

The Safety of Transabdominal Bilateral Tubal Ligation during Abdominoplasty

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Abstract

Purpose: Abdominoplasty is a safely performed procedure to restore the abdominal contour of women after childbirth. Women routinely inquire about contraception at the time of cosmetic surgery consultations and we offer permanent sterilization as part of our protocol, if the patient desires. Bilateral tubal ligation is a safe and effective form of permanent birth control for women. Normally, tubal ligation is performed as an adjunct to cesarean delivery or as a laparoscopic outpatient elective procedure. We sought to establish the safety of transabdominal bilateral tubal ligation at the time of abdominoplasty surgery.

Methods: We obtained medical records from RGV Cosmetic Surgery and Vein Clinic over the past 10 years and identified 10 patients that underwent bilateral tubal ligation concurrent with their abdominoplasty. All cases were performed under general anesthesia along with local and tumescent analgesia. The average age of the patients were 36.5 (range) years and the average BMI was 28.25 (range). All patients received 5000 units of heparin and sequential compression devices were placed bilaterally prior to induction of anesthesia to prevent deep venous thrombosis (DVT). The procedure was performed with the patient in trendelenberg as part of the abdominal flap exposure to the costal margin using the modified Avelar technique. Prior to plication of the diastasis recti, a vertical fascial incision was performed from the umbilicus to the symphysis pubis to expose the fallopian tubes. Sterilization was performed using the modified Pomeroy method. Closure of the vertical laparotomy incision was performed with 0-vicryl sutures in a continuous fashion. This closure was then imbricated during plication of the diastasis recti with 0-ethibond suture. Mid-isthmus tubal segments were sent to pathology for identification. All tubal ligations were performed by a board-certified OB/GYN and all abdominoplasty procedures were performed by a board certified cosmetic surgeon.

Results: Patients were seen as per protocol on post-op day 1, 1-week, 2-weeks and then at 6 weeks. Recovery proceeded as normal with no additional complications noted from the bilateral tubal ligation. Drains were removed at normal time intervals.

Conclusion: Based on these limited data, we conclude that transabdominal tubal ligation can be safely performed at the time of abdominoplasty surgery.

Background

We encountered several women during consultation, who were of child-bearing age, about to undergo a major body transformation and were without any reliable means of contraception. Our goal was to counsel these women on the effects of pregnancy as it related to their future investment in cosmetic surgery body contouring. The thought was to protect this investment with a secure method of birth control and provide a bilateral tubal ligation at the time of abdominoplasty due to of the ease and safety of the procedure via this route.

Methods

Our normal protocol for patient selection was to perform a detailed history and physical examination. We ensured that patients did not have any medical conditions or scars that would prevent safe liposuction and abdominoplasty surgery. Once patients were deemed candidates for surgery and bilateral tubal ligations were consented for and completed, we were able to obtain records from RGV Cosmetic Surgery and Vein Center over the course of 10 years to identify patients who underwent abdominoplasty surgery with bilateral tubal ligations. We were able to evaluate post-operative recovery and post-operative drain removal across age and body mass index (BMI) and assess whether adding bilateral tubal ligations affected these milestones.

