



## C-Gyn 22

# Filshie Clip Sterilisation

Failed tubal sterilisation is a frequent source of medical litigation due to a failure to:

- warn patients of possible sterilisation failure;
- carry out the appropriate technique;
- diagnose a pregnancy that occurs after a failed sterilisation;
- diagnose an ectopic pregnancy; and
- time the procedure so that the patient is not pregnant.

Another reason includes inadvertent injury at laparoscopy. Therefore, it is vital that practitioners are skilled in carrying out the procedure.

A common method of female sterilisation in Australia and New Zealand is the Filshie clip system which has been available since 1982. During this procedure non absorbable titanium and silicone rubber clips are applied by either a disposable single use applicator or a reusable applicator which requires regular recalibration.

Although this statement applies predominantly to laparoscopic Filshie clip sterilisation, it is recognised that in some instances Filshie clips will be applied at caesarean section. This statement does not relate directly to that technique. It must be recognised that Filshie clips applied at caesarean section have a higher rate of failure.

### SUGGESTED TECHNIQUE

- Uterine manipulator in position.
- Entry technique for laparoscopy, as per RANZCOG/AGES Consensus Guideline *C-Trg 2: Guidelines for performing advanced operative laparoscopy*, see <http://www.ranzcog.edu.au/publications/statements/C-trg2.pdf>
- Multiple puncture laparoscopy after ensuring urinary bladder empty.
- Ensure good view.
- Identify fallopian tubes by visualising their fimbrial ends, after identifying the ovarian and round ligaments.
- Apply the clip to the tube, ensuring the jaws of the clip completely enclose the tube. The manufacturer's guidelines currently recommend placement of the clip on the isthmic portion of the tube.
- After releasing the clip, ensure the tube has not been transected, the upper arm of the clip is flat and locked under the nose of the lower jaw, and that the tube is still completely enclosed.
- Repeat the procedure on the other side.
- It may be useful to document correct application of the Filshie clip by image capture device if available.

### MINIMUM EQUIPMENT REQUIREMENT

The procedure may be done using either disposable single use applicator or a reusable applicator. Poorly serviced applicators can result in a loss of calibration which can lead to incorrect closure of the Filshie clip and possible failed sterilisation.

If using a reusable applicator it is strongly recommended that:

- Filshie clip applicators be serviced and recalibrated by their manufacturer or their appointed agent at least once a year or after every 100 usages.
- Prior to using a reusable applicator it is good practice to ensure that the applicator is assembled correctly and tested with the gauge to ensure correct calibration.

### **GOOD PRACTICE POINTS**

1. Ensure a detailed history is taken about previous gynaecological procedures.
2. Ensure other contraceptive alternatives are discussed with the patient, including other safe long term methods of contraception. Date of the patient's last menstrual period must be noted and recorded in the doctor's file and hospital records.
3. Provide printed material such as the RANZCOG brochure on tubal occlusion.
4. Discuss the risk of failure (for Filshie clips it is generally considered about 1 in 300) and record this discussion in the patient's file.
5. Ensure the appropriate consent/request to treatment is correctly completed. Include reference to the various discussions in the patient's file and in a letter to the referring doctor.
6. Ensure that the patient is aware that should a pregnancy occur, there is an increased risk of ectopic pregnancy. If a pregnancy occurs, ectopic pregnancy should be excluded as early as possible using appropriate diagnostic tests.
7. Perform the procedure in the early to mid-follicular phase of the cycle unless other certain contraception is being used and record details of this advice.
8. Perform the procedure in a surgical unit that you know maintains and services the equipment according to the manufacturer's specifications. The surgical unit at which the procedure is done is responsible for ensuring that equipment is serviced and that calibration gauges are available. It is the unit's responsibility to ensure that equipment is correctly calibrated. Fellows should satisfy themselves that the unit has conducted appropriate servicing and calibration.
9. Perform the procedure and note any intraoperative difficulties. If initial application is not ideal, a second clip could be applied. If image capture equipment is available take adequate photographs to show that the clip has been correctly applied.
10. If there is any doubt about either of the clip applications, or if one or both tubes can not be visualised, discuss the situation with the patient post-operatively.
11. If in doubt, advise the patient to use alternative contraception until tubal occlusion has been confirmed with hysterosalpingogram or hysterosalpingo contrast sonogram.
12. Uterine curettings are not required but if any have been obtained they should be submitted to pathology and the histology reviewed.

### ***Links to other related College Statements***

[C-Gen 2: Guidelines for consent and the provision of information regarding proposed treatment](#)

## Patient Resources

RANZCOG Patient Information pamphlet: *Tubal Occlusion and Vasectomy – a Guide About Female and Male Sterilisation*, see:

<http://www.ranzcog.edu.au/womenshealth/patientinformation.shtml>.

RCOG Evidence-based clinical guideline number 4. *Male and Female Sterilisation*. (2004)

[http://www.rcog.org.uk/resources/Public/pdf/Sterilisation\\_summary.pdf](http://www.rcog.org.uk/resources/Public/pdf/Sterilisation_summary.pdf)

## References

1. Lyneham R. *A review of the Filshie system in Australia and New Zealand*, O&G 2003;5(3):194-195
2. Filshie M G. Female sterilization, O&G 2000;2(1):43-49.
3. Woodhouse D. Filshie clips safety alert update. O&G 1999;1(1):42-43.

## Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

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