

DIAGNOSIS: , Multiparous female, desires permanent sterilization.,NAME OF OPERATION: , Laparoscopic bilateral tubal ligation with Falope rings.,ANESTHESIA: , General, ET tube.,COMPLICATIONS:, None.,FINDINGS: ,Normal female anatomy except for mild clitoromegaly and a posterior uterine fibroid.,PROCEDURE: , The patient was taken to the operating room and placed on the table in the supine position. After adequate general anesthesia was obtained, she was placed in the lithotomy position and examined. She was found to have an anteverted uterus and no adnexal mass. She was prepped and draped in the usual fashion. The Foley catheter was placed. A Hulka cannula was inserted into the cervix and attached to the anterior lip of the cervix.,An infraumbilical incision was made with the knife. A Veress needle was inserted into the abdomen. Intraperitoneal location was verified with approximately 10 cc of sterile solution. A pneumoperitoneum was created. The Veress needle was then removed, and a trocar was inserted directly without difficulty. Intraperitoneal location was verified visually with the laparoscope. There was no evidence of any intra-abdominal trauma.,Each fallopian tube was elevated with a Falope ring applicator, and a Falope ring was placed on each tube with a 1-cm to 1.5-cm portion of the tube above the Falope ring.,The pneumoperitoneum was evacuated, and the trocar was removed under direct visualization. An attempt was made to close the fascia with a figure-of-eight suture. However, this was felt to be more subcutaneous. The skin was closed in a subcuticular fashion, and the patient was taken to the

recovery room awake with vital signs stable.