

New helical incision for removal of large uteri during laparoscopic-assisted vaginal hysterectomy

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摘要

Abstract

The objective of our study was to evaluate the feasibility of a new incision technique for vaginal removal of large uteri during laparoscopic-assisted vaginal hysterectomy (LAVH). The helical uterine incision with uterine arteries preligation was performed during LAVH. The medical records for 522 women with uterine tumors who underwent LAVH from January 2001 through November 2003 were studied retrospectively. The mean uterine weight of all 522 patients was 325 ± 213 g (range 32 – 1350 g), and the mean operation duration was 73 ± 21 minutes. The patients were divided into three subgroups: patients with uteri weighing less than 300 g (group A), patients with uteri weighing between 300 and 500 g (group B), and patients with uteri weighing more than 500 g (group C). The mean uterine weight was 172 ± 69 g, 374 ± 56 g, and 678 ± 181 g for groups A, B, and C, respectively; and the mean operation duration was 67 ± 17 minutes, 73 ± 19 minutes, and 90 ± 24 minutes for groups A, B, and C, respectively. No linear relationship between uterine weight and operation duration was noted in the regression analysis and analysis of variance testing in group B. Uteri weighing between 300 and 500 g were extracted vaginally without difficulty using the new helical uterine incision technique. Use of the helical incision technique reduced operation duration, and restoration of the uterine anatomy for pathologic examination was made easily. The complication rate was 0.8%, which is relatively low compared with our previous report (1.38%) in 580 LAVH procedures. In conclusion, the helical transvaginal uterine incision proved to be an efficient and safe procedure for removal of large uteri during LAVH.