



FERTILITY CENTER

Pathway to Parenthood

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PREVIOUS TUBAL LIGATION: IVF OR SURGICAL REVERSAL?

There is a relatively high success rate following tubal re-connection (reanastomosis) in cases of previous tubal ligation (a birth rate of \pm 50% within 3 years of a successful surgery). IVF, however, performed in a center of excellence produces almost the same success rate following a single attempt and is far less invasive than surgery. IVF also does not require general anesthesia, hospitalization, or a protracted time off work. Moreover, by utilizing IVF and leaving the tubal ligation in place, the woman retains subsequent control over family planning without having to resort to some other form of contraception. Another point to be considered is the high incidence of tubal/ectopic pregnancy following the performance of tubal reanastomosis - approximately 20%. Major surgery may require a few days of hospitalization and subsequently a few weeks of convalescence. There are also risks of post-operative complications, increased cost, time away from work, incapacitation, and significantly greater discomfort. The cost of a full cycle of IVF is comparable to that of tubal reanastomosis.

For all of the above reasons, IVF is generally preferred to tubal reconstructive surgery. The only time it may be prudent to perform tubal microsurgery is if the patient wishes to have more than one child. Even then, however, IVF is still likely to be the preferred approach because success rates with subsequent frozen embryos are quite good.

Rev 12/13

This handout is intended as an aid to provide patients with general information. As science is rapidly evolving, some new information may not be presented here. It is not intended to replace or define evaluation and treatment by a physician.