

**post tubal ligation
syndrome (pts)**

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Post Tubal Ligation Syndrome

- **Post Tubal Ligation Syndrome:** Iatrogenesis affects that create negative health conditions after a tubal ligation or female sterilization surgery. Can be hormonal and or physical in nature. Health changes both physical and hormonal can cause mental health to be affected, causing loss of sexual drive for the woman, memory loss, depression, anger and rage.
- **Iatrogenesis:** A Greek word which means "doctor-caused" or "doctor produced". It is a medical term meaning harm done by doctors, or negative side effect(s) caused by a medical treatment or procedure. The negative side effect(s) can be due to error, negligence, or can be caused by the standard protocol of the treatment.
- **Iatroepidemic:** An epidemic of bad outcomes or negative side effects caused by doctors and their medical treatment(s) and procedures. Examples of iatroepidemics include DES, and Post Tubal Ligation Syndrome (PTLS or PTS)
- **Adenomyosis:** A common iatrogenesis condition of tubal ligation. Causes dysfunctional uterine bleeding (DUB) and pain.

PTS is an iatrogenesis condition meaning "doctor-caused" or "doctor produced". Many women suffer PTS after having a tubal ligation.

- Post-tubal ligation syndrome includes pain during intercourse, aching lower back, premenstrual tension syndrome, difficulty in menstruating, uterine hemorrhage, and absence of menstruation. The syndrome is caused by blood circulation problems in and around the Fallopian tubes and ovaries, pressure on nerves, and intrapelvic adhesion. Differentiating between this syndrome and endometritis during diagnosis and differentiating between functional hemorrhage due to hormonal abnormality and anatomical hemorrhage due to polyp or tumor is very important.




**SINCE THE SYMPTOMS OF THIS •
SYNDROME ARE MILD, SIMPLE
SYMPTOMATIC TREATMENT IS SUFFICIENT
IN MOST CASES. IN SOME CASES,
HOWEVER, DESQUAMATION SURGERY OR
REVERSAL OF TUBAL LIGATION MAY BE
NECESSARY. ENDOSCOPIC SURGERY IS
ALSO AVAILABLE. IN JAPAN, BECAUSE OF
WIDESPREAD USE OF CONDOMS AND
IUDs, TUBAL LIGATION IS NOT VERY
COMMON.**

Etiological factors

- **PTS is often the result of a rapid decline in estrogen levels due from the blood supply being damaged to the ovaries during the TL surgery. Depending on the damage to the veins and capillaries, blood volume to the ovaries may slightly decrease or can be eliminated completely (isolated ovarian syndrome, common with hysterectomy operations). Many of the symptoms of PTS are associated with having an estrogen/progesterone imbalance**

- caused by a hormonal imbalance, could be caused by adenomyosis (brought on by uterus muscle and tissue being damaged, effected by the TL surgery impairing the blood supply to areas of that organ/muscle) or a combination of both.

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Other theories of PST and the hormonal imbalance that results after a TL is that "target" or "receptor" cells that are important in the relay of hormonal messages are damaged, destroyed, and or removed during the TL surgery. It is derivable that these target or receptor cells are located within the fallopian tube



system

SYMPTOMS OF POST TUBAL SYNDROME

- 1. Ectopic pregnancy or pregnancy (well known risk of tubals)
- 1a. Hot flashes, flushes, night sweats and/or cold flashes, clammy feeling, chills
- 2. Bouts of rapid heart beat
- 3. Irritability
- 4.
- 5. Trouble sleeping through the night (with or without night sweats)
- 6. Irregular periods; shorter, lighter periods; heavier periods, flooding; phantom periods, shorter cycles, longer cycles
- 7. Loss of libido

- 8. Dry vagina
- 8a. Itchy vagina-at time raw like, can radiated from whole area, with absence of yeast infections.
- 8b. Color change in vaginal area. (color gets darker - purple/black)
- 9. Crashing fatigue
- 10. Anxiety, feeling ill at ease
- 11. Feelings of dread, apprehension, doom
- 12. Difficulty concentrating, disorientation, mental confusion
- 13. Disturbing memory lapses
- 14. Incontinence, especially upon sneezing, laughing; urge incontinence (see note)
- 14a. Prolapse of uterus do to rapid decess in estrogen levels.

