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LETTER TO THE EDITOR

Falope Ring or Modified Pomeroy's Technique for Concurrent Tubal Sterilization

K. M. Babu[1]

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Dear Editor,

I read with great interest the article authored by Dr. Leelavathi Basava et al. titled "Falope Ring or Modified Pomeroy's Technique for Concurrent Tubal Sterilization "published in your (September–October 2016) 66 (S!): S198–S201.

I would like to congratulate the authors for an excellent study in the search of a method for female sterilization technique, which is quicker and easier and has lesser complication rates and same efficacy as Modified Pomeroy's Technique [1]. On enquiry with the author, it was confirmed that they used the conventional ring applicator of the laparoscope for the study.

However, I would like to share my experience in falope rig application in female sterilization during cesarean section. I have conducted a study of falope ring application for sterilization during LSCS in 220 patients (Unpublished data). The falope ring was applied using a *Modified falope ring applicator* (Fig. 1) (Patented in India. Design no.264911./class-24-02) [2]. Since the conventional ring applicator was inconvenient to use because of the length, the conventional ring applicator was modified by making it shorter (15 cm). It was observed that the *Modified falope ring applicator* was more comfortable and convenient to use compare to the conventional ring applicator. There were no complications like tear of mesosalphynx, bleeding, avulsion of tubes, or requirement of salpingectomy. The procedure was quicker, easier, and less costly (the cost of a pair of falope ring is Rs. 50/ = though the rings used of free Govt. Supply). There was no failure reported in 2 years of observation. The probable explanation for absent complications could be due to the comfort of using a short ring applicator. It was possible to hold the tube perpendicularly for applying the ring under proper vision and by applying the ring slowly in edematous tubes. The probable reason for absent failure could be because there is no chance of applying rings on wrong structure since it is done under direct vision and one can confirm the proper application by pulling the ends of the ends of the tube loops.

Fig. 1 Modified falope ring applicator

✉ K. M. Babu
drbabukm2008@yahoo.com

[1] Department of Obstetrics and Gynecology, Command Hospital Air Force Bangalore (CHAFB), Bangalore, India

Hence I fully agree with the observations of Dr. Leelavathi et al. and also suggested that shorter ring applicator may further reduce the complications of falope ring application due to the convenience to use.

References

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