

Essure

PREOPERATIVE DIAGNOSIS: Desires permanent sterilization.

POSTOPERATIVE DIAGNOSIS: Desires permanent sterilization.

PROCEDURE: Hysteroscopic bilateral occlusion of fallopian tubes with Essure devices.

SURGEON:

ASSISTANT:

ANESTHESIA:

ESTIMATED BLOOD LOSS:

FLUIDS:

URINE OUTPUT:

SPECIMENS:

DRAINS: In-and-out foley catheter.

COMPLICATIONS: None.

DISPOSITION: Stable to the PACU.

FINDINGS: Exam under anesthesia revealed small mobile anteverted uterus with no masses and bilateral adnexa without masses or fullness. Hysteroscopy revealed a grossly normal appearing uterine cavity.

DESCRIPTION OF PROCEDURE:

The patient was taken to the operating room where anesthesia was administered. She was then placed in the dorsal lithotomy position with the Allen stirrups. The patient was examined under anesthesia with the above noted findings. The perineum and vagina were then prepped and draped in the usual sterile fashion for a vaginal procedure. The patient's bladder was catheterized with an in-and-out red rubber catheter.

The side-arm Graves speculum was then placed inside the patient's vagina and the anterior lip of the cervix was grasped with a single-tooth tenaculum. A paracervical block was achieved by injecting 20 mL of 0.5% ropivacaine, 10 mL on each side at the area of the uterosacral ligaments. The uterus was then sounded to 8 cm. The cervix was progressively dilated up to a size 23 French with Pratt dilators. The diagnostic hysteroscope was advanced inside the patient's uterine cavity with ease and the above findings were noted.

Bilateral fallopian tube ostia were visualized. Attention was turned to the left fallopian tube and the Essure device was placed in the os. After discharge from the cartridge, the Essure placement was noted to be adequate, with ___ coils protruding from the os. Attention was then turned to the right fallopian tube os. The Essure device was placed into the os, and after discharge from the cartridge, Essure placement was noted to be adequate with ___ coils protruding from the os.

The hysteroscope was then removed from the uterus. The uterus and cervix were noted to be hemostatic. The tenaculum was removed from the cervix and tenaculum site was noted to be hemostatic. The speculum and any other instrumentation was then removed from the patient's vagina. The patient was taken out of the lithotomy position and then emerged from anesthesia without complication. The patient tolerated the procedure well and was transferred to the recovery room in stable condition. Instrument, lap, sponge, and sharp counts were correct x2 at the end of the procedure.

Dr. ___ was present and scrubbed for the entire case.