

P3-IS-67 Severe Cases of Adenomyosis (ante-, and posterior wall of the uterus) Surgically Treated by the Triple-flap Method for Reconstruction of the Uterine Wall

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[Objective] Wide complete excision of affected tissues to reduce post surgical dysmenorrhea, followed by a triple-flap reconstruction of the uterine wall to reduce ruptures in subsequent pregnancies. [Methods] The affected tissue is dissected free with scissors. Reconstruction of uterine wall involves approximation of the myometrium and overlapping 2nd and 3rd layer of the peritoneal flap. Clinical evaluation was used VAS to assess dysmenorrhea. Hypermenorrhea was assessed by comparing pre- with post surgical menstrual volumes. These were checked at 3, 6, 12, 24 months after surgery. The pre surgical VAS and hypermenorrhea were rated as 10, against which the post surgical findings were compared. [Results] We performed 92 of these procedures in the period from 4.2000, to 7. 2007. The VAS to evaluate Dysmenorrhea based on a score of 10 pre surgically was 1.61 at 3 mos., 1.54 at 6 mos., 1.44 at 1 year and 1.67 at 1 year post surgery. Hypermenorrhea was 3.27, 2.89 and 2.63 at 3 mos., 6 mos., and 1 year post surgery respectively. Of the 21 women who desired to conceive, 13 cases (62%) women went success fully to term, and all were delivered by Caesarian section. [Conclusion] The triple-flap reconstruction of the uterine wall resulted in a dramatic reduction of dysmenorrhea and hypermenorrhea and allowed them to go to term without rupturing the uterine wall.

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P3-IS-68 The comparison of re-adhesion ratio on second laparoscopic operation after previous laparoscopic and laparotomic adhesiolysis for stage IV endometriosis

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Objective : It is well-known that postoperative adhesion of laparoscopic operation is lesser than laparotomy. However in stage IV that has already severe adhesion, it is not uncertain that laparoscopic adhesiolysis produce also lesser re-adhesion formation than laparotomic adhesiolysis.

Methods : The re-adhesion ratio was compared between 24 previously laparotomic operated patients (Group A) and 31 laparoscopic operated patents (Group B) when they were received laparoscopic operation due to recurrence of endometriosis. In first operation, all of both groups were large amount of lactated Ringer solutions were filled in abdominal cavity after operation and Interceed were applied.

Results : The durations of recurrences were 4.2 ± 1.6 on Group A and 5.3 ± 1.8 on Group B ($P = NS$). All patients of Group A revealed severe re-adhesion formation on second operation, but 6 of 31 patients (19.4%) of Group B revealed severe re-adhesion and 25 patients (80.6%) revealed minimal to mild re-adhesion only ($P < 0.01$).

Conclusion : Therefore laparoscopic adhesiolysis is essential from first operation for stage IV endometriosis, especially in infertility or pre-married case, although it is very difficult procedure.

P3-IS-69 Comparison of Laparoscopically Assisted Vaginal Hysterectomy (LAVH) with Total Abdominal Hysterectomy (TAH)

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Objective : To compare clinical features of LAVH with TAH.

Methods : Between 1st February 2004 and 30th June 2006, 72 patients underwent LAVH and 72 patients underwent TAH at the university of Soon Chun Hyang hospital, department of gynecology. We compared the age of patients, indications for hysterectomy, weight of uterus, operative time, amounts of blood loss, length of hospital stay, postoperative complications between the two groups.

Results : There were no differences in age, height, weight, and parity between the LAVH group and the TAH group ($p > 0.05$).

The major indication of hysterectomy was uterine myoma, and the next major indication was adenomyosis, CINIII. There were no differences in median operative time between the TAH group and the LAVH group (116.3 ± 34.4 minutes Vs 113.4 ± 40.1 minutes) ($p > 0.05$), and the mean weight of uterus showed a greater range in the TAH group compared with LAVH (518.6 ± 600.7 gm Vs 255.4 ± 140.6 gm). There was no difference in blood loss during operation between the two groups (388.9 ± 222.9 ml Vs 338.9 ± 182.4 ml) ($p > 0.05$). The mean duration of hospital stay was 7.4 ± 1.4 days for the TAH group and the LAVH group was significantly shorter, showing an average of 5.9 ± 1.5 days ($p > 0.05$).

Conclusions : Compared to TAH, LAVH showed no difference in patients, operation history, blood loss during operation, operative time, and was advantageous in terms of postoperative pain and the aspect of aesthetics. Also, the shorter hospital stay provided for a greater satisfaction to the patients, and there was no significant difference in postoperative complications. Therefore LAVH may be considered first choice in patients in needs of hysterectomy.