

MEDICAL UPDATE

When to Consider Tubal Reversal vs IVF

Success Rates Point to Greater Outcomes with IVF for Women in their Mid-Thirties and Older

Shady Grove Fertility has tapped Jason Bromer, M.D., to explore the two primary ways a reproductive endocrinologist (REI) can help achieve pregnancy after a tubal ligation: a tubal ligation reversal or in vitro fertilization (IVF).

"Women with tubal ligations are some of our most successful patients because we know that they have been fertile before," explains Dr. Bromer. "In earlier days, tubal reversals were the traditional method of reestablishing a woman's fertility. However, advancements in assisted reproductive technologies position IVF as a very viable option."

3 QUESTIONS TO ASK YOUR PATIENTS WITH TUBAL LIGATION

ASK: What type of tubal ligation did you have?

WHY: The type of ligation performed (clipped, cauterized, tied and cut) can indicate success rate for tubal ligation reversal and IVF, depending on the length and healthy tissue available.

ASK: How soon do you want to have another child?

WHY: It's most common for women in their 30s to pursue pregnancy following a tubal ligation. However, a woman's ovarian reserve decreases with age, with sharp declines at ages 35 and older.

ASK: Do you have a new partner?

WHY: "The majority of my patients seeking tubal ligation reversals already have children, but want one more child with a new partner," says Dr. Bromer. "IVF is almost always the better option in this case."

TUBAL REVERSAL IVF

ELIGIBILITY	 Ideal candidates are women under age 35 who had a well-performed tubal ligation. There must be enough healthy tissue on each end of the tube to be reconnected. The reconnected tube must be long enough to function properly. 	 Ideal candidates are women with a good ovarian reserve. May be effective for women who previously had unsuccessful tubal reversals. May be effective for couples with fertility challenges including women of advanced age, male-factor infertility, and more.
TIMING	Allow 1 day for the procedure and 7 days of light bed rest to follow. From start to finish, the average time to pregnancy can take up to 2 years.	An IVF cycle takes about 2 months to complete.
TREATMENT	A tubal reversal surgery is an intensive microsurgery where the tied section of the Fallopian tubes is removed, then reconnected.	IVF treatment bypasses the need for Fallopian tubes by directly transferring an egg fertilized by sperm in a lab directly into a woman's uterus.
COST	\$10,000-\$15,000, and rarely covered by insurance.	\$10,000-\$15,000 per cycle, with possible assistance from insurance and SGF's financial programs.
TESTING	A hysterosalpingogram (HSG) will be performed 3 months post-surgery to test tubal flow.	Regular ultrasounds and bloodwork to monitor stimulation, hormones, and growth.
SUCCESS	40% for women under age 37.	IVF at SGF has a 50-60% success rate for women under 38.



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My Patient Had a Tubal Ligation and Now Wants Children: What's Next?

Tubal ligations are a common surgery performed by OB/GYNs to help prevent women from having another pregnancy. For women who want to have more children following a tubal ligation, reproductive endocrinologists (REI) can offer two solutions:

- 1. In vitro fertilization (IVF)
- 2. Tubal ligation reversal

"IVF is almost always the better option because it gives patients the highest chance of pregnancy in the shortest amount of time and avoids a significant surgical procedure," explains Dr. Jason Bromer.

An early referral to a fertility specialist will give women more treatment options and a greater chance of success at having another child. Upfront testing is critical to success and includes evaluating both partners' fertility.

FIND OUT MORE ABOUT HOW TUBAL REVERSALS AND IVF STACK UP >>>

Risks with Tubal Reversals

Scarring: 20% chance of scar tissue build up that can interrupt flow of tube

Ectopic Pregnancy:

10-20% chance of an ectopic pregnancy, which occurs when a fertilized egg gets stuck in the Fallopian tubes and implants there, presenting potentially life-threatening dangers.