



THE ALTERNATIVE TECHNOLOGIES IN TREATMENT OF UTERINE FIBROID

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THE USING OF ADHESION BARRIER INTERCEED® IN FUNCTIONAL UTERINE SURGERY

Introduction. Soldering disease of abdominal cavity is an often complication for organ preserved surgical treatment of fibroids. The most perspective and modern principle, providing the high preventive effect, is using of special means, dividing the wound surfaces in postoperative time. There are two kinds of antisol-dering barriers, which can be used in operative gynecology: self-dissolving membranes and liquid phases.

Objective of present research was the evaluation of effectiveness of self-dissolving barrier Interceed® (Gynecare) for myomectomy in patients with fibroids.

Material and methods. Membrane Interceed® (oxidized regenerated cellulose) of standard size was used for patients with fibroid after myomectomy in cases with plural localization of tumor (20 cases). It is known that this intervention has a high risk of forming postoperative solders. Myomectomy by laparoscopy was completed in 7 patients (35%); in 11 cases (55%) intervention was made by means of mini-laparotomy with laparoscopy assistance because of big size, atypical or

intramural localization of nodules. Low localization of large fibroid in 2 cases (10%) needed laparotomy operation. In several cases only a part of membrane was used. Ultrasound control was made on 3d, 5-th и 30-th days after intervention.

Results. During ultrasound control after intervention there were noticed that the membrane Interceed® was not found on 5-th day. In one case on the 6-th day after using Interceed® the patient was secondly intervened due to the suspicion of hematoma in pelvic cavity. Solders in pelvic cavity and in area of postoperative seams on the uterus were not found. The membrane was in the form of thin, transparent, netting pellicle.

Conclusions. Analyzing the received preliminary results and literary sources (Popov A.A., 2002) the using of adhesion barrier Interceed® should be consider as the safe and effective mean for soldering prevention in uterine reconstructive-plastic interventions in women of reproductive age with unrealized fertility.

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OPTIMIZATION OF LAPAROSCOPIC HYSTERECTOMY METHOD IN FIBROIDS SURGERY

Introduction. Hysterectomy is still the most often intervention in gynecology up to present day (Adamyan L.V. et al., 2000). The most often intervention all over the world after appendectomy is hysterectomy (Wattiez A., et al. 2003). Moreover hysterectomy is the most often performed gynecology intervention. In our days the majority of hysterectomies demanding laparotomy can be partly or fully performed by laparoscopic way (Kulakov V.I. et al., 2000).

Objective of present research is optimization of lap-

aroscopic hysterectomy method in surgical treatment of patients with fibroids.

Material and methods. During the period from November 2004 to May 2005, 55 hysterectomies using laparoscopy were performed in department of surgical gynecology of the D.O.Ott Research Institution of Obstetrics and Gynecology RAMS.

Results. There were performed: 34 operations (61,8%) – total laparoscopic hysterectomy (TLH), 4 operations (7,3%) – laparoscopic subtotal hysterecto-

my (LSH), 4 operations (7,3%) – vaginal hysterectomy with laparoscopic assistance, one of which was operations with sling IVS (LAVH and LAVH+IVS), 4 operations (7,3%) – total laparoscopic hysterectomy with colpoperineolevatoroplastics (TLH+KPLP), 9 operations (16,4%) – total laparoscopic hysterectomy (TLH) with second vaginal stage – correction of the urine incontinence by sling IVS or TVT-O and colpoperineolevatoroplastics (IVS/TVT-O+KLP).

The main indications for hysterectomy were the following: fibroids accompanied by uterine bleeding and anemia of patients – 44 (80%), in 26 cases of them fibroids combined with adenomyosis (47,3%) and in 8 cases pain syndrome took place – (14,5%). Plural fibroids were found in 24 patients (43,6%), quick growth and large sizes of fi-

broid – in 10 (18,2%). Adenomyosis manifested by menometrorrhagia and/or pain syndrome was the indication for surgical treatment in 9 patients (16,4%). In 3 patients (5,5%) the indication for hysterectomy was benign ovarian tumor. In one of these three cases it was in combination with fibroid and in another one – with adenomyosis. One patient had recurrent endometrial polyps (1,8%).

Conclusion. Total laparoscopic hysterectomy is the most often intervention in modern fibroids surgery. At the same time Harry Reich (1997) wrote “Laparoscopic hysterectomy is not used in those cases when there is a possibility of vaginal hysterectomy”. Vaginal hysterectomy is still the perspective method of operative treatment of benign uterine tumors. It can become a good alternative for laparoscopy methods.

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ENDOVIDEOSURGERY OF BENIGN TUMORS AND TUMOR-LIKE OVARIAN MASS

Background: the questions of operative approach in huge and multi-stage ovarian mass, prevention of recurrence and limited factors for endoscopic surgery remained actual.

Objective. The elaboration of differential tactics of surgery in patient with benign ovarian tumors and tumor-like mass.

Materials and methods. The retrospective analysis of 284 medical histories of operated patients with benign ovarian tumors and tumor-like mass was carried out in Medical Center 122 and Department of obstetrics and gy-

necology of Medical-Military Academy in 2001-2005 yy.

Results. The real ovarian tumors were revealed in 108 patients (38%). The tumor-like mass took place in 176 (62%) patients. Laparoscopic and open surgeries were performed: resection, cystadenectomy, ovariectomy, adnexectomy, hysterectomy and others. Postoperative period after laparoscopic operations passed more favourably.

Conclusion. Endovideosurgery is the “gold standard” of benign ovarian tumors and tumor-like mass surgery both radical and reconstructive.

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EXPERIENCE OF APPLICATION OF DIFFERENT SURGICAL ACCESSES IN CASE OF COMBINED UTERINE PATHOLOGY

Introductions. In the structure of gynecological diseases combined uterine pathology requiring operative treatment comprises up to 20-30%. The advent of minor-invasive technologies in operative gynecology nowadays makes it possible to maximally adapt the administered operative treatment for a patient, to shorten the time of being at in-patient clinic, to improve the course of post-operative period.

Material and methods. We have analyzed the results of treatment of 807 patients with combined uterine pathology for the period from January 2002 to May 2005. Operative treatment was carried out for the following reasons with the presence of uterine pathology: complicated uterine myoma, adenomyosis, recurrent

menometrorrhagia. The operations were performed with the usage of different accesses. The average age of the patients was $52 \pm 2,1$ years, the average uterus size was 11 weeks (from 5 to 22 weeks).

Results. We have performed 86 (10,45%) laparoscopic-assisted hysterectomies, 9 (1,12%) laparoscopic hysterectomies, 45 (5,6%) vaginal hysterectomies, 165 (20,6%) subtotal laparoscopic hysterectomies, 220 (27,5%) laparotomic total hysterectomy, 282 (35,2%) laparotomic subtotal hysterectomy. The reasons for hysterectomy were cervical pathologies, adenomyosis, the age of a patient. The choice of access was limited by the size of the uterus. In case of enlargement of uterine size of more than 13-14 weeks, laparotomic access