IS-31  Total laparoscopic hysterectomy and laparoscopy–assisted vaginal hysterectomy

Department of Obstetrics and Gynecology, Gachon University Gil Hospital, Incheon, Korea
Jin Woo Shin, Jung Min Kim, Hye Won Park, Ki Bum Lee

Objective: To investigate the feasibility of and the factors affecting the choice between total laparoscopic hysterectomy (TLH) and laparoscopy–assisted vaginal hysterectomy (LAVH) for the treatment of benign uterine disease. Methods: The medical records of 168 patients who underwent either TLH or LAVH by a single surgeon between January 2006 and April 2008 were retrospectively reviewed. Results: There were no differences between the two groups with respect to the age, parity, history of abdominal delivery, body mass index, indication for hysterectomy, and complication rates. The operative time was similar between the two groups (p > .99). The hemoglobin change was greater in the LAVH group compared to TLH group (p = .02). The uterine weight was heavier in LAVH group compared to TLH group (p < .01). Ten patients were converted from a TLH to a LAVH due to a large uterine size or lower segment mass of the uterus. One ureteral and one bladder injury occurred in the TLH and LAVH group, respectively. No major vascular or bowel injuries occurred. Conclusions: TLH and LAVH are safe and feasible methods of a hysterectomy. LAVH may be preferred in cases involving a large uterus or lower segment mass of the uterus.

IS-32  Accessory polar renal artery encountered in transperitoneal systemic laparoscopic para–aortic lymphadenectomy

Division of Gynecologic Oncology and Gynecologic Minimally Invasive Surgery, Department of Obstetrics and Gynecology, Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, Seoul, Korea1 Department of Obstetrics and Gynecology, School of Medicine, Ewha Womans University, Seoul, Korea2 Joong Sub Choi1, Jung Hun Lee1, Chang Eop Son1, Seung Wook Jeon1, Woong Ju2

Objective: To analyze the incidence and clinical significance of the accessory polar renal artery (APRA), confirmed with transperitoneal systemic laparoscopic para–aortic lymphadenectomy (LPAL). Methods: A retrospective review was conducted of 138 patients who underwent LPAL for various gynecologic malignancies between November 2003 and June 2008. Results: The median age and parity of the patients was 52 years (range, 23–82 years) and 2 (range, 0–7), respectively. The median body mass index was 24.1 kg/m2 (range, 17.4–35.0 kg/m2) and median number of previous abdominal surgeries was 0 (range, 0–3). During the study period, we found four patients with APRA. There were three cases of right lower APRAs arising from the abdominal aorta, caudal to the inferior mesenteric artery (IMA), terminating at the parenchyma of the lower pole of the right kidney. In the other case, the APRA arose from the abdominal aorta superior to the IMA and terminated at the hilum of the right kidney. There were no vascular complications, such as transection or ligation of the APRA. Conclusion: It is important for the laparoscopic surgeon to have knowledge of retroperitoneal vascular anatomy, experience in laparoscopic surgery, and an accurate surgical technique to avoid vascular injury during LPAL.

IS-33  Comparison of ramsoestrin with ondansetron on Patient–Controlled Analgesia related nausea and vomiting in patients underwent laparoscopic hysterectomy

Department of Obstetrics and Gynecology, School of Medicine, Kyung Hee University, Kyung Hee Medical Center, Seoul, Korea
Gi Yeol Yang, Ji Hyun Han, Min Hyung Jung, Bo Yeon Lee

Objectives: Postoperative pain is a potent stressor that may increase patient's discomfort and morbidity and Patient-controlled analgesia (PCA) using intravenous (IV) opioid is an effective and safe method with high satisfaction rate for pain control after surgery. However, postoperative analgesia with opioids is associated with a high incidence of postoperative nausea and vomiting (PONV) exceeding 30%. The 5-hydroxytryptamine receptor 3/5-HT3 antagonists alleviate the nausea and vomiting but tend to be constipating. Among the currently available 5-HT3 antagonists, ondansetron is being most widely used with unsatisfactory results regarding opioid-based IVPCA related PONV. Ramsoestrin is a newly developed 5-HT3 antagonist with higher receptor affinity and longer duration of action having theoretical advantage over ondansetron in this setting. This study compared ramsoestrin and ondansetron in terms of efficacy for PONV prevention after laparoscopic hysterectomy for benign gynecologic diseases. Methods: The medical records of 119 patients received IVPCA with mixture of ramsoestrin 0.15 mg (n = 70) or ondansetron 8 mg (n = 49) after their surgery were reviewed retrospectively. All operations were underwent under the general anestesia. Fentanyl-based IVPCA was administered for 48 hours after surgery. Overall incidence of postoperative nausea and vomiting was assessed for 48 hours after surgery. The incidence of nausea, Levia's index, Levia's index for severe bowel ileus, additional pain killer usage and IVPCA stop with severe nausea and vomiting were measured. The postoperative bowel gas passage time was calculated. Results: Patients'characteristics of mean age and mean body mass index were similar between the groups. There were no significant differences in the incidence of concomitant salpinge–oophorectomy, times of previous abdomen–pelvic surgery, preoperative serum albumin level, operation and anesthesia time, and amount of estimated blood loss between the groups. During 48 hours after the operation, the incidence of nausea and vomiting was 25.0% (n = 190) in ramsoestrin group and 21.3% (n = 91) in ondansetron group (p = 0.30). The incidence of bowel ileus (11.7% (n = 19) vs 6.5% (n = 2), p = 0.100, Levia's index insertion (0.3% (n = 2) vs 0.0% (n = 0), p = 0.054), additional pain killer usage (33.9% (n = 58) vs 33.9% (n = 183), p = 0.970) and IVPCA stop (14.2% (n = 16) vs 12.1% (n = 21), p = 0.790) shows no significant differences. The postoperative bowel gas passage time was significantly shorter in ramsoestrin group (1.78 ± 0.79 days) than ondansetron group (2.25 ± 0.83 days) (p = 0.0005). Conclusion: Ramsoestrin was superior to ondansetron in terms of bowel movement recovery with similar effect on preventing the incidence of PONV related to fentanyl-based IVPCA in patients underwent laparoscopic hysterectomy for benign gynecologic diseases.