

Tubal factor

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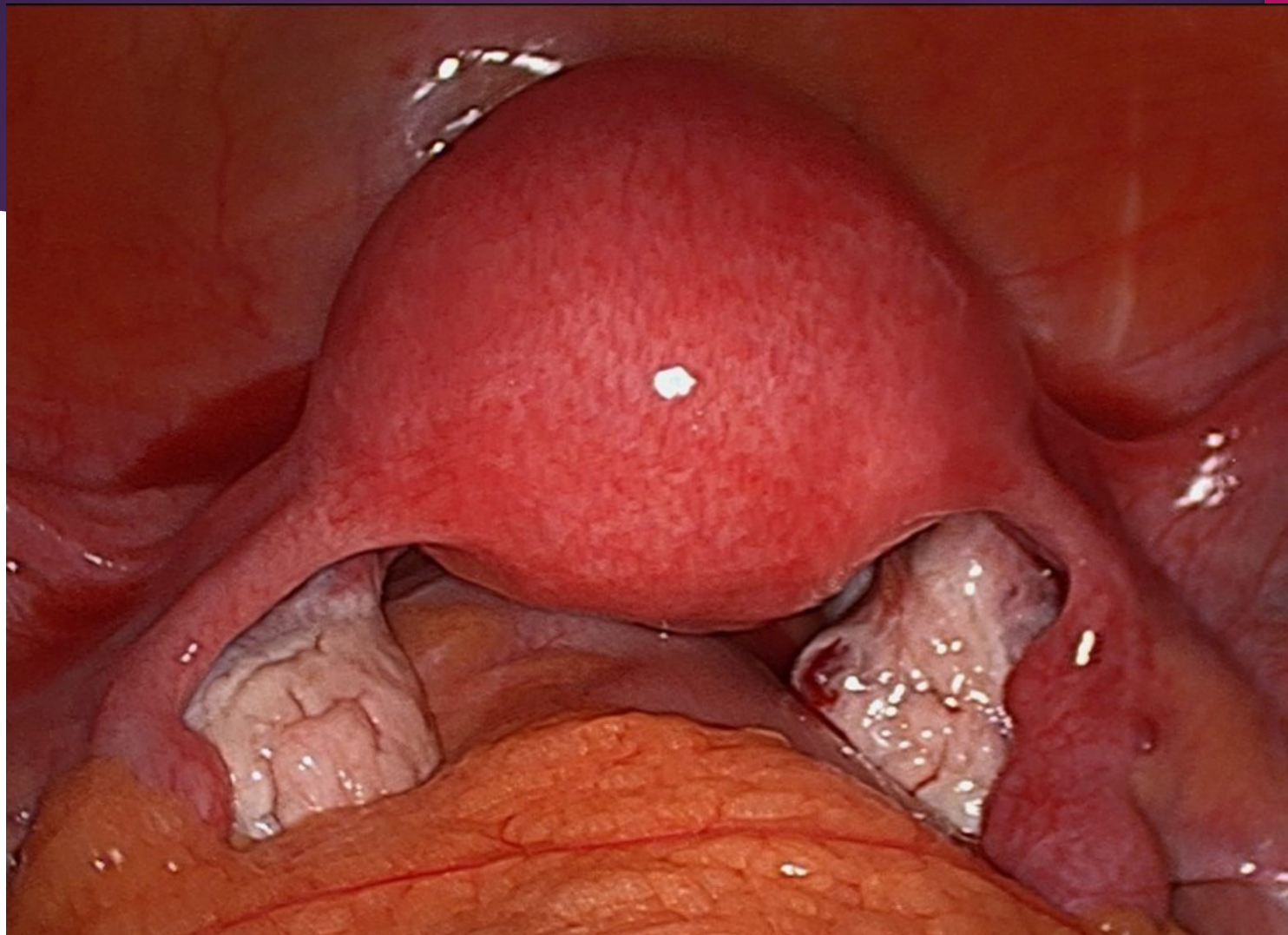
IVF SPECIALIST

