Diagnostic Laparoscopy for Ectopic Pregnancy

PREOPERATIVE DIAGNOSIS: Suspected ectopic pregnancy.
POSTOPERATIVE DIAGNOSIS: Left ectopic pregnancy.
PROCEDURE: Laparoscopic left salpingectomy
SURGEON:
ASSISTANT:
ANESTHESIA:
INTRAVENOUS FLUIDS:
ESTIMATED BLOOD LOSS:
URINE OUTPUT:
COMPLICATIONS:
SPECIMENS: Left tube with POCs
DISPOSITION: Stable to recovery room
INDICATIONS:
FINDINGS: Exam under anesthesia revealed small, mobile, anteverted uterus. The right tube and ovary were grossly normal. The left fallopian tube was significantly dilated with blood clot and products of conception extruding from the fimbriated end. There was an estimated 200cc blood in the pelvis. There were mild adhesions in the left ovarian fossa involving the fallopian tube and ovary. Liver, gallbladder and appendix appeared grossly normal.

PROCEDURE IN DETAIL:
The patient was taken to the OR where general anesthesia was administered. The patient was prepped and draped in the normal sterile fashion in the dorsal lithotomy position with the Allen stirrups. A Graves speculum was placed in the vagina and the anterior lip of the cervix was grasped with a single-toothed tenaculum. A Hulka tenaculum was inserted without difficulty. The single-tooth tenaculum and Graves speculum were removed from the vagina. Gloves were changed and attention was turned to the abdomen.

After injection of 0.25% Bupivicaine a 5 mm horizontal incision was made at the inferior aspect of the umbilicus with the scalpel. The Veress needle was inserted and adequate pneumoperitoneum was achieved after verification of intraabdominal placement with a saline syringe. Opening pressure was 6 mmHg. The 5 mm trocar was placed. A 30-degree 5 mm laparoscope was inserted through the trocar and the above findings were noted. The patient was then placed in steep Trendelenburg position. Areas in the right and left lateral quadrants were chosen lateral to the inferior epigastric arteries for additional ports. A 5-mm port was placed in the left lower quadrant and an 11mm port was placed in the right lower quadrant under direct laparoscopic visualization. Also, a 5 mm suprapubic port was placed approximately two fingerbreadths above the pubic symphysis. Attention was turned to the left adnexa where a 5 mm LigaSure device was used to transect the tube approximately 1 cm from its cornual attachment. In successive steps, the LigaSure was used to seal and transect the mesosalpinx all the way down toward the fimbriae until the tube was completely detached. The fallopian tube along with clots and products of conception were removed from the abdomen using the Endocatch bag.

The surgical site was re-examined and excellent hemostasis was noted. The left ureter was seen visibly peristalsing. The suprapubic and lateral trocars were removed from the abdomen under direct laparoscopic visualization. The fascial opening at the right lower quadrant trocar site was reapproximated with #0 Vicryl. All skin incisions were reapproximated with Dermabond. The Hulka tenaculum was removed. A Graves speculum was placed in the vagina and hemostasis of the cervix was achieved with silver nitrate. All instruments were removed. The patient tolerated the procedure well. Sponge, lap and needle counts were correct x2. The patient was taken to the recovery room in stable condition.

Dr. ____was present and scrubbed for the entire case.