LAPAROSCOPIC STERILIZATION









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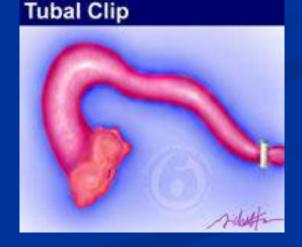


Methods of Tubal Sterilization

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

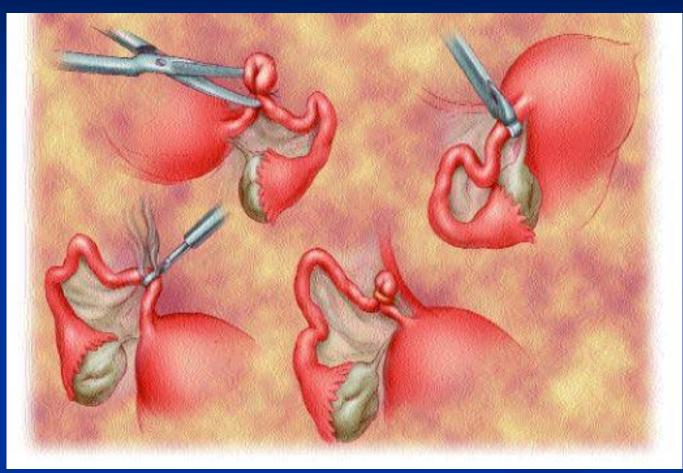








Methods of Tubal Sterilization

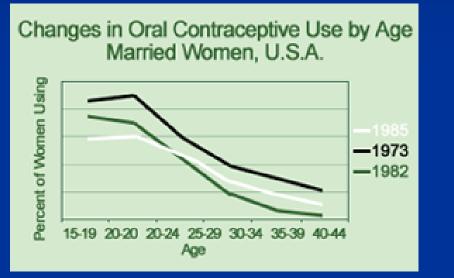


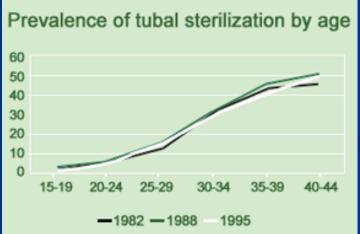
The percentage of couples who used sterilization doubled from 1973 (16%) to 1998 (36%)





More females opting for Sterilization







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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 applicator





Ring Pusher

Fallop Ring



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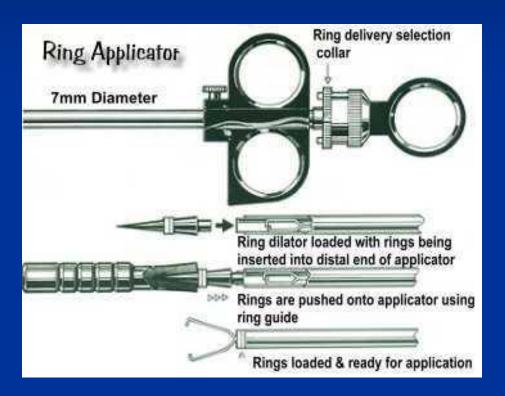




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Ring loading



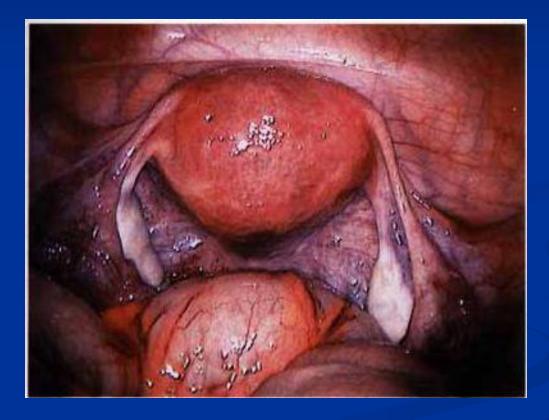






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Normal Pelvis



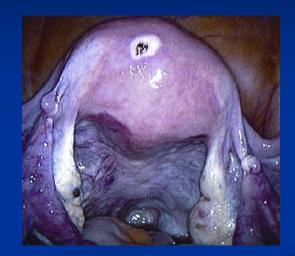


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Port Position









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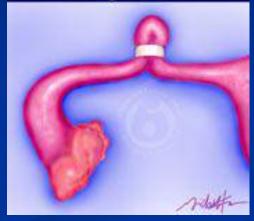


