

## **TUBAL REVERSAL SURGERY CHECKLIST**

### **Pre-Consult:**

- ☐ Determine if you might be a candidate for tubal reversal surgery.
- ☐ Obtain a copy of your operative report and fax to FWHC, (337) 989-8766. Please use our Fax Cover Sheet found on our website.
- ☐ Contact Fertility & Women's Health Center to schedule a consultation.

### **Pre-Surgery:**

- ☐ Contact one of our Tubal Reversal Nurses by phone or e-mail to schedule your surgery and your anesthesia consult.
- ☐ Make arrangements with our office for payment of your surgery fees.
- ☐ Complete the registration and medical history forms through our electronic medical records portal.
- ☐ Obtain pre-operative lab testing for you and your husband.
- ☐ If you will be coming from out of town, make travel arrangements.
- ☐ Read through the Pre- and Post-Op Instructions for Microsurgical Tubal Anastomosis page so you come prepared and know what to expect before and after surgery.

### **Post-Surgery**

- ☐ Report any unusual post-surgery symptoms
- ☐ Call FWHC's office when you have a positive urine pregnancy test and we can instruct you on the next step to ensure your pregnancy is normal and in your uterus (not a tubal pregnancy).