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CAUH experience with pelviscopic total hysterectomy(PTH)

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For the past 2 years, we have performed over 200 pelviscopic hysterectomy with various technique, including pelviscopic assisted vaginal hysterectomy (PAVH), pelviscopic total hysterectomy(PTH), classic intrafacial SEMM's hysterectomy(CISH), and pelviscopic modified radical hysterectomy with pelvic lymph node dissection.

This is the initial experience of total hysterectomy performed almost completely by operative pelviscopy at Chung-Ang university hospital.

It is also the report of the use of classic suture and ligation technique for PTH. No lasers, electrocuttings, and stapling devices were used.

We found that suture and ligation technique for PTH was safer and more effective to hemostasis, and less physical stress and traumatic for the patient. PTH also offer cost effectiveness, short recovery time and few wound complications to the patient. Operative time is no longer than the conventional abdominal hysterectomy if the surgeon will be skillful with this technique.

We conclude that PTH is preferable to conventional total abdominal and vaginal hysterectomy and PAVH in selected patients.

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Cost-benefit analysis of laparoscopic adnexectomy in developing country

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To determine whether laparoscopic adnexectomy (LA) for benign adnexal diseases can be performed with economic saving to the patient in developing country. A study group of 44 patients who had undergone LA for benign ovarian cysts or tubal pregnancy were comparatively analysed with a control group of 44 patients who had undergone conventional open adnexectomy (OA) during the same time period; matched by diagnosis, difficulty, and hospital charges payer. The mean operative time of the LA was significantly different from that of the OA (101 ± 15 vs. 72 ± 13 min; $P < 0.001$), but the morbidity was comparable (11.4% vs. 4.5% ; $P = 0.43$). Postoperative hospital stay of the LA was significantly less than that of the OA (1.3 ± 0.6 vs. 5.3 ± 1.1 day; $P < 0.001$). The recuperative period for LA was significantly shorter (5.8 ± 2.2 vs. 27.2 ± 6.6 day; $P < 0.001$), however the hospital charges were higher than OA ($\$463.3 \pm 84.9$ vs. $\$229.8 \pm 92.2$; $P < 0.001$). The hospital charges difference was comprised mostly (89%) from the charges for disposable laparoscopic supplies. Incremental cost-effectiveness analysis revealed that, from patient's point of view, LA may provide economic saving to the patient if the patient's income was higher than $\$9.2$ per day. Now, LA in Thailand may have economic benefit to the only small group of people who have high income. In the future, the costs of laparoscopic instruments supplies will lower and operative laparoscopy will more suitable for developing country.