IS-89  The feasibility of single-port access laparoscopic complete excision for deep infiltrating endometriosis

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Objective: The aim of this study was to assess the feasibility and safety of single-port access (SPA) laparoscopic complete excision (LCE) in deep infiltrating endometriosis (DIE) of adnexa and pelvic peritoneum. Methods: Thirty cases of LCE for DIE of adnexa and pelvic peritoneum, from March 2009 to May 2010 were evaluated. Fifteen patients that underwent SPA-LCE were compared with the control group that received conventional LCE. Surgical outcomes, including operation time, estimated blood loss, postoperative hospital stay, postoperative pain, and operative complication were evaluated between the groups. Results: The median postoperative hospital stay of the SPA-LCE group was 2 days and shorter than that of the conventional LCE group (3 days, p = 0.001). The mean postoperative pain score after 48-hour of the SPA-LCE group was lower compared to that of the conventional LCE group with statistical significance (2.0 versus 2.8, p = 0.027). There was no operative complication in either group. There was no difference in other surgical outcomes between the groups. Conclusions: SPA-LCE was feasible and safe as a surgical treatment for DIE of adnexa and pelvic peritoneum, with only minimal skin incision.

IS-90  Effect of Intracervical Lidocain Ointment Application to Cervix during Hysteroscopic Operation on Office Basis

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Objective: This study is to evaluate the effect of lidocain ointment application to cervix added to conventional parenteral anesthesia during hysteroscopic operation on office basis. Methods: We performed the simple hysteroscopic operation by continuous-irrigated mini-hysteroscopic system with 15.5 Fr. (5.5 mm) of largest outer sheath diameter on office basis. In past, we usually used the patenteral anesthetistic system with demerol and valium for anesthesia. The 41 patients received hysteroscopic operation with lidocain ointment application to cervix added to conventional parenteral anesthesia by patient's selection (Group A). It was compared to 45 patients who received hysteroscope operation with conventional parenteral anesthesia only by patients' selection (Group B). The comparison between both groups was done by the pain during procedure, total duration of procedure and postoperative complication. If patients complaint any pain during procedures, it was classified to positive pain. The pain during procedure Statistical analysis was done by SPSS. Results: The pain complaints during procedures were significantly lesser in Group A than Group B (2 of 41 vs. 15 of 45, p < 0.01). The total duration of both procedure were not significantly different. There was no postoperative complication in both procedures. Conclusion: Therefore, the lidocain ointment application to cervix added to conventional parenteral anesthesia during hysteroscopic operation on office basis is very helpful and safe to hysteroscopic procedure.

IS-91  A Preliminary Prospective Review of Booking Hematological Parameters in Primigravida of a Multiracial Developing Country in a Tertiary University Centre

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Objective: To determine haematological differences of primigravida in Malaysia in a tertiary university centre. Method: A prospective study of primigravidas booked in University Malaya Medical Centre (UMMC) from February 2010 to June 2010 with Ethics Committee approval. The full blood count parameters that were compared were the haemoglobin (Hb), Haematocrit (Hct), Red Blood Cell (RBC), mean corpuscular volume (MCV), mean corpuscular hemoglobin concentration (MCHC), mean corpuscular haemoglobin (MCH), red blood cell distribution width (RDW), white blood cell (WBC), and the platelet count. The data were then analysed with the One-way ANOVA comparative mean test. Results: Data from 226 primigravida were included. There was a statistical difference (p-value < 0.05) in the booking; RBC between the Chinese (4.01 ± 0.13 × 1012/L) and the Malays (4.20 ± 0.07 × 1012/L) p = 0.033; MCV between the Chinese (80.55 ± 2.16fL) and the Malays (81.72 ± 1.72fL) p = 0.001, between the Chinese and the Indians (83.91 ± 2.13fL) p = 0.002; MCHC between the Malays (332.39 ± 1.71g/L) and the Indians (327.02 ± 3.31g/L) p = 0.021; MCH between the Chinese (30.08 ± 0.78gg/L) and the Malays (28.33 ± 0.46gg/L) p = 0.001, between the Chinese and the Indians (27.49 ± 0.86gg/L) p < 0.001; RDW between the Indians (16.18 ± 0.21%) and the Malays (14.24 ± 0.21%) p < 0.001, between the Indians and the Chinese (13.67 ± 0.33%) p < 0.001. Conclusion: There was no statistically significant difference in the booking Hb of the three major races in Malaysia (p = 0.183). Mean Hb was respectively 11.86g/dL, 12.00g/dL, 11.56g/dL for Malays, Chinese and Indians. However, this study did reveal that there is a significantly distinct feature in the RBC, MCV, MCHC, MCH, and RDW amongst the three major races in Malaysia in a tertiary university centre. These can be surrogate markers of economic, social and health wellbeing of a developing country.