

Post Partum BTL

PREOPERATIVE DIAGNOSIS: Multiparous patient, desiring permanent sterilization.

POSTOPERATIVE DIAGNOSIS: Multiparous patient, desiring permanent sterilization.

OPERATION: Bilateral tubal ligation (via modified Parkland/modified Pomeroy, etc.)

SURGEON:

ASSISTANT:

ANESTHESIA:

INTRAVENOUS FLUIDS:

ESTIMATED BLOOD LOSS:

URINE OUTPUT:

COMPLICATIONS:

SPECIMENS: Portion of Left Fallopian tube, portion of Right Fallopian tube

DISPOSITION: Stable to recovery room

FINDINGS: Normal uterus, tubes and ovaries bilaterally. No intraabdominal adhesions noted.

DESCRIPTION OF PROCEDURE:

The patient was taken to the operating room where anesthesia was administered. The patient was then prepped and draped in the normal sterile fashion in the dorsal supine position. Spinal anesthesia was found to be adequate and a small longitudinal incision at the inferior aspect of the umbilicus was made with the scalpel. This incision was carried down to the fascia and peritoneum with a combination of blunt and sharp dissection. The peritoneum was then entered and upon entry into the abdomen no adhesions were noted.

The left Fallopian tube was identified, grasped with the Babcock clamps, lifted to the skin incision and followed out distally to the fimbriae. An avascular midsection of the tube approximately 3-4cm from the cornua was grasped with the babcock clamps and brought into a knuckle at the skin incision. The tube was double ligated with 0 plain gut suture and the intervening portion of tube was transected and removed. Excellent hemostasis was noted and the tube was returned to the abdomen. Attention was then turned to the right fallopian tube after confirmation of identification by tracing the tube out to the fimbriae. The same procedure was then performed on the right Fallopian tube. Again, excellent hemostasis was noted at the end of the procedure.

The fascia was then closed with 2-0 Vicryl in a single laye and the skin was closed with 4-0

Monocryl in a subcuticular fashion. The patient tolerated the procedure well. All counts were correct times two. The patient was taken to the recovery room in stable condition.

Dr. ____ was scrubbed, present and participated throughout the entire procedure.