Laparoscopic BTL

PREOPERATIVE DIAGNOSIS: Desires permanent sterilization.
POSTOPERATIVE DIAGNOSIS: Desires permanent sterilization.
PROCEDURE: Laparoscopic bilateral tubal ligation
SURGEON:
ASSISTANT:
ANESTHESIA:
INTRAVENOUS FLUIDS:
ESTIMATED BLOOD LOSS:
URINE OUTPUT:
COMPLICATIONS: SPECIMENS: None
DISPOSITION: Stable to recovery room
INDICATIONS: A 29-year-old, G6 P5-0-1-5 female who desires permanent sterilization. FINDINGS: Exam under anesthesia revealed an anteverted uterus approximately 8-week-size,
normal shape, no adnexal masses. Laparoscopic survey of the abdomen revealed a grossly
normal uterus, tubes, ovaries, bowel, liver, gallbladder and appendix. No intraabdominal adhesions were noted.

DESCRIPTION OF PROCEDURE:
The patient was taken to the OR where anesthesia was administed. The patient was positioned in dorsal lithotomy in the Allen stirrups. The patient was then examined under anesthesia with the above noted findings. The patient was prepped and draped in the normal sterile fashion. A foley was placed with ease. A weighted speculum was placed in the vagina and the cervix was grasped with a single toothed tenaculum. The uterus was sounded to __ cm. A Hulka uterine manipulator was then inserted in the uterus. Uterine mobility was found to be satisfactory. The speculum was then removed.

After changing gloves attention was turned to the patient's abdomen where a 10 mm skin incision was made in the umbilical fold. The veres step needle was carefully introduced into the peritoneal cavity at a 45 degree angle while tenting up the anterior abdominal wall. Intraperitoneal placement was confirmed by the use of a water-filled syringe. Opening pressure was __mmHg. Pneumoperitoneum was obtained. The 10mm port was then placed through the sleeve and the operative laparoscope was introduced into the abdomen with the above noted findings. Attention was turned to the RLQ. 1% lidocaine was injected locally and a 5mm skin incision was made with the scalpel. The 5mm port was placed after introduction the veress needle under direct visualization.

The Kleppenger forceps were then advanced through the second trocar sleeve on the laparoscope and the patient's left fallopian tube was identified and followed out to the fimbriated end. The fallopian tube was fulgurated with a Kleppenger forceps x 3 at approximately 2.5 cm from the cornua. The right tube was fulgurated in similar manner. Excellent hemostasis was noted.

All instruments and ports were then removed from the abdomen. The fascia at the umbilical incision was reapproximated with 0 vicryl. The skin was closed with dermabond. The Hulka was removed with no bleeding noted from the cervix and all other instrumentation was removed from the vagina. The foley catheter was removed. The patient tolerated the procedure well. All counts were correct x 2. The patient was transferred to the recovery room awake, alert and breathing independently.

Dr. ____was present and scrubbed for the entire case.