

post-operation days 20% of patients suffered from weaker peristalsis of intestines which was cured traditionally. Complications arising from laparoscopically assisted vaginal hysterectomy have not been registered.

Conclusions. We believe that this method of surgery

should be widely used as soon as hospitals have modern endoscopic equipment and instruments. However, the patient's interests, the surgeon's experience and the concrete operational situation should come first when considering the possibility of applying laparoscopic hysterectomy.

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THE TOTAL LAPAROSCOPIC HYSTERECTOMY – A MODERN ROUTE OF HYSTERECTOMY. IS THERE A BENEFIT?

Objective: Total laparoscopic hysterectomy – a suitable approach to hysterectomy compared to the abdominal way. The aim of this retrospective study is to document the advantage of this technique and to show the complications.

Introduction. Hysterectomy is the most frequent surgery performed on female patients (approximately 70,000 per year in Germany). In more than 90% of the cases, it is indicated for benign disorders. In 1996 about 8% of the operation were done by laparoscopy, in 2002 it was done in about 12% of the cases. Only a very few recent publications focuses on per- and postoperative complications of the total laparoscopic hysterectomy. The advantage of the laparoscopic approach has been mainly associated with a short hospital stay and a quick convalescence. The object of this study was to list the advantage and the complications of the laparoscopic hysterectomy.

Materials and methods. We retrospectively studied

more than 200 cases of laparoscopic hysterectomies for benign disorders between January 2003 and May 2005 in the Klinikum Osnabrueck – Germany. The procedures performed with 110mm trocar subumbilical and 25 mm trocars in the area of Mons pubis. Additionally the manipulator for the uterus (Hohl – Karl Storz) was used.

Results. Due to the total laparoscopic hysterectomy the hospital stay, the operation time, the intraoperative bleeding and rate of complications were reduced compared with the abdominal approach. There were 2 bladder injuries, 1 intestinal injurie, 1 injurie of the ureter and 1 vesico-vaginal fistula. There was 1 deep venous thrombosis. There was no case of blood transfusion.

Conclusion. The total laparoscopic hysterectomy is a real alternative approach for the hysterectomy. Due to this technique the hospital stay was reduced and the complications are as high as in the other techniques.

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OUR EXPERIENCE OF LAPAROSCOPIC, VAGINAL AND LAPAROSCOPIC ASSISTANCE VAGINAL HYSTERECTOMY

Introduction. Hysterectomy is the most common surgery performed by the gynecologist. There are many indications for hysterectomy and uterus can be removed using any of a variety techniques and approaches including abdominal, laparoscopic, vaginal and laparoscopic assistance vaginal. The modern gynecologic surgeon should have an experience to carry out this surgery by different routes.

In contemporary scientific literature there is no clear place for the various type of hysterectomy. The main aim of paper is to describe our experience of hysterectomy performing by less invasive approaches, to formulate the advantages and disadvantages of each route

and to determine the indications for each of them.

Material and methods. We investigated 601 patients' histories after laparoscopic, vaginal and laparoscopic assistance vaginal hysterectomy. Retrospective analysis included the time of surgery, complications rate, blood loss volume, postoperative time, conversion rate.

Conclusion. There is no "ideal" route for performing of hysterectomy. There is certain indication for each type of hysterectomy based on advantage and disadvantage of each routes, character of pathology, data of history. The most of hysterectomies could be carried out by vaginal approach.