LAPAROSCOPIC STERILIZATION
Methods of Tubal Sterilization

Worldwide, sterilization is now the most commonly used method of family planning

- **Destructive-**
  - Unipolar,
  - Bipolar
  - Coagulation using thermal cautery

- **Occlusive-**
  - Fallope ring,
  - Hulka clip,
  - Filshie clip
Methods of Tubal Sterilization

The percentage of couples who used sterilization doubled from 1973 (16%) to 1998 (36%)
More females opting for Sterilization

Changes in Oral Contraceptive Use by Age
Married Women, U.S.A.

Prevalence of tubal sterilization by age
Advantages

- Diagnostic advantage
- Less pain postoperatively
- Low intra & postoperative complications
- Early return to work
- Cosmetically better outcome
- Less tissue dissection and disruption of tissue planes
Tasks:

- Preparation of the patient
- Loading of ring
- Creation of pneumoperitoneum
- Insertion of port
- Diagnostic laparoscopy.
- Operative procedure
Preparation of patient

- General anaesthesia or Local anesthesia
- Foleys urinary catheter
- Lithotomy position
- 15 degrees head down
Ring loading

Ring applicator

Ring Pusher

Fallop Ring
Ring loading
Ring loading

Ring Applicator

7mm Diameter

Ring delivery selection collar

Ring dilator loaded with rings being inserted into distal end of applicator

Rings are pushed onto applicator using ring guide

Rings loaded & ready for application

12.FEB.2003
7:04

12.FEB.2003
7:07
Normal Pelvis
Port Position
Sterilization

Tubal Ring

Tubal Clip
Complications

■ Early
  ■ Injury to viscera
  ■ Hemorrhage
  ■ Infection
  ■ Other complications related to laparoscopy

■ Late
  ■ Re-canalization of tubes
Recommendations

- During the first week of recovery, patient should avoid:
  - Sitting in a warm or cold tub bath,
  - Douches
  - Lifting heavy objects, and
  - active sports
Filshi Clip

ELEGANTLY DESIGNED FOR SAFE AND EFFECTIVE SURGICAL CONTRACEPTION OF WOMEN
Hulka clip

Specially designed to provide a robust instrument which will easily and reliably place the Hulka Clemens Clip.
Reversal of Sterilization

- Method of Sterilization—most successful for Hulka clips, followed by rings, and then cautery and Pomeroy-type technique
- Length of Tube—more successful when residual tube is longer than 2 centimeters
- Age at Reversal—more successful in women less than age 35
Reversal of Sterilization
Reversal of sterilization

Identification of site of tubectomy

Blind stump has been cut to show healthy end (25x magnification)
Reversal of sterilization
Reversal of sterilization

Anastomosis
Reversal of sterilization
Reversal of sterilization

The anastomosis has been completed after four 8/0 sutures have been tied. Methylene blue dye injected into the uterine cavity emerges from the end of the tube with no leakage at the joint.
Thank you

Prof. Mishra with Sheikh Mohammed in Dubai