

Comparison of ultraminilaparotomy for myomectomy through midline vertical incision or modified Pfannenstiel incision--a prospective short-term follow-up

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摘要

Abstract

Objective

To evaluate the short-term therapeutic outcome of myomectomy using ultraminilaparotomy (UMLT) through a midline vertical incision (MVI) or a modified Pfannenstiel incision (MPI) in the treatment of myomas.

Design

Controlled, nonrandomized clinical study.

Setting

University-affiliated medical center.

Patient(s)

Ninety-eight patients with symptomatic, uncomplicated myomas warranting myomectomy. Forty-three patients underwent UMLT myomectomy by MVI and 55 by MPI.

Intervention(s)

UMLT myomectomy through MI or MPI access.

Main Outcome Measure(s)

The outcome was measured by comparing incision length, blood loss, operative time, postoperative pain, complications, success rate, postoperative recovery, and the return to work capability in both groups.

Result(s)

General characteristics of the patients were similar in both groups. There were no statistical differences in postoperative recovery, complications, and success rate between the two groups. However, the operative technique seemed to be easier and more acceptable in the MVI group compared with that in the MPI group, because of the smaller incision wound, less operation time, and less blood loss. By contrast, less postoperative pain and an earlier return to work capability were noted in the MPI group.

Conclusion(s)

This study has demonstrated that UMLT myomectomy using either a MVI or MPI can be applied in the successful management of uncomplicated myomas. The MPI technique was more complicated, but yielded less wound pain and earlier postoperative recovery for the women during this 1-year short-term follow-up..