

The feasibility of internal bladder retractor in facilitating bladder dissection during laparoscopic-assisted vaginal hysterectomy (LAVH).

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摘要

Abstract

Urinary bladder injury remains a potential intra-operative risk during laparoscopic surgeries. In our previous report, it happened at an incidence of 0.4% (6/1507) among overall laparoscopic surgeries.² Moreover, it happened more commonly in laparoscopic-assisted vaginal hysterectomy (LAVH) group. With our previous experience of using an internal bladder retractor to facilitate the dissection of vascular pedicles during laparoscopic radical cystectomy for bladder cancer in female patients, we thereafter applied this technique to facilitate the dissection on vesico-uterine junction during LAVHs. We inserted a retractor (Diamond Flex, Genzyme Product, Tucker, Georgia, U.S.A.) through the urethral orifice into the bladder. It acted as the internal bladder retractor for the mobilization of bladder. Meanwhile, a uterine mobilizer was used as a counter traction to the retractor. Thus, the vesico-uterine space was enlarged and visualized clearly during dissection. LAVHs were accomplished in all 32 cases without incidence including the patients with the history of cesarean section(s) in 8 cases. In conclusion, the internal bladder retractor is feasible in facilitating the dissection on vesico-uterine junction during LAVH and preventing bladder injury.