the extent of the decline of laparoscopic sterilisation and to explore possible explanations.

Introduction

Female sterilisation, which is also called tubal ligation or tubal occlusion, is the most widely used contraceptive method in the world. It is reversible and has the huge advantage of being office procedures, requiring relatively little training. Some of the newer long-acting contraceptive methods are as effective as tubal occlusion and yet preserve reversibility and have the huge advantage of being office procedures, requiring relatively little training, and the overall small risk of surgical complications and injury. The cumulative pregnancy rate for the LNG-IUS is 1.1/100 after five years of typical use.
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


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