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- 21.Sudden bouts of bloat
 - 22.Depression (see note)
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• 30. Tingling in the extremities, (see note)


• 31. Gum problems, increased bleeding


• 32. Burning tongue, burning roof of mouth, bad taste in mouth, change in breath odor (see notes)

33. Osteoporosis (after several year) •



Symptom 1a (flashes) Hot flashes are due to the hypothalamic response to declining ovarian estrogen production. The declining estrogen state induces hypophysiotropic neurons in the arcuate nucleus of the hypothalamus to release gonadotropin-releasing hormone (GnRH) in a pulsatile fashion, which in turn stimulates release of luteinizing hormone (LH). Extremely high pulses of LH occur during the period of declining estrogen production. The LH has vasodilatory effects, which leads to flushing.

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- Symptom 7 (loss of libido) For some women the loss is so great that they actually find sex repulsive, in much the same way as they felt before puberty. What hormones give, loss of hormones can take away
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 - Symptom 14 (incontinence) reflects a general loss of smooth muscle tone
 - Symptom 15 (itchy, crawly skin) feeling of ants crawling under the skin, not just dry itchy skin
 - Symptom 16 (aching sore joints) may include such problems as carpal tunnel syndrome

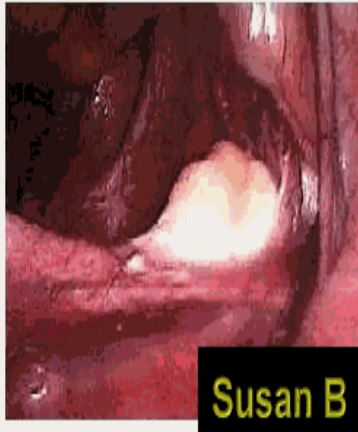
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- Symptom 22 (depression) different from other depression, the inability to cope is overwhelming. There is a feeling of loss of self. Hormone therapy ameliorates the depression dramatically.
 - Symptom 25 (weight gain) often around the waist and thighs, resulting in 'the disappearing waistline'
 - Symptom 29 (shock sensation) "the feeling of a rubber band snapping in the layer of tissue between skin and muscle. It may be a precursor to a hot flash"
 - Symptom 30 (tingling in extremities) can also be a symptom of B-12 deficiency, diabetes, alterations in the flexibility of blood vessels, or a depletion of potassium or calcium

