

## ***Before Deciding on Tubal Microsurgery or IVF (#2)***

Before making the choice between tubal microsurgery or IVF, you should consider doing the following:

- ❑ Get a second surgical opinion. Take your hysterosalpingogram, x-rays (not just the report), and the laparoscopy report with you to this appointment.
- ❑ Ask if there is a hydrosalpinx (thickness and ballooning out of the tubal wall).
- ❑ Remember that if proximal tubal damage (the part nearest the uterus) shows on the hysterosalpingogram, it is difficult to assess if there is also blockage of the tube at the distal end, near the fimbria, because the dye will not flow up that far into the tube. It is possible to have problems at both ends of the tubes, which clearly lowers success rates.
- ❑ Remember that pregnancy rates seem to be lowest in women who have surgery for distal and proximal damage to their tubes and highest in those having tubal anastomosis.
- ❑ Discuss the risk of ectopic pregnancy before you have any tubal surgery.
- ❑ If you are 35 years old, discuss the possible implications of your age on fertility and have your ovarian reserve checked with cycle day 3 blood test for FSH and estradiol.
- ❑ Ask if the male factor should be re-checked before surgery.
- ❑ Ask if any anti-adhesion solutions will be used during the surgery to prevent scar tissue formation.
- ❑ Find out when your best chances are to conceive after surgery. Also ask if any treatments (drugs, timing of ovulation, etc.) will be used to optimize your chances following surgery.
- ❑ Ask if a follow-up laparoscopy to remove any adhesions following the microsurgical repair will be done. If so, ask when it will be done.

*Further information on this topic is available through RESOLVE fact sheets. For a publications order form, go online to [www.resolve.org](http://www.resolve.org). You can also contact RESOLVE Headquarters at 1760 Old Meadow Rd, Ste 500, McLean, VA 22102 or 703.556.7172.*

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