LPS & HYS

1400

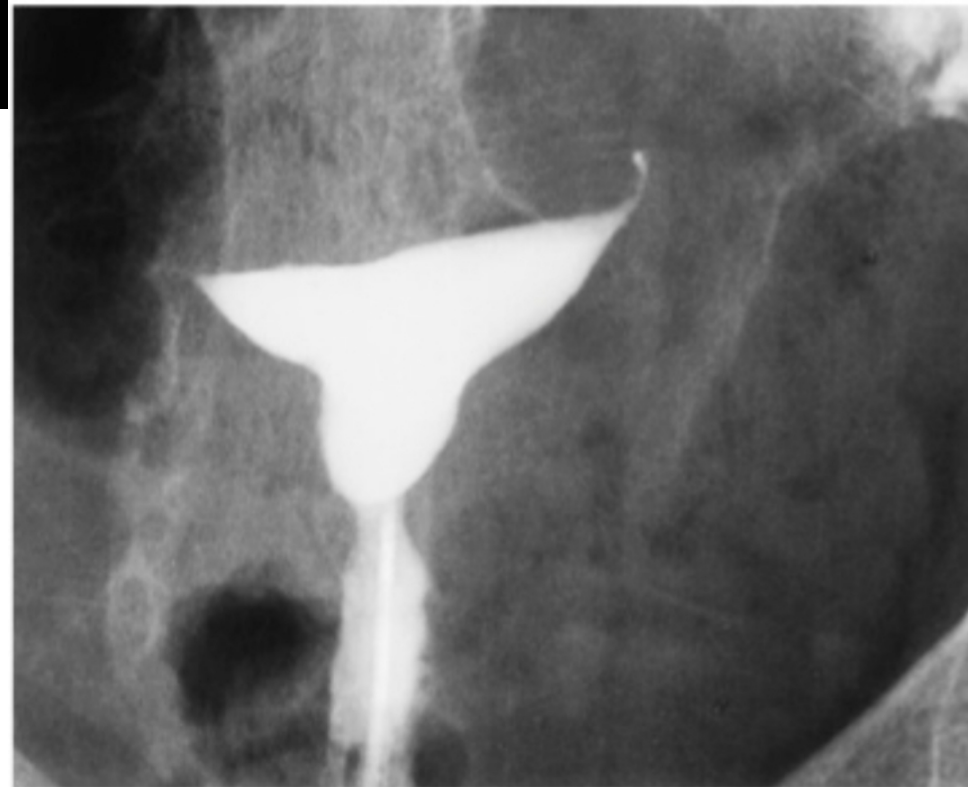
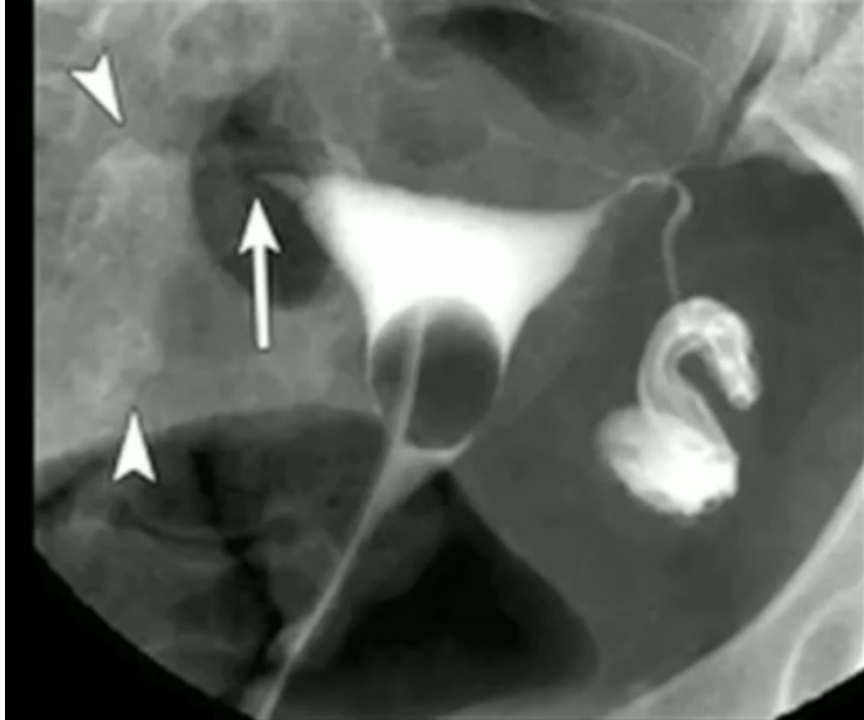
Tubal Factor

- ▶ About 25-35% of female factor infertility is tubal factor
- ▶ PID, EP, Pelvic surgeries, Endometriosis, septic abortions
- ▶ HSG & other diagnostic tools
- ▶ Management of tubal factor
- ▶ **Surgery or IVF: the most challenging choose**
- ▶ Proximal tubal occlusion & distal tubal occlusion



Proximal tubal Occlusion

- ▶ In HSG : Uni or Bilateral Occlusion...15% incidence
- ▶ Proximal tubal occlusion specially bilateral : Spasm, Give her antibiotics and then repeat HSG after 1 month (IV sedation) , 60% it would be normal but in 40% occlusion would be permanent
- ▶ **Laparoscopic surgery with chromopertubation and concomitant hysteroscopic tubal cannulation is the most common surgical treatment of proximal tubal obstruction(T2020)**
- ▶ **If failed then ART. Re anastomosis is no longer recommended.**





Hysteroscopic canalization

► Film 2..