Sterilization





Tubal Ring



Tubal Clip





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Complications



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



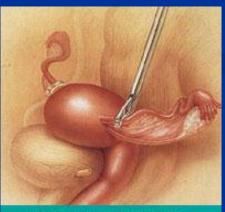




Filshi Clip







ELEGANTLY DESIGNED FOR SAFE AND EFFECTIVE SURGICAL CONTRACEPTION OF WOMEN



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Hulka clip

Hulka Clip Applicator

Tubal Clip



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



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 Method of Sterilization-most successful for Hulka clips, followed by rings, and then cautery and Pomeroy-type technique

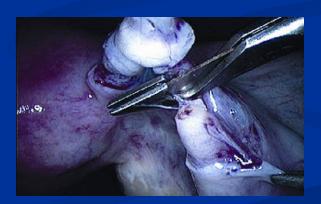
- Length of Tube-more successful when residual tube is longer than 2 centimeters
- Age at Reversal-more successful in women less than age 35













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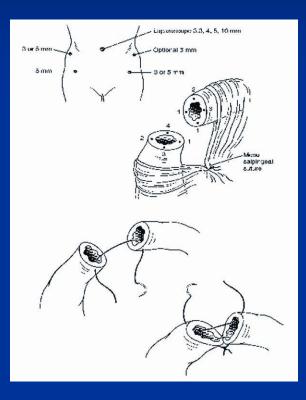
Identification of site of tubectomy

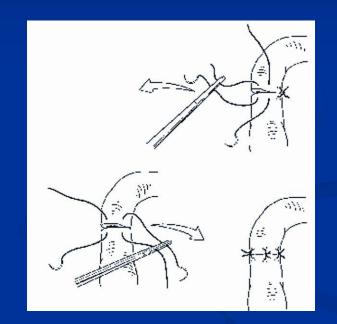
Blind stump has been cut to show healthy end (25X magnification)



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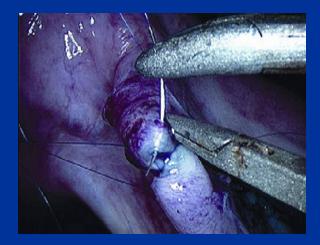


Anastomosis

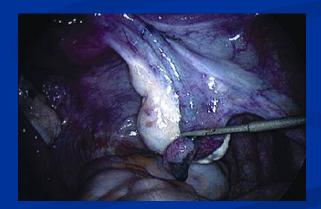


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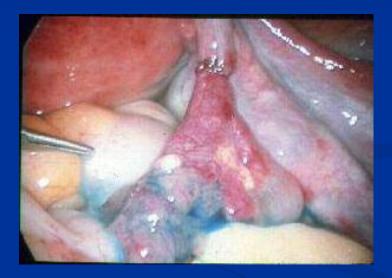




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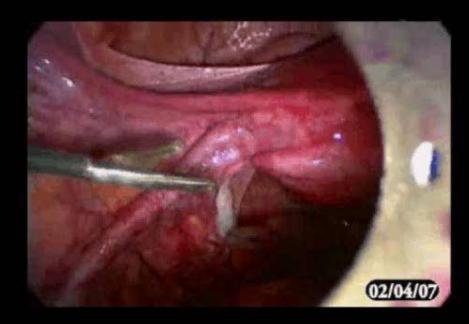
The anastomosis has been completed after four 8/0 sutures have been tied. Methylene blue dye injected into the uterine cavity emerges from the end of the tube with no leakage at the joint.







Procedure



Thank you





Prof. Mishra with Sheikh Mohammed in Dubai



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