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Comparative study of the efficacy of the Songkla uterine manipulator and the Hulka controlling tenaculum in laparoscopic tubal ligation

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Objective: To compare the efficacy of the Songkla Uterine Manipulator (SUM) and the Hulka controlling tenaculum for manipulation of the uterus for laparoscopy. *Methods:* Forty women schedule for laparoscopic tubal ligation were randomization to SUM group ($n = 20$) or Hulka group ($n = 20$) as uterine manipulator. Laparoscopic evidences of antevertion and lateral uterine movements and organs exposure were video recorded for subsequently evaluated. *Results:* The characteristics of the women were similar in both groups. Right, left and range of lateral uterine motion were greater in the SUM group than Hulka group (59 vs. 42 degrees, 60 vs. 47 degrees, and 118 vs. 89 degrees, respectively, $P < 0.0001$). The SUM group had 2.4 times better cul-de-sac exposure than Hulka tenaculum (95%CI: 0.51-11.51, $P = 0.475$). The SUM exposed fallopian tubes better than Hulka controlling ($P = 0.022$) but other structures were not significantly better visualized. There were no complications in the SUM group but two with cervical bleeding in the Hulka group. *Conclusion:* The SUM has advantages over the Hulka controlling in giving a wider angle of lateral uterine deviation and having better exposure of the fallopian tubes.

IS-74 Clinical prospective study on post-surgical bladder dysfunction at radical hysterectomy in aspect of histological analysis of pelvic nerve innervations

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[Objective] The purpose of this study was to clarify how pelvic nerve (PN) was localized in the posterior layer of vesico-uterine ligament (pVUL) and how PN injury was related to the bladder dysfunction after radical hysterectomy (RH). [Methods] Twelve patients with stage Ib1 and Ib2 uterine cervical cancer underwent RH with informed consents were enrolled, and pVUL was obtained during RH. Histological distributions of PN in pVUL were examined by an image analyzer, indicating three categories : category 1 (C1) ; minimum, category 2 (C2) ; moderate, and category 3 (C3) ; large amount. The pressure-flow study was analyzed by Scheafer P/Q plot, using urodynamic test (UDT). Three cadavers were used for anatomical study. [Results] With histological findings of PN in pVUL, severe bladder dysfunction revealed 3/4 cases in C3 (75 %) which was significantly higher than those in 1/7 cases in C2 (14.2%). Especially, in the patient required with urethral catheter, bilateral pVUL consisted large amount of nerves. Patients in C1 appeared normal urinary function. In the cadaver findings, PN plexus formed near the lateral border of pVUL. [Conclusion] These results suggested that surgical dissections of PN fibers in pVUL were closely related to the bladder dysfunction after RH, and they might be contributed for the appropriate cares and/or QOL supports in the uterine cancer patients.

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IS-75 WHAT IS IT LIKE LIVING WITH UTEROVAGINAL PROLAPSE ?

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AIM: To illustrate and tell tale of uterovaginal prolapse
METHOD: Combined **Prospective** and retrospective study during april-1999-Sept 2001; TU Teaching Hospital, Nepal
RESULTS: Annually 51-149(12-17%) UVP cases are admitted forming 20-37% of major surgery. Age at prolapse [11-79(n422)] & presentation [17-81(459)] gave duration of suffering > 10, 20 & 30 yrs in 43%, 21% and 8%; respectively highlighting the prolapse at reproductive ages to be 72% however 57% seeking medical attention only after 50 years. This denotes although Nepalese women live a miserable life with UVP, they learn to accept it as a natural event after childbirth as time goes by. Hence seek medical attention for reasons other than UV prolapse. A 60-year-old woman with COAD had 20 X 20-cm prolapse lying out. Similarly CVA and right-sided hemiplegia brought a woman to ICU. The prolapsed mass had been neglected which needed care for decubitus ulcer. During pregnancy they were either admitted with urinary retention, or transverse lie, heart disease with severe mitral stenosis (RHI) with severe (MS). Post partum prolapse (3) receded back after infection and oedema subsided. Neglected pessary, glass bangle, stone, sandbags used as temporary means subjected women to VVF (1) & RVF (1). A case of prolapse, which came for IUCD removal was noticed to have perforation due to Lippes loop. Associated gynecological findings where ectopic pregnancy (1), ovarian cyst –2 [(1-twisted), huge mucinous cyst adenoma (30-40 cm)], myoma 2 (1-calcifies & other large pedunculated cervical myoma. 12 X 15 cm). Of the four VVF, [1, post-operative; 3 intra-operative, 1 was due to retractor]. Post-operative urinary retention was due to haematoma (1), pus collection (1), mild hydronephrosis (1), vault prolapse within a month in a case or did we not tell do's and don'ts as many post Fothergills cases did recur. Unsuspected malignancy were mictoinvasive cervical carcinoma, cyst adeno carcinoma, endometrial carcinoma, 1 each on HPE, while 3 cases of (stage IV) overran carcinoma were seen many years post repair.
CONCLUSION: While problem of UVP is enormous & we presume that living with uterovaginal prolapse is a misery; on the contrary, however women who necessarily believe it as a natural consequence to childbirth; are at ease & they get used to live with it as time goes by; seeking medical attention at leisure time many years after childbirths or even after menopause; having completed their household responsibilities; therefore in one case it was primary vaginal carcinoma that brought the patient for medical attention, at other times for other reasons besides prolapse.