

# BARRIERS TO SALPINGECTOMY FOR PERMANENT CONTRACEPTION:

Obermair, H.M.<sup>1,2</sup>, Muir, G.<sup>1</sup>, Gard, G.<sup>1,2</sup>  
1 – Royal North Shore Hospital, Sydney; 2 – University of Sydney

### Introduction

- Retrospective cohort studies demonstrate a potential 50% reduction in risk of ovarian cancer in women who have undergone bilateral salpingectomy (1)
- Outside of a woman's reproductive period, there is no known benefit for retaining the Fallopian tubes
- Salpingectomy has been shown to be safe and feasible at the time of Caesarean section and laparoscopic procedures (2)
- RANZCOG guidelines recommend that, *"consideration be given to bilateral salpingectomy instead of tubal occlusive procedures for female sterilisation"* (3)

### Aim

- To identify barriers to obstetricians & gynaecologists (O&Gs) performing bilateral salpingectomy for permanent contraception procedures

### Methods

- Australian O&Gs were recruited by members of the research team and through social media
- A web-based demographics questionnaire was followed by a semi-structured Zoom interview by one researcher
- Thematic analysis of interview transcripts was conducted by two researchers

### Results

22 Australian O&Gs were interviewed (average interview time = 22 minutes)  
Four themes were identified as barriers to performing salpingectomy:

#### Theme 1: Patient factors

- Patient age and concern about risk of regret  
*"Filshie clips are put on with the tacit acknowledgment that the patient might change their mind. Whereas with a salpingectomy, it is definitely sterile, sterilized, done."* (O&G, NSW)
- Adhesive disease, obesity and difficult anatomy

#### Theme 2: Operative complications + complexity

- Concern about bleeding complications  
*"Because I don't do any gynae, I don't want to...get into unnecessary trouble, which might be difficult for me to get myself out of. So I would do as minimum as I need to get the primary objective fulfilled and then get out of there"* (O&G, NSW)
- Difficult access to Fallopian tubes
- Concern about ability to manage complications

#### Theme 3: Surgeon factors

- Concern about lack of prospective evidence supporting salpingectomy  
*"In O&G we have a tendency to adapt and accept things wholeheartedly, that look great from the outset, and then when the long term data comes in, may not be as great. And I specifically look back at the mesh story...It makes me approach things with more trepidation."* (O&G NSW)
- Lack of awareness of RANZCOG guidelines

#### Theme 4: Practical system challenges

- Cost (e.g. of equipment such as Ligasure)  
*"I know it's not a cost to me or necessarily the patient, but the cost to the health system if they break open a Ligasure...I'm always very conscious of the health dollar for the taxpayer."* (O&G, NSW)
- Equipment

### Conclusions

- Barriers to performing salpingectomy for permanent contraception included patient factors, surgeon factors, operative complications and practical system challenges
- As salpingectomy has the potential to reduce the risk of ovarian cancer and it is safe and feasible for permanent contraception procedures and recommended by RANZCOG, it is important to understand the barriers to performing this procedure
- This study had limitations, including its small sample size and qualitative methodology
- More quantitative research is needed about the surgical contraceptive practices of Australian O&Gs

### References

- Yoon, S.H., Kim, S.N., Shim, S.H., et al. Bilateral salpingectomy can reduce the risk of ovarian cancer in the general population: A meta-analysis. *Eur J Cancer* 2016; 55: 38-46.
- Yang, M., Du, Y., & Hu, Y. (2019). Complete salpingectomy versus tubal ligation during cesarean section: a systematic review and meta-analysis. *J Matern Fetal Neonatal Med*, 1-9.
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Managing the adnexae at the time of hysterectomy for benign gynaecological disease, 2009 [Cited March 9 2019].