

## A case of tubal reanastomosis

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We presented this case of tubal reanastomosis after tubal ligation using 3mm laparoscopic instrument. Patient was 40 years old with 3 previous NVD. She had previous laparoscopic tubal sterilisation and currently remarried, and keen to try for more children. After extensive counselling, couple prefer tubal reanastomosis over IVF. Her investigation included AMH of 14pmol/L. Ultrasound showed 2 small subserosal fibroids ,not impacting endometrium both ovaries accessible . Husband semen analysis was that of 42.6M/ml / 64% motile/3% normal form.

3mm laparoscopic instrument was used. Proximal end of both tubes was cut and patency was checked with hydrotubation.  
Distal end of the ligation of both tubes was also cut and patency was checked with hydrotubation with dye noted to reach the fimbrial end.  
Reanastomosis of the proximal end of the tube was sutured to its distal end by suturing the mesosalpinx using PDS 5-0 , and PDS 6-0 was used to suture the lumen of the tube at 6'O clock, 2'O clock and 10'O clock.  
The same procedure was done in the reanastomosis of the Left tube  
Serosal ends of both tubes were sutured using PDS 5-0. Repeat hydrotubation was done, and minimal leaking of dye on sites of reanastomosis was noted.  
Patient recovered well, and planned for next pregnancy in 2 years time.

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