Ovarian Isolation

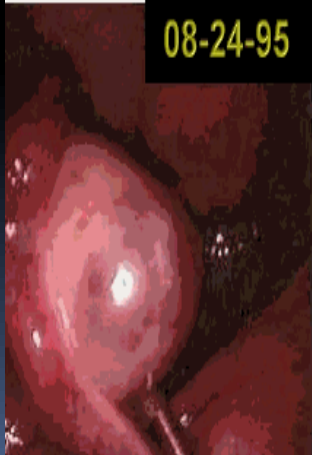
Ovarian Isolation



Susan B
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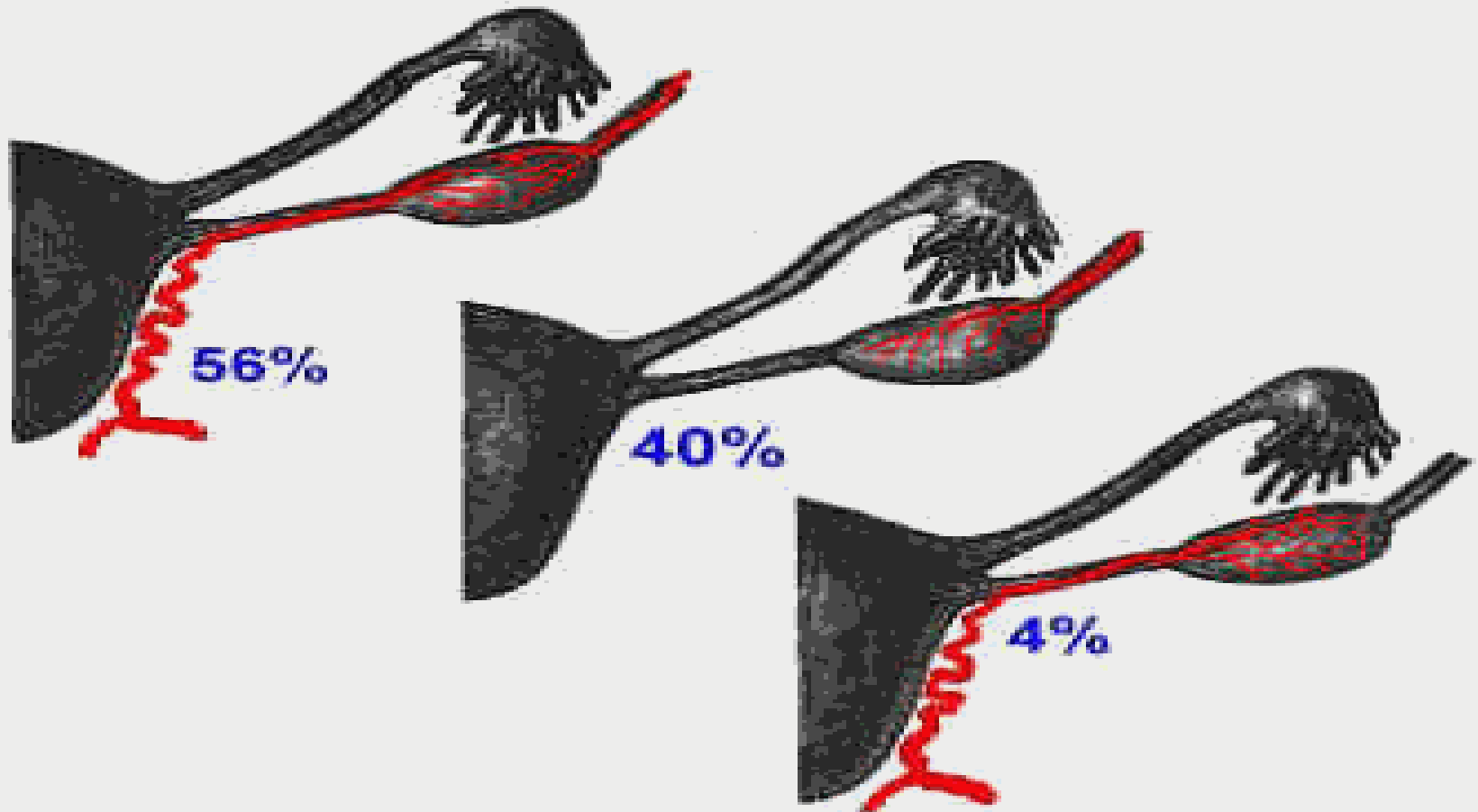
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Ovarian isolation occurs when an ovary is surgically isolated/removed from its blood supply. The isolated ovary becomes atrophic and nonfunctional. Ovarian isolation commonly occurs after hysterectomy when the ovaries are left in place. Today women are usually informed at the time of hysterectomy that if their ovaries are left in place they may fail. Ovarian isolation can and often occurs after tubal ligation.



If both ovaries are removed, or becomes non-functional due to ovarian isolation in a pre-menopausal woman as part an operation, the sudden loss of estrogen will trigger an abrupt premature menopause and hormone shock that may involve severe symptoms of hot flashes, chills, vaginal dryness, painful intercourse, loss of sex drive, and heart palpation's

- The surgical removal of both the ovaries, (either by surgical removal or by ovarian isolation) causes a "surgical menopause", AKA "female castration"
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- Post tubal women are often wrongly told that menopause, ovarian isolation, or the ovaries being affected by lack of blood supply is impossible because the ovaries have 2 sources of blood supply. As you can see in the diagram, just a little more than 1/2 of all women have two sources of blood supply to her ovaries. The other 1/2 have only one source of blood supply to their ovaries.

Arterial Supply to the Ovary



In 56% of cases blood to the ovary comes from both the ovarian and uterine arteries; in 40% from the ovarian artery only; in 4% from the uterine artery only.

