PROCEDURE: ,Laparoscopic tubal sterilization, tubal coagulation.,PREOPERATIVE DIAGNOSIS: , Request tubal coagulation.,POSTOPERATIVE DIAGNOSIS: , Request tubal coagulation.,PROCEDURE: ,Under general anesthesia, the patient was prepped and draped in the usual manner. Manipulating probe placed on the cervix, changed gloves. Small cervical stab incision was made, Veress needle was inserted without problem. A 3 L of carbon dioxide was insufflated. The incision was enlarged. A 5-mm trocar placed through the incision without problem. Laparoscope placed through the trocar. Pelvic contents visualized. A 2nd puncture was made 2 fingerbreadths above the symphysis pubis in the midline. Under direct vision, the trocar was placed in the abdominal cavity. Uterus, tubes, and ovaries were all normal. There were no pelvic adhesions, no evidence of endometriosis. Uterus was anteverted and the right adnexa was placed on a stretch. The tube was grasped 1 cm from the cornual region, care being taken to have the bipolar forceps completely across the tube and the tube was coagulated using amp meter for total desiccation. The tube was grasped again and the procedure was repeated for a separate coagulation, so that 1.5 cm of the tube was coagulated. The structure was confirmed to be tube by looking at fimbriated end. The left adnexa was then placed on a stretch and the procedure was repeated again grasping the tube 1 cm from the cornual region and coagulating it. Under traction, the amp meter was grasped 3 more times so that a total of 1.5 cm of tube was coagulated again. Tube was confirmed by fimbriated

end. Gas was lend out of the abdomen. Both punctures repaired with 4-0 Vicryl and punctures were injected with 0.5% Marcaine 10 mL. The patient went to the recovery room in good condition.