# LAPAROSCOPIC STERILIZATION









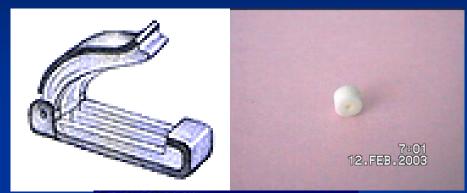
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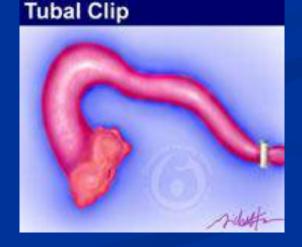


### Methods of Tubal Sterilization

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

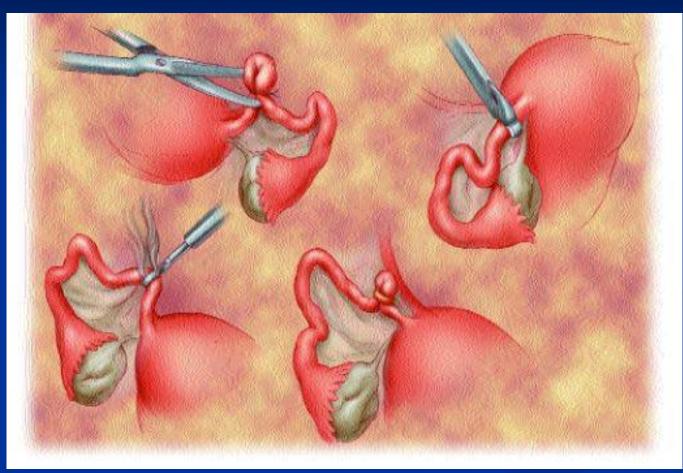








#### Methods of Tubal Sterilization

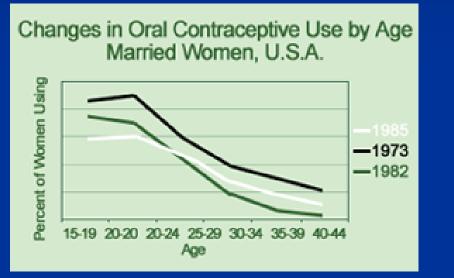


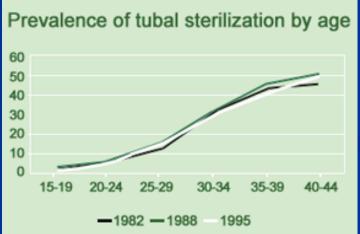
The percentage of couples who used sterilization doubled from 1973 (16%) to 1998 (36%)





#### 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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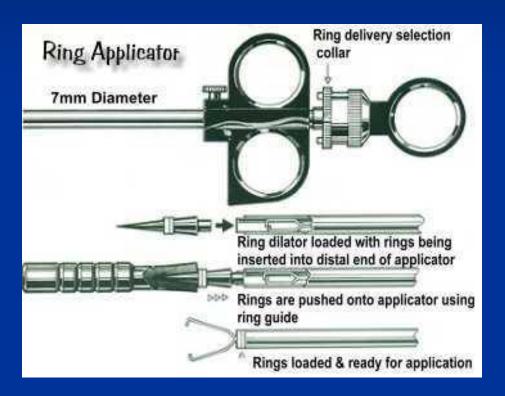




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# Ring loading



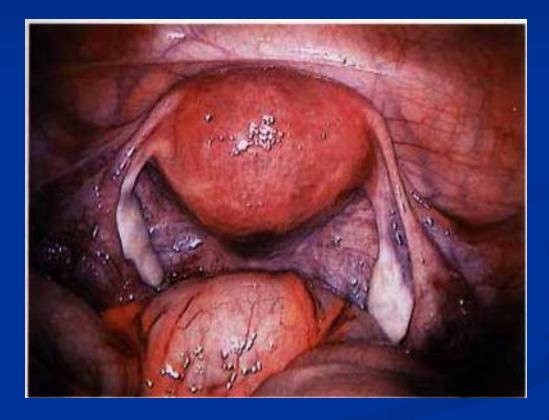






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#### Normal Pelvis



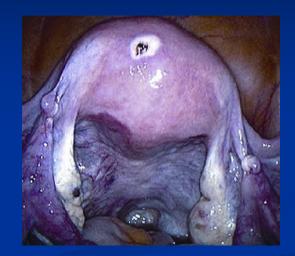


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#### Port Position









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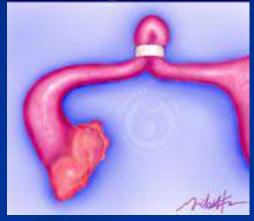


#### Sterilization





#### **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

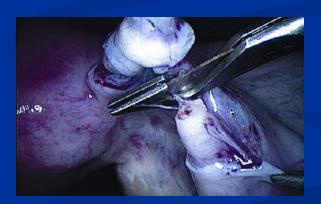
- Length of Tube-more successful when residual tube is longer than 2 centimeters
- Age at Reversal-more successful in women less than age 35













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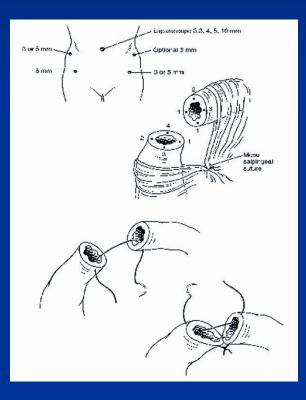
#### Identification of site of tubectomy

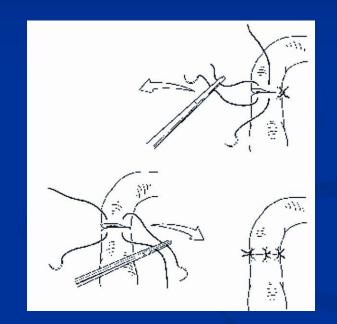
Blind stump has been cut to show healthy end (25X magnification)



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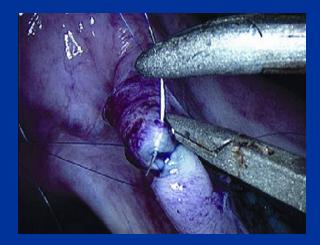


#### Anastomosis

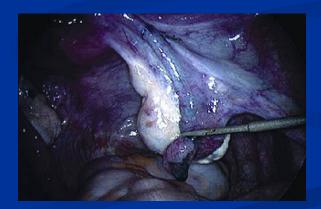


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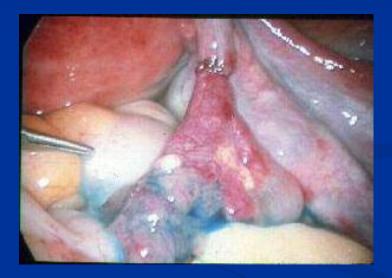




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The anastomosis has been completed after four 8/0 sutures have been tied. Methylene blue dye injected into the uterine cavity emerges from the end of the tube with no leakage at the joint.







#### Procedure



# Thank you





Prof. Mishra with Sheikh Mohammed in Dubai



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