Abstract

Study Objective: To evaluate the addition of laparoscopic pelvic plexus ablation to uterine sparing procedures (uterine artery occlusion and partial adenomyomectomy) for adenomyosis.

Design: A prospective controlled study (Canadian Task Force II-1).

Setting: A teaching hospital.

Patients: One hundred and twelve patients with symptomatic adenomyosis.

Interventions: The addition of laparoscopic pelvic plexus ablation to uterine artery occlusion and partial adenomyomectomy for symptomatic adenomyosis.

Measurements and Main Results: After the exclusion of patients with malignant tumors or those lost to follow-up, 102 women underwent laparoscopic uterine artery occlusion and partial adenomyomectomy; 50 of these patients also had laparoscopic uterine pelvic plexus ablation (group A) with the remaining 52 patients serving as the control group (group B). Other than operative time (107.0 ± 15.4 vs. 98.9 ± 20.2 minutes, p = .02), there were no statistical differences regarding other operative parameters between groups A and B. Relief of severe dysmenorrhea (Visual Analogue Scale score ≥ 7) at 36 months was higher in group A than in group B (100% vs. 76.9%, p < .01).

Conclusion: Adding laparoscopic uterine pelvic plexus ablation to laparoscopic uterine artery occlusion and partial adenomyomectomy was more effective in relieving dysmenorrhea in patients with symptomatic adenomyosis.

Keywords: Fellowship; Myomectomy; Residency; Training