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Pelviscopic Assisted Vaginal Hysterectomy using the Endo GIA 30 Stapler Techniques

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692 patients underwent PAVH from May 1991 to August 1995. 222 patients of them were performed PAVH using the Endo GIA 30 stapler since April 1994.

The operative indications were myoma uteri, CIN, intractable menorrhagia, prolapse of uteri, chronic pelvic pain.

Prior to operation, GnRH agonist (Zoladex) was injected to some patients who had huge uterine myoma.

In Endo GIA 30 stapler using cases, if tubes and ovaries were to be preserved, Endo GIA stapler used for transecting the tube, ovarian ligament, round ligament.

In cases of concomitant adnexectomy, Endo GIA 30 stapler used for transecting the infundibulopelvic ligaments.

Compared with conventional techniques using the bipolar coagulator mainly, the operative results were as follows. Operative time in Endo GIA using cases ranged from 35 min to 150 min and mean operative time was 69.8 ± 23.2 min versus 116.9 ± 36.5 min in conventional techniques. Mean hemoglobin change from preoperation to postoperative 1 day was 1.5 ± 1.1 in Endo GIA stapler cases versus 1.9 ± 1.2 in conventional techniques. By using the Endo GIA 30 stapler in PAVH, operative time and blood loss was markedly reduced.

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Laparoscopic para-aortic lymphadenectomy in patients with gynecologic malignancies

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Because of the inability of nonsurgical methods to detect occult para-aortic lymph node metastasis and the significant morbidity of surgical staging in patients with gynecologic malignancies, the feasibility, safety and advantages of laparoscopic para-aortic lymphadenectomy was studied.

Five women underwent laparoscopic para-aortic lymph node dissection as part of their management for invasive gynecologic malignancies. We performed laparoscopic para-aortic lymphadenectomy only on the three patients with stage IIb cervical cancer scheduled for primary radiotherapy and one patient with inadequately staged ovarian cancer at the previous surgery. In addition to removing the para-aortic lymph nodes, one patient with stage Ib cervical cancer underwent laparoscopically assisted radical vaginal hysterectomy with pelvic lymphadenectomy.

Operative time for the para-aortic lymph node dissection varied at 30-183 minutes. An average of 4.6 nodes was removed. No patient had significant complications. The average hospital stay was 2.2 days.

Laparoscopic para-aortic lymphadenectomy is a safe, effective procedure with less morbidity and shorter hospital stay than traditional laparotomy.