

## Bilateral Tubal Ligation

An exclusive production by the Sarawak General Hospital O&G Department on how to perform the Bilateral Tubal Ligation or BTL.

1. Before operations: confirm patient's last menstrual period, exclude pregnancy and take necessary consents
2. Ensure the OT check list board is properly filled and empty urinary bladder with in out catheter.
3. After proper gowning and scrubbing, the operative area is cleaned and draped.
4. Determine the incision site and size - 2 fingers from the symphysis pubis superiorly.
5. Make the skin incision about 3 to 4 cm long.
6. Open the abdomen in layers until the rectus sheath.
7. Open the rectus sheath using the scissors and push the muscle laterally.
8. Proceed to open the peritoneal cavity with two artery forcep and the maximburm scissors.
9. By using 2 fingers - identify the uterine body and move laterally to identify the fallopian tube.
10. Grasps the tube using the babcock. The tube can be determined by identifying the fimbriae end of the tube.
11. Lift the tube gently and clamp the area for incision using the artery forceps.
12. Make a knot on one side and subsequently on the opposite site. Be sure to relief the artery forceps temporally when making the knot.
13. Any absorbable suture size 2/0 can be used - eg. Ecosord, Vicryl or catgut
14. The tube can then be excised using the scissors.
15. The stump is then inspected for any residual bleeding.
16. The same procedure is employed for the contralateral tube.
17. Secure any bleeding on the muscle, rectus as well as the fat layer.
18. Identify the rectus sheath at its angle and grasp with the artery forceps. Then start closing the rectus using any absorbable suture size 1 - eg. the vicryl or ecosorb.
19. Finally close the skin by the subcuticular technique using any absorbable suture - eg. monosyn 3/0