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- **Women are also commonly misinformed that if one ovary is removed that the remaining ovary will make up for the loss of the other. This is not true.**
 - **If one ovary is removed, or becomes non-functional due to ovarian isolation, a hormonal imbalance will occur. The remaining ovary does not begin to make twice as much estrogen as before, and the remaining ovary does not begin to release twice as many eggs as before.**

Post Tubal Ligation Syndrome

Symptoms and Effects

- The sudden loss/stoppage of estrogen, hormones, and hormone shock can affect brain function. Confusion, rage, depression, and memory loss that can mimic an alzheimer's type state can manifest. In addition to these symptoms, women who lose both ovaries, or lose the function of their ovaries also lose the protection these hormones provide against heart disease and osteoporosis many years earlier than if they had experienced natural menopause
- Women who have had their ovaries removed or rendered nonfunctional due to ovarian isolation are seven times more likely to develop coronary heart disease and much more likely to develop bone problems at an early age than are pre-menopausal women whose ovaries are intact and functioning.
- The loss of hormones can be equal to and even more damaging with its long term outcome as post tubal syndromes immediate effects of bleeding disorders (DUB) and other sudden symptoms.

- Female Reconstructive Surgery (FRS) is a specialized surgery which address's the whole woman and all reproductive conditions including that of Post Tubal Ligation Syndrome (PTLS or PTS).
- FRS was designed by Dr. Hufnagel as an alternative to hysterectomy and as a conservative surgery to repair and restore women's reproductive organs. FRS/PTLS for PTS or Tubal Repair/Reversal (TR) addresses both the woman's physical condition as well as her hormonal health.
- *"One of the most destructive things a woman can do to her body is to undergo sterilization. The sterilization process can cause damage and injury to women's reproductive and other vital organs in a number of ways. These conditions are all addressed with FRS, without the need for hysterectomy." - Dr.VGH*

- Many PTwomen opt for tubal repair/reversal, if possible, at the time of FRS/PTLS, but FRS/PTLS is NOT a tubal reversal. FRS/PTLS is much more than putting the tube(s) back. The many abnormalities which can occur that causes symptoms such as pelvic pain and DUB are initially addressed. FRS address's all the woman's reproductive organs affected or needing repair. Simply put, tubal reversal does not correct post tubal syndrome (PTS)
- **Shown below: The Affects of Banding**
FRS can restore fertility for some PTwomen depending on a number of factors which include the techniques used at the time of her sterilization, the extent of tissue damage that occurred, and the number of abnormalities found at the time of FRS.
- Shown on the left is the effect of banding on a young woman. The resulting condition caused her pain and discomfort in which she was repeatedly suggested hysterectomy.
- At the time of a tubal reversal, in all likelihood, she would not be informed of the existing condition, but simply told, "There was not enough tube on your right side to reverse", or "your chances pregnancy are low", etc...

Cindy 11-1995




Cindy 08-1997



The endocrine profile

THE ENDOCRINE PROFILE OF THE MIDLUTEAL PHASE WAS ASSESSED IN 29 PATIENTS WITH POSTTUBAL LIGATION SYNDROME, CONSISTING OF PAIN, BLEEDING, AND PREMENSTRUAL TENSION. COMPARED TO NORMAL CONTROLS, THE PATIENTS HAD A HIGH SERUM ESTRADIOL AND A LOW SERUM PROGESTERONE LEVEL. THIS ABNORMAL LUTEAL FUNCTION MAY BE RESPONSIBLE FOR THE SYMPTOMS OBSERVED AND MAY ALSO EXPLAIN THE FAILURE TO CONCEIVE FOLLOWING SUCCESSFUL REVERSAL OF TUBAL LIGATION. IT IS RECOMMENDED THAT PATIENTS SEEKING STERILIZATION REVERSAL BE SCREENED FOR ABNORMAL LUTEAL FUNCTION PREOPERATIVELY. SELECTION OF STERILIZATION PROCEDURES WHICH CAN MINIMIZE ALTERATION IN LUTEAL FUNCTION SHOULD BE GIVEN THE HIGHEST PRIORITY



Treatment options include a tubal ligation reversal. This procedure reconnects the tubes and re establishes the blood flow. This may help relieve the symptoms of the syndrome. The success of this procedure depends upon several factors including the original surgery and the number of years since the surgery was performed

The endocrine profile

The endocrine profile of the midluteal phase was assessed in 29 patients with posttubal ligation syndrome, consisting of pain, bleeding, and premenstrual tension. Compared to normal controls, the patients had a high serum estradiol and a low serum progesterone level. This abnormal luteal function may be responsible for the symptoms observed and may also explain the failure to conceive following successful reversal of tubal ligation. It is recommended that patients seeking sterilization reversal be screened for abnormal luteal function preoperatively. Selection of sterilization procedures which can minimize alteration in luteal function should be given the highest priority