COMBINED AND SIMULTANEOUS OPERATIONS IN GYNECOLOGY

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URGENT SIMULTANEOUS LAPAROSCOPIC OPERATIONS IN GYNECOLOGY AND SURGERY

Actuality. At the contemporary level of surgery, anesthesiology and resuscitation development, simultaneous surgery can be performed not only previously planned but urgently as well. There is the opinion that in urgent surgery, number of urgent operations should be limited to minimum numbers; the top-priority for a surgeon must be life-safe procedures performed for a patient and the intentional risk can hardly be considered as defensible.

Aim of the research. To optimize surgical attitudes to urgent simultaneous laparoscopic operations combined with urgent diseases of peritoneal cavity and small pelvis organs.

Materials and methods. From January 2000 till August 2005 in the departments of gynecology and surgery of Regional S.V. Ochapovskiy Clinical Hospital № 1, 79 urgent simultaneous laparoscopic operations had been performed.

Results of the research. Laparoscopic adnexectomy (cystadenonectomy) operations performed for benign tumor and tumor-like mass of ovaries were combined with laparoscopic cholecystectomy in 48 (60,7%) patients (average duration of an operation was 45,3 minutes, average stay in hospital was 4,6 days). The operations started from surgery phase, that gave the time to identify method for gynecological surgery and examine gallbladder bed after gynecological surgery phase completion. Gallbladder bed drainage through trocar access along the anterior axillary line and drainage of small pelvis were performed in case of indications for that.

Laparoscopic adnexectomy and salpingectomy operations for uterine appendages inflammatory masses were combined with appendectomy in 31 patients (39,3%) (average duration of an operation was 52,6 min, average stay in hospital was 6,9 days). Acute inflammation and infiltrated changes in vermiform appendage were the indications for operations. Appendectomy unlike cholecysectomy had been performed as a second phase in compliance with aseptic principles. Preparation was extracted in plastic container together with gynecological preparation.

No complications in postoperative period were registered, the course after surgery was typical. There were no lethal outcomes. Average period of in-hospital treatment in case of simultaneous operations was not significantly longer than in case of a separate nosologic unit.

Conclusions. It is considered reasonable to perform simultaneous laparoscopic operations in urgent surgery and gynecology, as the duration of such operations were not significantly longer, there were no increase of post-operative complications and lethal cases; traumatic effect was not bigger and excellent cosmetic results were obtained. To get maximum result of the laparoscopic simultaneous operation, highly qualified gynecologist and surgeon should be included in surgery team, or an operation should be performed by gynecology specialists team and surgeon team, each team for specific phase.

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PLANNED SIMULTANEOUS LAPAROSCOPIC OPERATIONS IN GYNECOLOGY AND SURGERY

Actuality. Increase of traumatic effect during performance of simultaneous phases and additional accesses use are presented as a major reason of surgeons' rejection to perform simultaneous correction of combined diseases with laparoscopic methods. This major reason may become disputable as laparoscopic methods are introduced in contemporary medicine.

Aim of the research. To make comparative estimation of early and late post-operative periods with patients who had isolated and simultaneous laparoscopic surgery as well as to optimize the attitudes for performances of planned simultaneous laparoscopic operations in gynecology.

Materials and methods. From January 2000till August 2005 in the departments of gynecology and surgery of Regional S.V. Ochapovskiy Clinical Hospital № 1, 26 planned simultaneous laparoscopic operations had been performed.

