

Reanastomosis is cost-effective for pregnancy post-ligation

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Image courtesy of Blausen Medical

For women desiring pregnancy after tubal ligation, laparoscopic reanastomosis is the most cost-effective choice for women aged 40 years or younger and for older women with higher in vitro fertilization costs, according to a study published in the July issue of the *American Journal of Obstetrics & Gynecology*.

(HealthDay)—For women desiring pregnancy after tubal ligation, laparoscopic reanastomosis is the most cost-effective choice for women aged 40 years or younger and for older women with higher in vitro fertilization (IVF) costs, according to a study published in the July issue of the *American Journal of Obstetrics & Gynecology*.

Jennifer Hirshfeld-Cytron, M.D., and Jordan Winter, M.D., from the University of Illinois Medical Center at Chicago, and colleagues compared the cost-effectiveness of tubal reanastomosis by tubal type with tubal surgery or IVF for women aged younger than 35 years, 35 to 40 years, or older than 40 years. Tubal techniques comprised type A, with a more favorable prognosis because the tube length was more significant at the time of reanastomosis, and type B, which had a worse prognosis for success. To address the impact of high-order multiples in IVF, delivery costs were incorporated.

The researchers found that [laparoscopic](#) reanastomosis of type A was more effective and less costly than type B and IVF and therefore

dominated the other groups. For women aged older than 40 years with a history of type B, when costs of IVF were at the lower limit, IVF was favored.

"The most cost-effective choice for a woman desiring [pregnancy](#) after tubal ligation is laparoscopic reanastomosis after a prior clip or ring tubal ligation for women \geq 40 years old," the authors write. "It is also the most cost-effective for the oldest cohort, assuming IVF costs are greater than \$4,500."

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