

Atlas of Pelvic Surgery

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On-Line Edition

Home / Site Map / Vulva and Introitus / Vagina and Urethra / Bladder and Ureter / Cervix / Uterus
Fallopian Tubes and Ovaries / Colon / Small Bowel / Abdominal Wall / Malignant Disease: Special Procedures

Fallopian Tubes and Ovaries

Laparoscopy Technique

Diagnostic Uses of Laparoscopy

Demonstration of Tubal Patency via Laparoscopy

Laparoscopic Resection of Unruptured Ectopic Pregnancy

Ovarian Biopsy via Laparoscopy

Electrocoagulation of Endometriosis via Laparoscopy

Lysis or Adhesions via Laparoscopy

Control of Hemorrhage During Laparoscopy

Fallopian Tube Sterilization

Sterilization by Electrocoagulation and Division via Laparoscopy

Silastic Band Sterilization via Laparoscopy

Hulka Clip Sterilization via Laparoscopy

Sterilization by the Pomeroy Operation

Sterilization by the Modified Irving Technique

Sterilization by the Minilaparotomy Technique

Sterilization - Ucheda Technique

Salpingectomy

Salpingo-oophorectomy

Fimbrioplasty

Tuboplasty - Microresection and Anastomosis of the Fallopian Tube

Wedge Resection of the Ovary

Torsion of the Ovary

Ovarian Cystectomy

Sterilization by the Pomeroy Operation

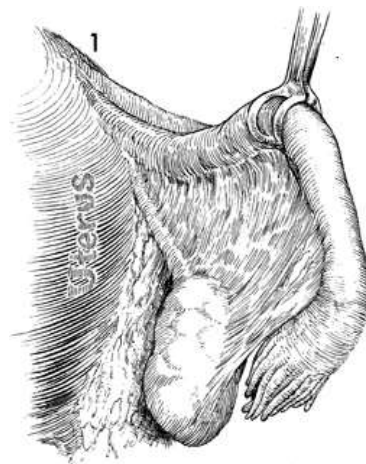
The Pomeroy operation is the most popular and widespread operation performed for female sterilization. It can be performed postpartum, at the time of cesarean section, or at interval sterilization through either mini-laparotomy or vaginal colpotomy.

The purpose of the operation is to obstruct the female Fallopian tubes and prevent pregnancy.

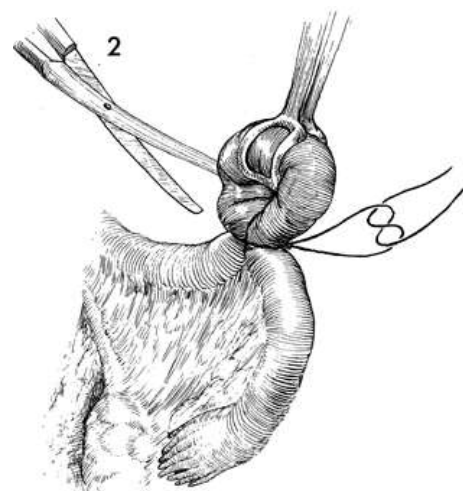
Physiologic Changes. All methods of tubal sterilization have a reported incidence of menometrorrhagia. This varies with different series. The exact physiologic changes that produce menometrorrhagia are unknown at this time. The theory that ligation of the Fallopian tube reduces or alters ovarian blood supply remains to be proven.

Points of Caution. A 0 synthetic absorbable suture is preferable to permanent suture for ligating the knuckle of Fallopian tube. If the two ends of the Fallopian tube are permanently held in approximation, there may be a greater chance of recanalization than if they are allowed to separate when the suture is absorbed.

Technique



The patient is placed in the supine position, and the abdomen is opened in the transverse or midline direction. The Fallopian tube is grasped with the Babcock clamp and elevated.



The knuckle of Fallopian tube is tied with a 0 synthetic absorbable suture.

3



The knuckle is transected with scissors. The abdomen is closed in layers.