

# UC Davis

## UC Davis Previously Published Works

### Title

Safety outcomes of female sterilization by salpingectomy and tubal occlusion

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### Authors

Westberg, J  
Scott, F  
Creinin, MD

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reason for failure to provide the procedure (6.5% vs. 0%,  $p=.49$ ), patient refusal increased (45% vs. 57%,  $p=.44$ ). Other reasons, including body habitus (23% vs. 25%,  $p=1.0$ ) and other medical conditions (13% vs. 11%,  $p=1.0$ ) were not significantly different. No reason was reported in 13% and 7% of charts, respectively ( $p=.67$ ).

**Outcomes:** A policy to improve sterilization access after vaginal birth did not alter women's likelihood of undergoing the procedure in our population. More than half of women who did not have a procedure had changed their mind about sterilization, despite an available operating room. More comprehensive counseling prior to delivery may have a greater impact.

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## P123

### Safety outcomes of female sterilization by salpingectomy and tubal occlusion

Westberg J

University of California, Davis, Sacramento, CA, USA

Scott F, Creinin MD

**Objectives:** We compare surgical time, immediate and short-term complications among women having laparoscopic salpingectomy or tubal occlusion for female sterilization.

**Methods:** Billing data were used to identify women having sterilization at our institution between July 1, 2011 and June 30, 2014. All charts were available and reviewed to identify women who had laparoscopic procedures. We extracted demographic information, surgical times and complications within 30 days, including unscheduled clinic or emergency room visits. Complications were categorized as immediate (prior to discharge) and short term (within 30 days of the procedure). Surgeries including procedures other than IUD removal were considered mixed operations. Mixed operations and unilateral sterilization procedures were included only in safety evaluations. Fisher's Exact Tests and  $t$  tests were performed as appropriate.

**Results:** The 111 women identified had 46 salpingectomies (including 14 mixed operations, 2 unilateral salpingectomies) and 65 tubal occlusions (including 8 mixed operations). All procedures involved obstetrics and gynecology residents. Surgical time was 11 min longer for salpingectomies than for occlusion procedures (49 vs. 38 min,  $p=.003$ ). Average surgical times were shorter with third- or fourth-year residents than with first- or second-year residents for both salpingectomy (42.8±21.5 min vs. 51.5±15.2 min, respectively,  $p=.29$ ) and occlusions (31.1±12.1 min vs. 41±12.8 min, respectively,  $p=.01$ ). Salpingectomy and occlusion procedures had similar immediate (2.2% vs. 1.5%,  $p=1.0$ ) and short-term (6.5% vs. 13.8%,  $p=.35$ ) complication rates.

**Outcomes:** In a residency training setting, salpingectomy for female sterilization takes slightly longer to complete than tubal occlusion procedures but is not associated with increased complications. Operative time decreases for both procedures with increasing levels of experience.

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## P124

### The Essure® experience at an urban public hospital

Gladstein N

Department of Obstetrics and Gynecology, John H. Stroger, Jr. Hospital of Cook County, Chicago, IL, USA

Zimmerman L, Fatima A, Patel A

**Objectives:** We describe the Essure® experience at an urban public hospital with a residency training program and assess the proportion of patients with placement success.

**Methods:** This is an IRB-approved retrospective review of all patients presenting for Essure® placement from January 2013 through December 2014. These procedures are done in an outpatient setting under moderate sedation. Demographic characteristics, scheduling, and follow-up patterns, in accordance with the FDA, of patients presenting for placement were examined, in addition to the proportion of patients with successful placements.

**Results:** Some 82 women presented for Essure® placement. The mean age was 36.8 (SD, 5.0), and 61% were Hispanic, 32.9% were African-American and 6.1% were White. Depot medroxyprogesterone acetate injection was provided to 86.3% of women prior to the procedure. There was a 78% success rate of bilateral Essure® placement on the first attempt. Of the women whose procedures were unsuccessful, 55.6% returned for a second attempt. On the second attempt, 70% of procedures were successful. Some 74.2% of women returned for a hysterosalpingogram (HSG). Of those, 97.8% had documented bilateral occlusion, and only 2.2% needed to have a second test in 3 months.

**Outcomes:** Our findings represent the lower end of success rates demonstrated in the literature. Loss to follow-up in accordance with FDA mandates remains a challenge. As Essure® develops as a viable option for those who select permanent contraception, realistic expectations of placement success is important.

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## P125

### Patient-level characteristics and considerations for early pregnancy loss management choice

Chavez V

Department of Obstetrics and Gynecology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

Radcliffe S, Easley E, Barg F, Schreiber CA

**Objectives:** We sought to uncover priorities and patient-level considerations among women receiving care for early pregnancy loss at an urban tertiary care center.

**Methods:** We conducted a mixed-methods study of clinically stable women seeking treatment for early pregnancy loss. Participants ( $n=45$ ) were enrolled within 2 weeks of treatment and completed validated demographic and psychometric surveys followed by in-depth, semistructured interviews using purposive sampling. Participants were asked to describe their reasons for choosing surgery, medical or expectant management. Participant-derived themes regarding early pregnancy loss management considerations were coded and stratified by treatment choice.

**Results:** Twenty-eight women (62%) received surgical, 15 (33%) received medical and 2 (4%) received expectant management. Participants receiving surgical management were 3.1 times as likely to be educated ( $p=.04$ ), had a five times higher median income bracket ( $p<.01$ ) and were eight times as likely to identify high levels of social support ( $p=.04$ ). Factors affecting the surgical group's treatment decisions included the opinion of family/friends, desire to move on and health and safety concerns; the medical group identified a focus on future pregnancy along with the opinion of family/friends and timing/control of treatment. Directive counseling by a provider or family member, along with a woman's desire to conclude the miscarriage quickly, was commonly described reasons by eight (17%) women opting for surgery when this was not their initial stated preference.

**Outcomes:** Early pregnancy loss treatment choice is influenced by socioeconomic status, integrity of support systems, timing and the opinion of others in the woman's network.

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## Online posters

### P126

#### Research gaps in abortion safety: results of a survey of Planned Parenthood medical directors

Kohn J

Planned Parenthood Federation of America, New York, NY, USA

Russo J

**Objectives:** We aimed to identify evidence gaps and needs for future research on preventing abortion complications from the perspective of a sample of abortion care experts.