



# COMPLICATIONS AND METHODS OF CORRECTION IN OPERATIVE GYNECOLOGY

Aziev O.V.

Faculty of pediatric, obstetrics and gynecology department,  
Russian State Medical University, Moscow, Russia

**Materials and methods.** 37 intestinal traumas were studied respectively. 11 cases occurred after the first trocar was placed, 20 cases – in process of laparoscopy, 6 cases were complicated with ileus in postoperative period.

**Results.** Intestinal injuries in input of the first trocar occurred only in case of repeated abdominal surgery and led to nonpenetrated intestinal injuries (6), penetrated intestinal injuries (3), through intestinal injuries (1), intestinal-abdominal wall fistula forming (1). Intestinal

## INTESTINAL TRAUMA IN LAPAROSCOPY (DIAGNOSTICS, TREATMENT AND PREVENTION)

injuries were revealed and cured intraoperatively in 11 patients. 8 patients developed peritonitis in 2-5 days and required urgent laparotomy. The restoration of all injuries was performed successfully with favourable outcomes.

**Conclusion.** Repeated abdominal surgery and using of monopolar electrosurgery for adhesion removing should be concerned as risk factors of intestinal traumas in laparoscopy.

Ple Khanov A.N.

City center of laparoscopic surgery of the Hospital by St.Elizabeth,  
St.Petersburg, Russia

**Subject matter.** Subject matter was the comparative study of complications of laparoscopic-assisted vaginal hysterectomy (LAVH) and abdominal hysterectomy (AH).

**Material and methods.** The results of comparative study of laparoscopic-assisted vaginal hysterectomy (135 cases) and abdominal hysterectomy (110 cases) in the patients with a big size fibroid in 1999-2004 yy. are presented.

## ANALYSIS OF COMPLICATIONS OF LAPAROSCOPIC-ASSISTED VAGINAL HYSTERECTOMY AND ABDOMINAL HYSTERECTOMY

**Results.** Complications of LAVH was in 1 case (0,74%). Complications of AH was in 4 cases (3,64%). Complications after LAVH was in 1 case (0,74%). Complications after AH was in 5 cases (4,5%).

**Conclusion.** Using of laparoscopic and vaginal methods for hysterectomy displayed a low part of complications compared to AH. Application of LAVH in routine practice will decrease the risk of complications of hysterectomy.

Rutenburg G.M.<sup>1</sup>, Strizheletsky V.V.<sup>1</sup>,  
Zhemchuzhina T.Y.<sup>1</sup>, Gordeeva T.V.<sup>2</sup>

<sup>1</sup> Elizavetinskaya hospital. Municipal center of laparoscopic surgery, Saint Petersburg,

<sup>2</sup> Regional clinical hospital to №1 named after S.V.Ochapovsky, Krasnodar, Russia

## PREVENTION OF COMPLICATIONS OF LAPAROSCOPIC OPERATIONS IN GYNECOLOGIC PATIENTS WITH ADHESIONS

**Urgency of the problem.** Last years the problem of laparoscopic operations in patients with abdominal adhesions attracted experts' attention.

**Material and methods.** At the Municipal center of laparoscopic surgery since 1994 till 2005 we have treated 623 female patients with surgical and gynecologic pathology, who required endoscopic interventions, these patients previously had 727 abdominal operations (611 – one operation, 68 – two operations, 21 – three operations and 3 of them had four operations).

**Results of the study.** We have performed endoscopic interventions in 450 of these operated women (72,2%). At the first stage of operation – pneumoperitoneum and

introduction of the first trocar – in 6 cases (0,96%) the injury of abdominal bodies took place (twice – small intestine, iliac vein and three times – the greater omentum). In four cases, the trocar punctures were made in several centimeters from operational cicatrices. Two complications (the injury of mesentery and iliac vein) took place with optical trocar (Visiport). It is necessary to say, that it was not possible to make preliminary pneumoperitoneum using the puncture needle in these patients because of adhesions. After that, we have started to introduce the first trocar using open laparoscopy method in patients with high probability of adhesions, and we haven't had any injuries of abdominal organs.