PROCEDURE: , Laparoscopy with ablation of endometriosis.,DIAGNOSIS: , Endometriosis.,ANESTHESIA:, General.,ESTIMATED BLOOD LOSS: , None.,FINDINGS: , Allen-Masters window in the upper left portion of the cul-de-sac, bronze lesions of endometriosis in the central portion of the cul-de-sac as well as both the left uterosacral ligament, flame lesions of the right uterosacral ligament approximately 5 mL of blood tinged fluid in the cul-de-sac. Normal tubes and ovaries, normal gallbladder, smooth liver edge.,PROCEDURE: ,The patient was taken to the operating room and placed under general anesthesia. She was put in the dorsal lithotomy position, and the perineum and abdomen were prepped and draped in a sterile manner. Subumbilical area was injected with Marcaine, and a Veress needle was placed subumbilically through which approximately 2 L of CO2 were inflated. Scalpel was used to make a subumbilical incision through which a 5-mm trocar was placed. Laparoscope was inserted through the cannula and the pelvis was visualized. Under direct visualization, two 5-mm trocars were placed in the right and left suprapubic midline. Incision sites were transilluminated and injected with Marcaine prior to cutting. Hulka manipulator was placed on the cervix. Pelvis was inspected and blood tinged fluid was aspirated from the cul-de-sac. The beginnings of an Allen-Masters window in the left side of the cul-de-sac were visualized along with bronze lesions of endometriosis. Some more lesions were noted above the left uterosacral ligament. Flame lesions were noted above the right uterosacral ligament. Tubes and ovaries were

normal bilaterally with the presence of a few small paratubal cysts on the left tube. There was a somewhat leathery appearance to the ovaries. The lesions of endometriosis were ablated with the argon beam coagulator, as was a region of the Allen-Masters window. Pelvis was irrigated and all operative sites were hemostatic. No other abnormalities were visualized and all instruments were moved under direct visualization. Approximately 200 mL of fluid remained in the abdominal cavity. All counts were correct and the skin incisions were closed with 2-0 Vicryl after all CO2 was allowed to escape. The patient was taken to the recovery in stable condition.