Results of the research. Coagulation and/or removal of nidus of outer genital endometriosis (OGE) was performed in 5 patients (19,3%), total laparoscopic hysterectomy (TLH) was performed in 4 patients (15,4%), conservative myomectomy – in 4 patients (15,4%), cystadenonectomy – in 3 patients (11,5%), salpingolysis-ovariolysis and neosalpingoectomy were performed in 3 patients (11,5%), sub-total hysterectomy (STLH)

ISSN 1684-0461

– in 2 patients (7,7%), tubectomy – in 2 (7,7%) patients and andexectomy – in 1 patient (3,8%). Laparoscopic gynecological operations were combined with laparoscopic hernioplastics for umbilical incarcerated hernia (3), for post-operative ventral small hernias (2) and inguinal hernia (21). The operations for the patients under research, had been started from gynecological phase; hernioplasty with the use of MESH-prosthesis, as a rule, was performed as a last phase. Average duration of an operation was 83,2 ± 8,1 minutes. The longest operations were in cases of relapse hernia, average duration of such operations was 82,8 ± 6,7 minutes, as well as in cases of herniorrhaphy combined with TLH, average duration of such operations was 65,4 ± 8,1 minutes. Average in-hospital stay of patients who had simultaneous herniorrhaphy was 9,5 ± 2,6 days. 3 patients had minimal period of in-hospital stay, it was 5 days, the longest stay in the hospital was 16 days. There were no complications in post-operative period, the cases were typical. There were no lethal outcomes.

Conclusions. Planned simultaneous laparoscopic operations allow to perform simultaneously radical and reconstructive plastic surgical treatment of gynecological and surgical diseases, they do not increase traumatic effect of operations and have excellent cosmetic results.

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THE EXPERIENCE OF SIMULTANEOUS LAPAROSCOPIC OPERATIONS IN GYNECOLOGY

Introduction. The invention of laparoscopic methods has allowed performing simultaneous operations on abdominal and pelvic organs without substantial increase in trauma caused by operational access. According to data from WHO (1985) – 20 – 30% of patients require simultaneous operations, however, only around 6% of them undergo such interventions.

Material and methods. We have an experience of treating 59 patients with gynecologic pathology and concurrent chronic gallstone disease, who underwent simultaneous operations.

The age of the patients ranged 23 to 78 years old.

Results. The indications to performing gynecologic operations were benign ovarian cysts and neoplasms in 34 patients, uterine leiomyoma in 25 patients. In all patients we started with laparoscopic cholecystectomy, continued with a gynecologic intervention. There were no intra- and postoperative complications. The course of postoperative period and the length of stay in the clinic were not different from the average parameters from a similar group of patients without concurrent surgical pathology.

Conclusions. Therefore, our experience of simultaneous operations in gynecology using laparoscopic methods has shown its expediency in patients with concurrent chronic gallstone disease, because it does not lead to substantial increase of operational trauma and duration of treatment.

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THE OPPORTUNITIES FOR SIMULTANEOUS GYNECOLOGICAL LAPAROSCOPIC OPERATIONS

Urgency of the problem. Extensive introduction of laparoscopy in surgery and operative gynecology, perfection of technique and low traumatic effect of endoscopic operations allow to expand indications for simultaneous laparoscopic interventions involving various abdominal organs.

Material and methods. In the Municipal center of laparoscopic surgery of Elizavetinskaya hospital of Saint Petersburg we have performed 138 simultaneous laparoscopic interventions. Average age of the women was 36,4 ± 4,8 years.

Results of the study. In 29 cases (21,01%) the laparoscopic hysterectomy (LAVH or TLH) was combined with laparoscopic cholecystectomy in case of cholelithiasis (average duration of the operations was 115,7 minutes, the average number of days spent in the hospital – 4,9). The laparoscopic adnexectomies (cystadenomectomies) in case of benign tumors and tumor-like masses of the ovaries were combined with laparoscopic cholecystectomy in 57 (41,3%) patients (average duration of the operations was 35,4 minutes, the average number of days spent in the hospital – 3,9). In 52 patients (37,7%) the laparoscopic adnexectomies (cystadenomectomies) were combined with hernia repairs in case of incarcerated umbilical (32), femoral (4), inguinal (11) and postoperative ventral hernias (5). In the latter group we preferred to start the op-

ISSN 1684-0461