PREOPERATIVE DIAGNOSES:,1. Intrauterine pregnancy at 30 and 4/7th weeks.,2. Previous cesarean section x2.,3. Multiparity.,4. Request for permanent sterilization.,POSTOPERATIVE DIAGNOSIS:,1. Intrauterine pregnancy at 30 and 4/7th weeks.,2. Previous cesarean section x2.,3. Multiparity.,4. Request for permanent sterilization.,5. Breach presentation in the delivery of a liveborn female neonate.,PROCEDURES PERFORMED:,1. Repeat low transverse cesarean section.,2. Bilateral tubal ligation (BTL).,TUBES: , None.,DRAINS: , Foley to gravity.,ESTIMATED BLOOD LOSS: , 600 cc.,FLUIDS:, 200 cc of crystalloids.,URINE OUTPUT:, 300 cc of clear urine at the end of the procedure.,FINDINGS:, Operative findings demonstrated a wire mesh through the anterior abdominal wall and the anterior fascia. There were bowel adhesions noted through the anterior abdominal wall. The uterus was noted to be within normal limits. The tubes and ovaries bilaterally were noted to be within normal limits. The baby was delivered from the right sacral anterior position without any difficulty. Apgars 8 and 9. Weight was 7.5 lb.,INDICATIONS FOR THIS PROCEDURE: ,The patient is a 23-year-old G3 P 2-0-0-2 with reported 30 and 4/7th weeks' for a scheduled cesarean section secondary to repeat x2. She had her first C-section because of congenial hip problems. In her second C-section, baby was breached, therefore, she is scheduled for a third C-section. The patient also requests sterilization. Therefore, she requested a tubal ligation.,PROCEDURE: , After informed consent was obtained and all questions were

answered to the patient's satisfaction in layman's terms, she was taken to the operating room where a spinal with Astramorph anesthesia was obtained without any difficulty. She was placed in the dorsal supine position with a leftward tilt and prepped and draped in the usual sterile fashion. A Pfannenstiel skin incision was made removing the old scar with a first knife and then carried down to the underlying layer of fascia with a second knife. The fascia was excised in the midline extended laterally with the Mayo scissors. The superior aspect of the fascial incision was then tented up with Ochsner clamps and the underlying rectus muscle dissected off sharply with the Metzenbaum scissors. There was noted dense adhesions at this point as well as a wire mesh was noted. The anterior aspect of the fascial incision was then tented up with Ochsner clamps and the underlying rectus muscle dissected off sharply as well as bluntly. The rectus muscle superiorly was opened with a hemostat. The peritoneum was identified and entered bluntly digitally. The peritoneal incision was then extended superiorly up to the level of the mesh. Then, inferiorly using the knife, the adhesions were taken down and the bladder was identified and the peritoneum incision extended inferiorly to the level of the bladder. The bladder blade was inserted and vesicouterine peritoneum was identified and tented up with Allis clamps and bladder flap was created sharply with the Metzenbaum scissors digitally. The bladder blade was then reinserted to protect the bladder and the uterine incision was made with a first knife and then extended laterally with the

Bandage scissors. The amniotic fluid was noted to be clear. At this point, upon examining the intrauterine contents, the baby was noted to be breached. The right foot was identified and then the baby was delivered from the double footling breach position without any difficulty. The cord was clamped and the baby was then handed off to awaiting pediatricians. The placenta cord gases were obtained and the placenta was then manually extracted from the uterus. The uterus was exteriorized and cleared of all clots and debris. Then, the uterine incision was then closed with #0 Vicryl in a double closure stitch fashion, first layer in locking stitch fashion and the second layer an imbricating layer. Attention at this time was turned to the tubes bilaterally.,Both tubes were isolated and followed all the way to the fimbriated end and tented up with the Babcock clamp. The hemostat was probed through the mesosalpinx in the avascular area and then a section of tube was clamped off with two hemostats and then transected with the Metzenbaum scissors. The ends was then burned with the cautery and then using a #2-0 Vicryl suture tied down. Both tube sections were noted to be hemostatic and the tubes were then sent to pathology for review. The uterus was then replaced back into the abdomen. The gutters were cleared of all clots and debris. The uterine incision was then once again inspected and noted to be hemostatic. The bladder flap was then replaced back into the uterus with #3-0 interrupted sutures. The peritoneum was then closed with #3-0 Vicryl in a running fashion. Then, the area at the fascia where the mesh had been cut and approximately 0.5 cm portion was repaired

with #3-0 Vicryl in a simple stitch fashion. The fascia was then closed with #0 Vicryl in a running fashion. The subcutaneous layer and Scarpa's fascia were repaired with a #3-0 Vicryl. Then, the skin edges were reapproximated using sterile clips. The dressing was placed. The uterus was then cleared of all clots and debris manually. Then, the patient tolerated the procedure well. Sponge, lap, and needle, counts were correct x2. The patient was taken to recovery in sable condition. She will be followed up throughout her hospital stay.