Results

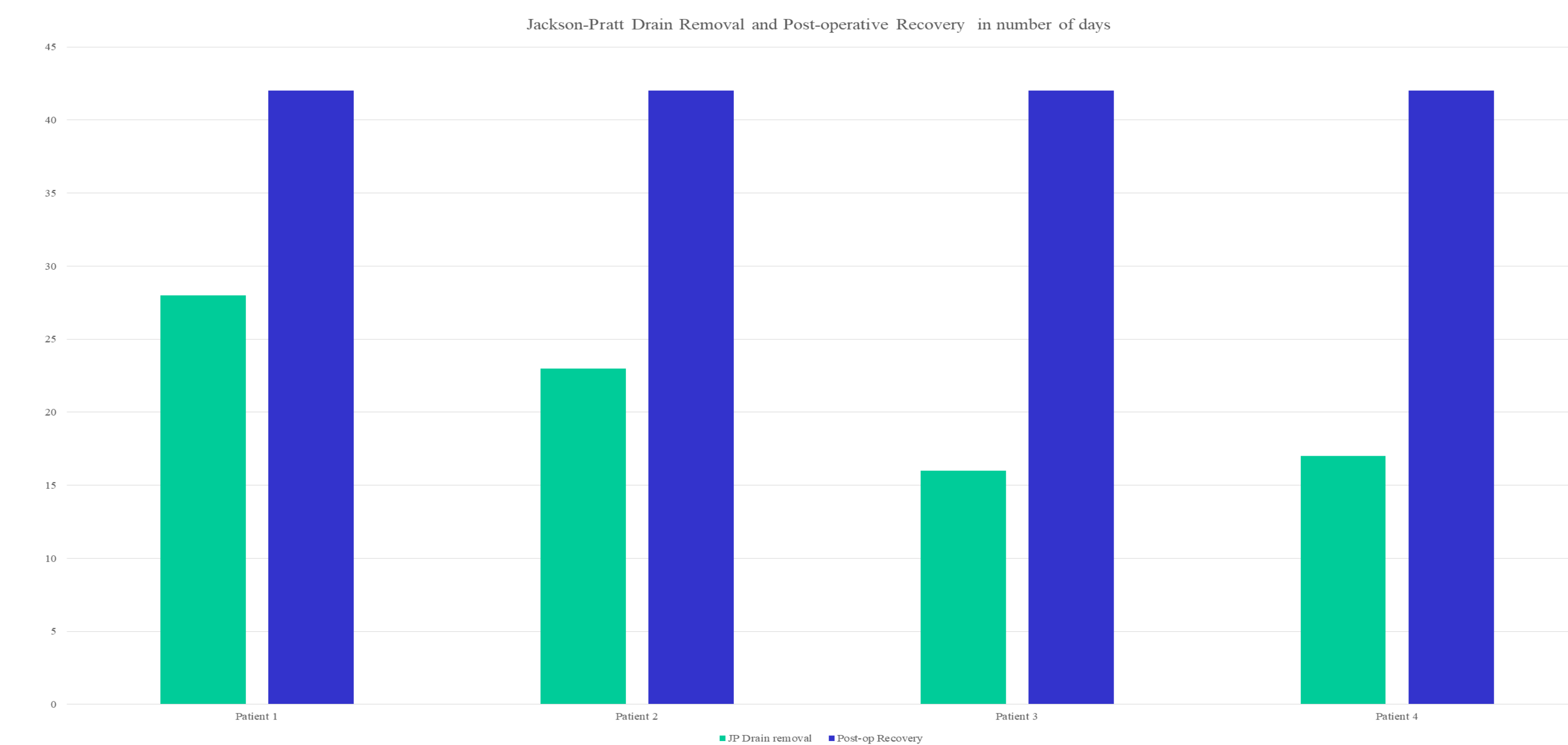


Figure 1: JP drain removal compared with length of post operative recovery

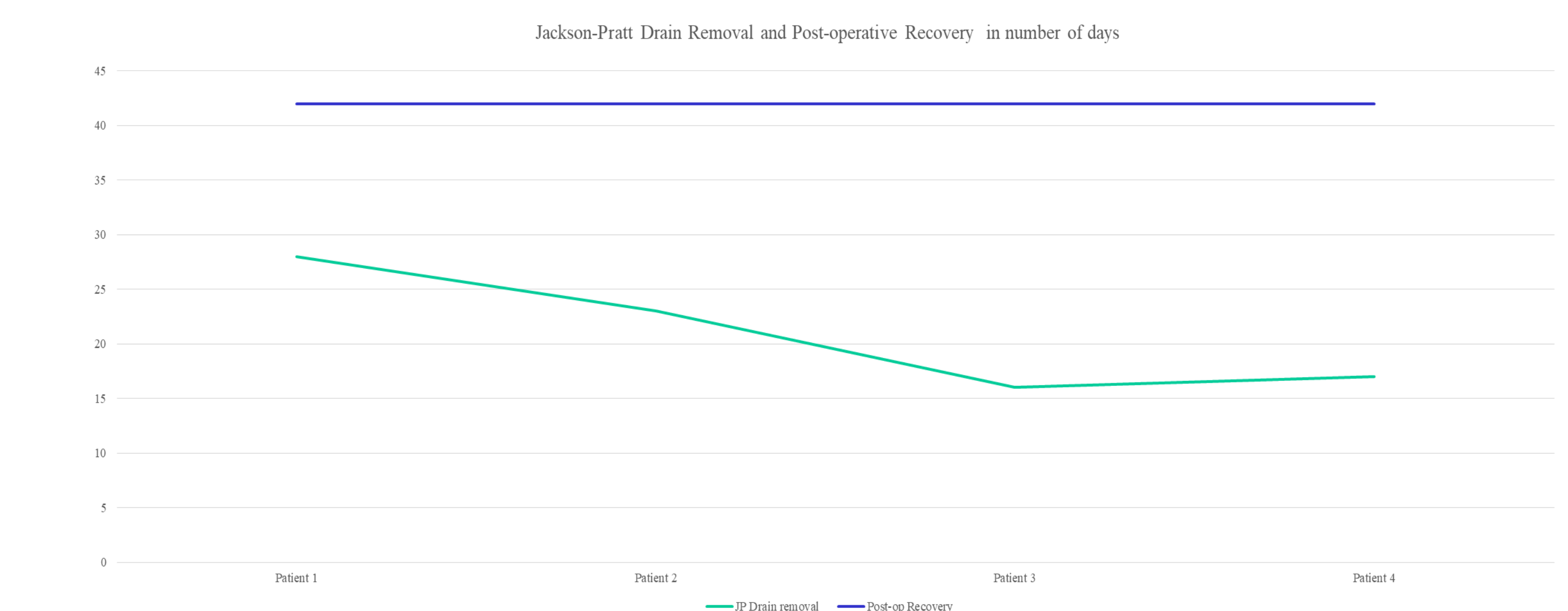


Figure 2: JP drain removal compared with post-operative recovery length



Figure 3: Age, BMI, and JP drain comparisons

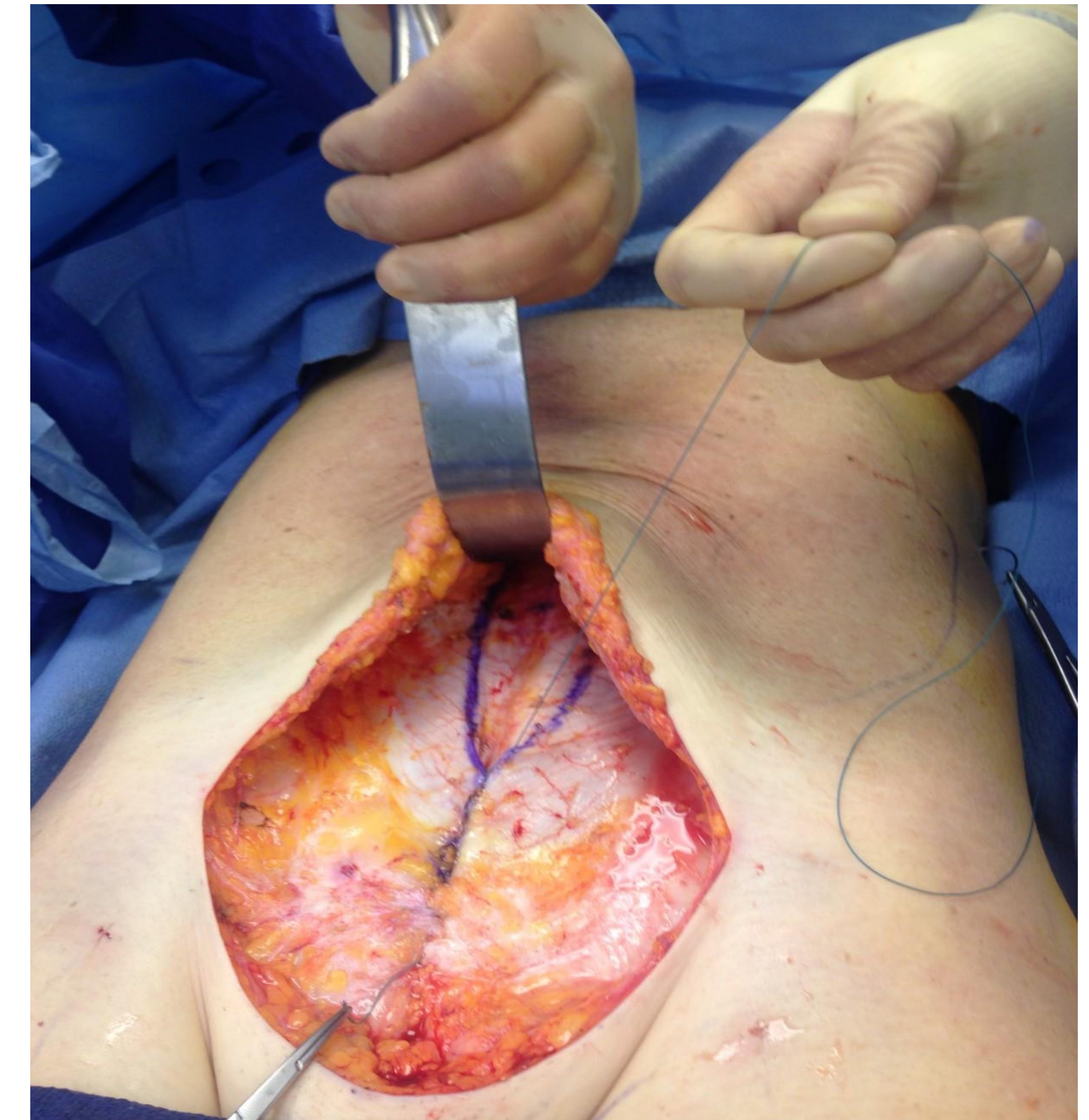


Figure 3: Photo of the abdominal fascia prior to incision for bilateral tubal ligation

Conclusions

The limited data available shows that bilateral tubal ligation performed at the time of abdominoplasty did not increase morbidity of the procedure when evaluated based on age, BMI, and length of post-operative recovery.

The sample size of this study was limited and more research needs to be performed in order to definitively make the association that bilateral tubal ligation has a high safety profile when performed along with abdominoplasty. Currently, the results are promising.

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Disclosures

❖ Relevant to the educational content, I have no financial relationships with ineligible companies to disclose.