IS-10  Four cases of nerve-sparing radical hysterectomy according to Dr. Shingo Fujii's style

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Objectives: We report the outcome of four cases of nerve-sparing radical hysterectomy according to Dr. Fujii's report. Methods: We performed four cases of nerve-sparing radical hysterectomy between January 2006 and July 2006. The way to spare nerves is to preserve both pelvic splanchnic nerves just below deep uterine veins and bladder branches of inferior hypogastric nerves by doing fine dissection. The way to minimize blood loss during dissection of ureter is to identify and ligate each vesical vessel, such as superficial vesical veins, genuine vesico-uterine vessels, middle vesical veins and ureter branches of uterine arteries. Urinary function was evaluated with both sense of bladder fullness and the amount of residual urine after voiding. Successful voiding was defined as residual urine less than 100 cc. Results: Their age was 44 years, 43 years, 44 years and 53 years old, respectively. The stage was Ib, Ia2, Ib1 and Ib1, respectively. Mean operation time was 6 hours 46 minutes (range 5 hours-8 hours 20 minutes). Mean blood loss was 800 cc (range 500 cc-1200 cc). Foley catheters were clamped on the 6 days after operation and most of them felt sense of bladder fullness. Foley catheter was removed on the 7 days (range 6 days-9 days) after operation. One patient made a successful voiding on the 9th day after operation and two patients made successful voiding on the 10th day after operation. Stage Ib1 patient had concurrent chemoradiation and the others had no adjuvant therapy. Conclusion: The successful urinary outcome of nerve-sparing radical hysterectomy according to Dr. Shingo Fujii was able to be reproduced. A study of larger scale is being planned and the follow-up data of survival have to be obtained continuously.

IS-11  The no-sucker technique in 115 major open gynaecological procedures in the University of Malaya by a single gynaecology-trained surgeon

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Objective: To report on the non-use of the conventional sucker in major gynaecological surgery in Malaysia including Wertheim's hysterectomy with pelvic node dissection (WHPND). Methods: In traditional open gynaecological surgery the sucker is an integral instrument; in the non-sucker technique literally no sucker is used. The entire surgery is performed with deep recognition of tissue planes, traction–counter–traction, improved ratchet knot for vascular securitization, diathermy and with a clean field. Results: This surgical technique was used successfully in: Cervical cancer: WHBSOPND (11) : Recurrent cervical cancer: Modified WHBSOPND (3) : Endometrial cancer: Extrafascial THBSOPND (15) : Leiomyo/sarcoma: Extrafascial THBSOPND (4) : Large fibroid: THBSO (4) : Broad ligament fibroids: Myomectomy (3) : Myomectomy (12) : Large ovarian cyst: THBSO (8) : Cervical endometriosis: THBSO (2) : Ovarian cancer: Debuk PND (5) : Vulval cancer: Radical vulvectomy GND (1) : Immature teratoma: DebukPND (2) : Enlarged groin nodes: GND (2) : CIN3/ACIS: Extrafascial THBSO (4) : Large pelvic mass: THBSO (2) : Dysgerminoma: Debuk PND (1) : Pseudomyxoma peritonei: Debuk (1) : STUMP: Extrafascial THBSOPND (1) : Extramammary Pagets Disease of Vulva: WLE (1) : Postpartum bleed: Internal iliac arteries ligation (1) : VAIN: vaginectomy (2) : Others (20), 109/115 walked on first post-operative day, 4/115 required blood transfusion, no ICU admission, no mortality, 4/115 required use of sucker eventually. Conclusion: Controlled haemostasis, non-use of sucker & blood transfusion, less intraoperative dys-equilibrium, stable patient, high percentage of ambulation on first post-operative day, better margins, cleaner tumour clearance and PND—all these are demonstrable advantages.

IS-12  A Clinical Analyse of The Surgical Procedure Combined the Multiple Treatment of 185 Cases with Carcinoma of Endometrium

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Objective: To investigate the clinical and pathological material of the patients with carcinoma of endometrium, to provide the evidence of the treatment and the predicting pronosis of this tumor. Methods: From January 1995 to August 2003, the clinical and pathological material of 185 patients with carcinoma of endometrium were analysed. Results: After 5 years of the surgical procedure, 158 cases were alive, 27 cases were died, the productivity was 85.5%. Conclusions: The surgical procedure combined the multiple treatment can be a feasible treatment of carcinoma of endometrium; the clinical stage, the invasive level of the uterus, the pathological stage and the transformation of the lymph node, was the important factors for the predicting pronosis.