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Advantages of new technique - Total Laparoscopic Intrafacial Hysterectomy(TLIH)

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Purpose To evaluate the efficacy of TLIH and see whether there are any advantages of TLIH over LTH including LAVH, LH and TLH.

Materials and Method A retrospective chart review was conducted on all cases of TLIH (112 cases) and LTH (72 cases) between January 1, 1995 and September 30, 1995 and TLIH (86 cases) performed during the following 6 months(Oct. 1, 1995-March 31,1996). All surgeries were done by electrical power and / or suture ligature. After ligation of uterine ateries, total laparoscopic hysterectomy was carried out by intrafacial technique circumcising the cervix at the level of internal os of cervix with preservation of entire uterosacral, cardinal ligaments and full length of the vagina.

Result There were no differences with patient's characteristics and indications for the surgery. Average uterine weight was slightly lower with TLIH than LTH(193.1±96.2 vs 237.4±84.5 gm). There were 33 cases (29.46%) with previous surgery and 35 cases (31.25%) with moderate to severe concurrent pelvic endometriosis in TLIH compared to LTH(12 cases each, 16.67%). Operation time was significantly shorter with TLIH (117.6 ±38.2 min) versus LTH(134.9±37.4 min). Less bleeding, genito-urinary tract damage and granulation tissue formation occurred with TLIH compared to LTH. Whereas more cases with previous surgery, concurrent pelvic endometriosis and larger uterus were present with TLIH performed during the second period(39.53%. 37.21%, 254.1 ±82.5 gm), operation time was shorter than the first (109.2±35.3 min vs 117.6±38.2 min).

Conclusions TLIH can be performed safer and faster than LTH by an experienced surgeon. Fewer complications occurred with TLIH compared to LTH because more precise surgery can be done under direct vision.
TLIH has all the benefits of both total and subtotal hysterectomy with advantages of lengthening of the vagina, less pelvic floor defect, such as prolapse of the vagina and enterocele development because of preservation of entire uterosacal, cardinal ligament and precise anatomical restoration of pelvic supporting structures under direct visualization, and no fear of cancer development of cervix postoperatively.

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Vaginal Hysterectomies in cases of over 14 weeks sized Myoma Uteri

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The objective of this study was evaluated the feasibility and safety of performing vaginal hysterectomy on enlarged uteri over 14 weeks gestational age.

Between January 1990 and December 1995, 257 patients underwent vaginal hysterectomy in cases of over 14 weeks size uteri. Information on uterine weight, blood loss, operation time, intra- and postoperative complications and previous pelvic operation history were obtained and analyzed.

Bisection combined with myomectomy and morcellation were used in most cases to obtain reduction in uterine size.

All hysterectomies were complete successfully by vaginal route except 4 cases. 4 cases changed abdominal hysterectomy due to endometriosis (n=2), adhesion by previous cesarean section (n=1), intraoperative bleeding (n=1). The uterine weight was 290 to 1100 gm, with a mean of 382 gm.

The mean operation time was 83 min with range of 40 to 150 min. The average blood loss was estimated at 274 ml with range of 150 to 800 ml. 111 patients have history of previous abdominal surgery including tubal ligation, appendectomy, cesarean section, ectopic pregnancy. No significant intra- and postoperative complications was met.

The conclusion is that over 14 weeks gestational sized myoma uteri is not absolute contraindication for vaginal hysterectomy.

Many more hysterectomies should be carried out vaginally without resorting to abdominal laparoscopic surgery.

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