



# Peri and Postoperative Complications of Minimally Invasive Tubal Ligation vs Salpingectomy for Permanent Contraception



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## INTRODUCTION

Female sterilization is becoming one of the more popular methods of contraception. Laparoscopic salpingectomy is utilized as permanent contraception and is suggested to reduce the risk of ovarian cancer. The comparative operative and perioperative risks as compared to tubal ligation have not been well established.

The objective of this study was to compare peri and postoperative complications of minimally invasive tubal ligation versus salpingectomy for permanent contraception.

## METHODS

A retrospective cohort study of patients who underwent salpingectomy or tubal ligation for permanent contraception between 2018 and 2021 was completed using data from the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) database.

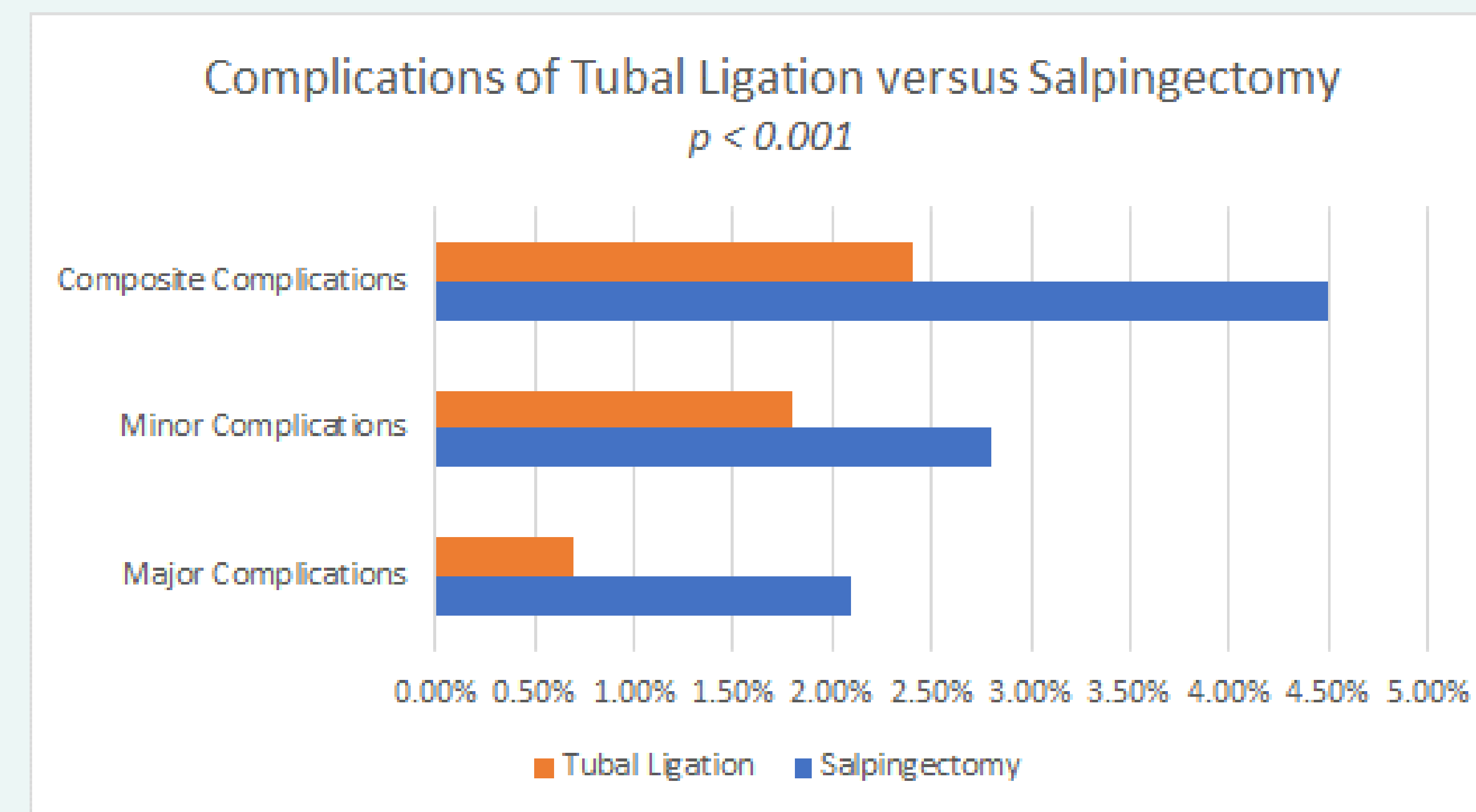
### Study Population

•49,455 patients identified using Current Procedural Terminology (CPT) codes for laparoscopic tubal ligation (8.4%) and laparoscopic salpingectomy (91.6%).

## RESULTS & DISCUSSION

Table 2: Operation Characteristics

	Salpingectomy n = 45,307	Tubal Ligation n = 4,138	Total Cohort n = 49,445	p-value
Intra/Postop Transfusion	79 (0.2%)	0 (0%)	79 (0.2%)	0.013
Operation Time; mins	62.335 (44.800)	28.170 (21.278)	59.476 (44.345)	<0.001
Length of Total Hospital Stay; days	0.27614 (1.5399)	0.046256 (1.0071)	0.25690 (1.5039)	<0.001
Days from Operation to Discharge	0.20623 (1.0913)	0.035041 (0.97415)	0.19190 (1.0830)	<0.001



Salpingectomy had a higher risk of operative and postoperative complications compared to tubal ligation.

### Operation Characteristics

- Intraoperative or postoperative transfusion
- Longer operation time
- Longer hospital stay
- Readmission
- Unplanned reoperation

### Operative Complication

- Organ space surgical site infection
- Urinary tract infection
- Sepsis

## CONCLUSION

Our study found that **salpingectomy is more likely to be associated with peri and postoperative complications.**

- Current ACOG recommendations suggests that salpingectomies do not have an increased risk for postoperative complications and entail a greater risk reduction for ovarian cancer.
- Salpingectomy is not currently approved by Medicaid for cancer prophylaxis. It is only covered by 12 of the 50 United States for permanent contraception, meanwhile tubal ligation is widely covered.
- Medicaid coverage should be revisited to reflect both patient operative outcome and ovarian cancer prophylaxis.

Further investigation is warranted to better understand these disparities and their potential impact on patient outcomes.

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