



Figure 4-33. Tubal ligation. This (Uchida) procedure is conveniently performed in conjunction with an abdominal operation indicated for some other primary reason (eg., cesarean delivery). Otherwise, less invasive techniques consist of manipulation of the oviducts by minilaparotomy or with an optical laparoscope equipped with an operating tool. The laparoscope is inserted through a small incision in the abdomen or posterior vaginal fornix (culdoscopy). Carbon dioxide is instilled into the peritoneal cavity to distend the abdominal wall, aiding in visualization of the internal organs. Tubal occlusion can be accomplished by electrocautery, silastic banding, or clipping (Filshie system). A newer (FDA approval 2002), even less invasive occlusion option, the Essure implant (a small coil), is placed into each Fallopian tube by a transcervical approach; a waiting period of 3 months is required before it is fully effective.