Distal tubal Occlusion

- ▶ Distal tubal disease and occlusion are causal in 85% of all tubal infertility and can be secondary to a variety of inflammatory conditions including infection, endometriosis, or prior abdominal or pelvic surgery



Tubal Surgery in the Era of ART

- ▶ For women with tubal factor infertility, **treatment options are reconstructive surgery and IVF**. Over the last 2 decades, IVF success rates have increased steadily (from approximately 10% to over 40%) and now frequently exceed those achieved with surgery.
- ▶ And LPS skills and instruments have been improved dramatically.
- ▶ IVF has become the treatment of choice for much or most tubal factor infertility, particularly for couples with other infertility factors or severe tubal disease. However, surgery remains an appropriate option in select circumstances and for couples with ethical or religious objections or financial restrictions that preclude IVF.

Tubal surgery or IVF

- ▶ The decision between surgery and IVF should be based on the following
- ▶ The age of woman
- ▶ Ovarian reserve
- ▶ Prior fertility status
- ▶ Number of children desired
- ▶ Site and extent of tubal damage
- ▶ Presence or absence of other factors necessitating IVF
- ▶ Surgeon's experience
- ▶ Success rate of IVF program
- ▶ Patient preference, that is, religious belief, cost, and insurance coverage for each option
- ▶ Patients younger than 35 years of age with mild distal tubal disease, normal tubal mucosa, and absent or minimal pelvic adhesions are the best candidates for corrective microsurgery

Distal Tubal surgery

- ▶ **Fimbrioplasty** involves **lysis of fimbrial adhesions** or dilation of fimbrial phimosis, whereas **salpingostomy** (also known as **neosalpingostomy**) involves the creation of a new tubal opening in an occluded fallopian tube
- ▶ In well-selected patients, pregnancy rates are reported to be 32% to 42.2%, 54.6% to 60%, 30% to 34.6%, for adhesiolysis, fimbrioplasty, neosalpingostomy.
- ▶ As a group, these procedures are associated with a 7.9% rate of subsequent ectopic pregnancy

Tubal disease & IVF

- ▶ The majority of pregnancies occur within the first 2 years after surgical treatment of distal tubal obstruction(S2019
- ▶ IVF should be considered for older patients or those with diminished ovarian reserve, combined proximal and distal tubal disease, severe pelvic adhesions, tubal damage that is not amenable to reconstruction, or additional infertility factors and after one year tubal surgery
- ▶ ***Please remember even in IVF candidates, LPS is important because of Hydrosalpinxes.***

Hydrosalpinx

- ▶ Distal occlusion may lead to fluid buildup in the fallopian tube causing a hydrosalpinx. Hydrosalpinx fluid impedes embryo development and implantation in natural and IVF cycles.
- ▶ **Salpingectomy** for hydrosalpinx prior to IVF significantly improves both pregnancy and live birth rates when compared to IVF performed with the fallopian tubes
- ▶ **laparoscopic tubal occlusion** appears to be a reasonable alternative .
- ▶ There is significantly less outcome data on the use of **transvaginal needle drainage** and **neosalpingostomy** for treatment of hydrosalpinges prior to IVF

Hydrosalpinx(S2019)

- ▶ **One concern with salpingectomy or even tubal occlusion or ligation is its impact on ovarian reserve.** Despite contradictory results in early reports, salpingectomy does not impact ovarian reserve, perhaps except when it is done for ectopic pregnancy. No significantly decrease serum AMH concentration, ovarian response to stimulation, or clinical pregnancy rates with IVF.
- ▶ Remove it across the distal mesosalpinx, close to the fallopian tube to avoid compromising the blood supply to the ovary and take care of IPL
- ▶ ***Laparoscopic salpingectomy or proximal tubal occlusion increases IVF success rates by twofold and should be recommended to all women with hydrosalpinges planning IVF.***



► Film hydrosalpinx



► Film 4



► Film dr selva