Laparoscopic 10mm Ligasure Resection of Left Cornual Pregnancy

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The patient was a 35 year old G5P2022 with a prior history of a right salpingectomy for an ectopic pregnancy. She presented with left sided pain. Her QHCG was 4,376 on 8/9/10. An office TVS on 8/19/10 showed a left ectopic pregnancy. In the OR on 8/19/10, an unruptured left cornual pregnancy was diagnosed with epiploic adhesions to the sigmoid colon. The adhesions were lysed and the left cornual pregnancy was also resected with the ligasure. The ligasure created hemostasis on the cut portion of the uterus. No sutures were used on the uterus as the other tube was surgically absent. The pathology report confirmed a 4x3x2.5 cornual portion of the uterus. No sutures were used on the uterus as the other tube was surgically absent.

370 Video Session 11—Laparoscopy
(8:26 AM — 8:32 AM)

Utility of an Organ Retraction Sponge (Endoractor®) in Gynecological Laparoscopic Surgery
Matsuoka S, Kikuchi I, Jinushi M, Tokita S, Kumakiri I, Kitade M, Takeda S. Obstetrics and Gynecology, Juntendo University, Bunkyo-ku, Tokyo, Japan

Study Objective: We evaluated the utility and safety of the Endoractor®, an organ retraction sponge that can be inserted through a 12-mm trocar to secure a surgical field in laparoscopic surgery.

Design: Retrospective study (Canadian Task force classification III)

Setting: University-affiliated hospital

Patients: Twenty-four women

Intervention: The Endoractor®, a 100% cellulose sponge fabricated by compression, can be inserted through a 12-mm port. Absorption of about 80 mL of physiological saline causes the swelling sponge to displace organs away from the surgical field.

Measurements and Main result: we used the Endoractor® in 24 patients, placed in a horizontal position. In all patient, the intestine did not fall into the pelvis, and surgery was easily performed.

Conclusion: Using the Endoractor®, even in a horizontal position without use of the Trendelenburg position, allowed a good surgical field to be secured.

374 Video Session 11—Laparoscopy
(8:57 AM — 9:04 AM)

Resection of Non-Communicating Rudimentary Horn
Sukhadiya MV. Gyne, Radhe Endoscopy FOGSI Recognized Training Centre, Mehsana, Gujarat, India

This video demonstrates laparoscopic resection of a non-communicating rudimentary horn. The patient was misdiagnosed for over 10 years with a bicornuate uterus. Review of all records and preoperative imaging helped us to identify the uterine anomaly and plan the surgery.

375 Video Session 11—Laparoscopy
(9:05 AM — 9:13 AM)

How To Simplify Technique of T.L.H.? Bloodless in 25-35 Min
Sukhadiya MV, Gyne, Radhe Endoscopy FOGSI Recognized Training Centre, Mehsana, Gujarat, India

Hysterectomy with only simple Bipolar Forcepe and Scissor .with use of sipple SUKHADIYA MANIPULATOR very Economy.