ISP-9-1  A new educational program of operative procedure with a slim and rigid hysteroscopy

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[Objective] There are a lot of educational programs for laparoscopic surgery. However, educational program for operative hysteroscopy is very rare. In this study, we made some programs for a hysteroscopic polypectomy and myomectomy. We studied a usefulness of our program. [Methods] The most important point is how to keep clear view and manage forceps. The former is hardly reproduced, but the latter is easily done. Grasping forceps include picking up, drawing, pushing and tearing. These procedures can be reproduced to pick up "Paprika kind" model through an opened hole with 3–4mm diameter. Scissors forceps include cutting and detaching. These techniques can be reproduced in "Buried corn in clay" model. We studied similarity between practical hysteroscopic procedures and these models. [Results] Protocol of hysteroscopic polypectomy was made of followings: scissors cutting of steal of endometrial polyp, crow or grasp forceps grasping and tearing and drawing. Only "Paprika kind" model covered all steps of polypectomy. On the other hand, hysteroscopic myomectomy includes specific and additional following steps: detachment of fibroid from endometrium and myometrium. These were very similar to detach corn kind from clay with scissors and grasping forceps. [Conclusion] These two programs were useful to acquire the skill of operative hysteroscopy.

ISP-9-2  Use of YouTube videos to learn laparoscopic hysterectomy

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[Objective] Live operations are very important for novices in laparoscopic surgery. However, they may not always be able to observe a sufficient number of surgeries at their hospital. There are several videos on laparoscopic surgery available on a video-sharing web site called YouTube. We examined the usefulness of YouTube videos for novices to learn the various techniques involved in laparoscopic hysterectomy. [Methods] We searched the YouTube website using the key word "laparoscopic hysterectomy," and found 176,000 videos. We selected 112 videos based on the upload date (<4 years since upload) and the number of views (>700). In each video, we examined the laparoscopic hysterectomy techniques performed. [Results] The nationality of the physicians included Indian (29%), American (11%), Ukrainian (10%), Turkish (8%), Italian (7%), and others (35%). The mean video playback time was 11 min (range, 1–171 min). The uterine size was smaller than a fist in 72% videos. With regard to port placement, 42% used the diamond approach, 38% used the parallel approach, and 20% used other methods. Ultrasonic device, bipolar system, and colpotomizer were used in 37%, 29%, and 81% of the videos, respectively (some videos used a combination of these devices). [Conclusion] YouTube videos could be useful for novices to learn the various techniques involved in laparoscopic hysterectomy.

ISP-9-3  Dilemma in Diagnosis and Management of Huge Broad Ligament Myoma

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Giant extrauterine fibroids are known to arise from the uterus but very rarely are they located in broad ligament. Its incidence is <1%. This is a case report of a broad ligament myoma in a 39 year old Gravida 2 Para 2 (2002) who presented with abdominal enlargement for five months. Transvaginal ultrasound showed subserous myoma cannot totally rule out broad ligament myoma. On Exploratory Laparotomy, a huge broad ligament myoma was found. Total Abdominal Hysterectomy followed by myomectomy was done. Hence, we are presenting a rare case of leiomyoma in the broad ligament reported due to its rarity, and the diagnostic and management dilemma it poses.