IS-19  Laparoscopically-Assisted Vaginal Hysterectomy with in Situ Morcellation for Large Uteri

Department of Obstetrics and Gynecology, National Taiwan University Hospital, College of Medicine, National Taiwan University, Taipei, Taiwan
Szu-yu Chen, Daw-Yuan Chang, Long-Chien Lee, Bor-Ching Sheu, Pao-Ling Torng, Su-Cheng Huang, Wen-Chiu Hsu, Wen-Chun Chang

Objective: To determine if laparoscopic in situ morcellation (LISM) can facilitate laparoscopically assisted vaginal hysterectomy (LAVH) for large uteri. Method: Prospective study (Canadian Task Force classification II-1). In a university-affiliated hospital, one hundred and forty-seven women, with myoma or adenomyosis weighing more than 500 g from January 2004 to December 2007 were enrolled. The patients were divided into four subgroups: patients with uteri weighing 500–749 g who had traditional LAVH without LISM (group 1A, n = 69), or with LISM (group 1B, n = 16): patients with uteri weighing ≥750 g who were managed by traditional LAVH without LISM (group 2A, n = 38), or with LISM (group 2B, n = 24). Interventions using LAVH with or without LISM was conducted. Results: There were no significant differences in age, body mass index, preoperative diagnoses, complications and duration of hospital stay among groups. The mean uterine weights were 608 ± 75 g, 597 ± 66 g, 989 ± 179 g, and 935 ± 226 g for groups 1A, 1B, 2A and 2B, respectively. The operative time (120 ± 16 min, vs. 157 ± 36 min, P < 0.001; 140 ± 19 min vs. 224 ± 57 min, P < 0.001) were significantly shorter in patients with LISM than without, in both group 1 and group 2. The estimated blood loss was highest in group 2A. Six (16%) patients lost more than 500 mL, three of them (8%) needed blood transfusions. Conversion to laparotomy occurred in one patient (1/38, 2.6%) in group 2A. There was no repeat surgery or surgical mortality. Conclusion: LAVH with LISM was an efficient and safe procedure for removal of large uteri during LAVH.

IS-20  Laparoscopically-Assisted Vaginal Hysterectomy for Patients with Extensive Pelvic Adhesions: a Strategy to Minimize Conversion to Laparotomy

Department of Obstetrics and Gynecology, National Taiwan University Hospital, National Taiwan University College of Medicine, Taipei, Taiwan1, Department of Obstetrics and Gynecology, Buddhist Tzu-Chi College of Medicine, Buddhist Tzu-Chi General Hospital, Taipei, Taiwan2
Wen-Chiu Hsu2, Wen-Chun Chang3, Bor-Ching Sheu4, Pao-Ling Torng5, Daw-Yuan Chang4, Su-Cheng Huang2

Aim: To evaluate a strategy for successful laparoscopically-assisted vaginal hysterectomy (LAVH) in patients with extensive pelvic adhesions. Methods: Two hundred and thirty-six patients who underwent LAVH at National Taiwan University Hospital were retrospectively enrolled. Twenty-three patients (9.7%) had unexpected extensive pelvic adhesions. A special procedure of uterine artery pre-ligation through retroperitoneal downstream ureter tracking was applied to overcome this problem. The clinical characteristics of the study group were analyzed. The operative parameters and the outcome were compared between those with and without extensive pelvic adhesions. Results: Having extensive adhesions, 17 patients were associated with endometriosis and the other six patients were secondary to previous cesarean delivery or pelvic inflammation. The cul-de-sac was partially and totally obliterated in ten and thirteen patients, respectively. These 23 patients had longer operation time (184 vs. 146 min, P < .05), more blood loss (146 vs. 89 mL, P < .05), but smaller extirpated uteri (278 vs. 372 g, P = .063), compared with the other 213 patients. The average hospital stay was comparable (32 vs. 34 days) and there was no ureteral injuries or excessive bleeding. Most importantly, not a single case of the LAVH was converted to laparotomy. Conclusion: Pelvic adhesions of various underlying diseases are associated with increased complication and conversion rates during LAVH. Although this technique is not new, we believe that the special procedure of uterine artery pre-ligation through retroperitoneal downstream ureter tracking may provide a safe approach for general gynecologists to complete a successful LAVH in patients with unexpected extensive pelvic adhesions.

IS-21  The Management of the Combined Surgery with Laparoscope

The Department of Gynaecology, The People's Hospital of Xinjiang Autonomy, China
Simayi Ayeti

Objective: To observe the effect of the surgical procedure with laparoscope of the patients with gynecology disease combined cholecyst polyp and cholecystolithiasis. Methods: From March 2006 to October 2008, 31 cases with gynecology disease combined cholecyst polyp and cholecystolithiasis were taken the surgical procedure with laparoscope. After the cholecystectomy, uteroectomy myomeectomy or ovarian cystectomy was taken. Results: 31 surgical procedure with laparoscope were all finished successfully, there was no significant complication in or after the operation. Conclusions: Combined surgery with laparoscope can solve the multiple disease disposable, because of the benefit of it, such as light injured and fast recovery, there would be a broad development foreground.