COMPLICATIONS AND METHODS OF CORRECTION IN OPERATIVE GYNECOLOGY

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INTESTINAL TRAUMA IN LAPAROSCOPY (DIAGNOSTICS, TREATMENT AND PREVENTION)

Materials and methods. 37 intestinal traumas were studied respectively. 11 cases occured 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 occured 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 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.

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ANALISIS OF COMPLICATIONS OF LAPAROSCOPIC-ASSISTED VAGINAL HYSTERECTOMY AND ABDOMINAL HYSTERECTOMY

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.

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.

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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.

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Recently we have been using ultrasonic examination of abdominal cavity for diagnostics of prevalence of adhesive process, which gave us the best results in comparison with others non-invasive methods (reliability about 64%). In the making, in 147 patients, the previous laparotomy was a relative contraindication for laparoscopic operations. The intraoperative analysis of prevalence of adhesions has allowed to establish, that in 81 patients (55,1%) of this group the safe laparoscopic intervention was possible with use of rational endosurgery approach.

Conclusions. Thus, the majority of patients with adhesions in abdominal cavity can have endoscopic operations. The most safe endosurgery approach in this case in our opinion will be the open laparoscopy.

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TAPE RELATED COMPLICATIONS OF MID-URETHRAL SLING PROCEDURES FOR FEMALE URINARY STRESS INCONTINENCE

Introduction. The mid-urethral sling procedures (MUS), like tension free vaginal tape (TVT) or transobturator tape (TOT) procedures are recent modalities for managing female urinary stress incontinence. They have been rapidly gaining popularity worldwide but little has been published to date on the nature and symptoms of associated complication

Material and methods. From April 1998 till now, about 300 patients underwent MUS procedure in our department. During the last five years twenty patients underwent, and three refused corrective surgery for complications resulting from the MUS, another two patient are only being observed. Their records were reviewed to retrieve data on presenting symptoms and signs, diagnostic tests, surgical procedures, and outcomes

Results. One patient had tape erosion into the bladder, six had vaginal tape erosion (one with concomitant urethral obstruction), and another eighteen had an obstructed urethra. The more common presenting symptoms were persistent urethral pain, recurrent urinary tract infection, urgency, urge incontinence, and vaginal discharge. Twenty patients required partial tape removal or tape incision which was carried out transvaginally in nineteen of them. One patient underwent cystotomy and excision of the intravesical part of an eroded tape. Two patients with asymptomatic vaginal erosion are only being observed. No formal urethrolysis was performed in any case. The mean follow-up after corrective surgery in 20 patients was 14.8 months (range 6-48) during which fifteen patients remain continent and symptom free.

Conclusions. Urologists and gynecologists should be aware of the nature and symptoms of tape-related complications associated with a MUS procedure for prompt diagnosis and appropriate postoperative treatment managemen.

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MANAGEMENT OF UROLOGIC TRAUMA AFTER GYNECOLOGIC AND OBSTETRIC PROCEDURES

Introduction. The anatomical proximity of the lower urinary tract to the female reproductive organs renders it vulnerable to injury during obstetric and gynecologic procedures. Overall, the reported incidence of iatrogenic injury is between 0,5% and 2% for gynecologic and pelvic operations; however, the true incidence is difficult to ascertain from the literature because most studies are retrospective and only review patients who have become symptomatic, requiring urological intervention. Herein we retrospectively report our experience of diagnosis and treatment of iatrogenic injuries of urethra, bladder and ureters in female.

Materials and methods. Between 1987 and 2005, 125 women with a mean age of 48 years (ranged 22 – 85) were included into this study, bladder injuries – 58 patients, ureteral – 52 (4 – bilateral), and urethral – 15. Hysterectomy was the most common antecedent surgical procedure (64%).

Results. Bladder: 15 of 58 injuries were diagnosed intraoperatively and sutured, 14 – managed conservatively by urethral catheter placement only, 12 – underwent re-laparotomy and bladder tear suturing, 17 – vesico-vaginal fistula repair.

Urethra: Seven of 15 injured urethra were sutured during primary surgery (one complication – urethra-vaginal fistula formation), 1 – treated by indwelling catheter placement. 2 patients underwent urethral dilation for stricture, and 5 – urethro-vaginal fistula repair.

Ureter: Seven of 56 ureteral injuries were diagnosed and repaired during the primary operation. 45 patients required additional surgery: uretero-ureteroanastomosis – 16, release of ureter – 7, neoureterocystoanastomosis – 16, psoas hitch ureteral reimplantation – 10. The definitive corrective surgery followed percutane-

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