argumentation for the more conservative procedure is the lower complication rate. Both surgical techniques may be performed minimally invasive by a laparoscopic approach
In this video we present our technique for disc excision. The indication is single nodule with area infiltrating the rectum wall smaller than 3 cm. The nodule is first isolated from the ureters and the vagina after colpectomy and dissection of the rectovaginal septum. Then follows a subtotal resection of the nodule leaving the rectum wall intact. The remaining infiltrated rectum wall is excised with a Curved Intraluminal Stapler (EthiconEndo-Sugery, USA)
The nodules were removed completely with endometriosis free resection boards. No intra- or postoperative complications occurred. In a follow up of 12 months all patients were free of endometriosis-related bowel symptoms
This technique allows the complete laparoscopic excision of single nodule when the infiltrating area is smaller than 3 cm. The intraluminal bowel resection and specimen extraction is performed without intraabdominal opening of the rectum wall with minimal anatomic alteration and less risk for complications. Therefore the indication remains limited because of frequent presence of satellite nodules which requires a segment resection

V.02.12

Best video selection of the ibs□ (integrated bigatti shaver) in action

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Conventional bipolar resectoscopy is widely recognized as first choice procedure for major hysteroscopic operations
We have recently proposed an alternative approach to operative hysteroscopy called IBS® Integrated Bigatti Shaver that improving the visualization during the procedure reduces several problems of conventional resectoscopy such as, fluid overload, water intoxication uterine perforation and long learning curve.
In cooperation with Karl Storz GmbH & Co. we have created a new shaving system that, introduced through a straight operative channel of a panoramic 90° optic, allows performing all kinds of major hysteroscopic operations.
At present we have performed more than 150 cases including all kinds of operative hysteroscopic procedures such as polyps and submucosal myomas resection, septum resection and endometrial ablation according to ESGE classification. We present this video selection with the most interesting cases performed with the IBS□ in comparison with conventional bipolar technique.
We confirm the several advantages offered by the IBS□ that with a better visualization during the procedure as tissue chips are removed at the same time of resection, makes operative hysteroscopy safer, easier and faster.

V.02.13

Single port access subtotal hysterectomy: a first case with a new device (x-cone)

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We present a case of subtotal hysterectomy by single port access laparoscopy (SPAL)
A 42-years-old women, with a history of two births via vaginal delivery and with a previous surgery for endometriosis. The patient had middle cycle pain (VAS 10) and dysmennorrea (VAS 10). She had a regular menstrual cycle and a normal hormonal profile indicating an ovulatory cycle. Gynecological examination revealed an antiverted uterus, markedly tender, normal ovaries. Ultrasound evaluation was suspicious for adenomyosis with no signs of pelvic endometriosis.
A. single port access laparoscopy was performed. We used a reusable single site trocar with 5 integrated access port (S-Portal X-Cone; Karl Storz, Tuttlingen, Germany). A 2 cm intraumbilical vertical skin incision and a 2,5 cm rectus fasciotomy were perfomed to enter the peritoneal cavity. A rigid single curved forceps or scissor (S-Portal; Karl Storz), monopolar hook, a standard straight bipolar forceps and a multifunction device for grasping, coagulating, and sealing (En Seal Trio, Ethicon Endo-Surgery, USA) were used.
Removal of the uterus was obtained by morcellation (PKS™ PlasmaSORD™ Bipolar Morcellator, Olympus) through the umbilical trocar under direct vision after entering optic in the cervical canal. Surgery was performed with no intra-operative and postoperative complications. Patient was discharged after 2 days of hospitalization with a complete satisfaction in term of pain and cosmetic outcome. The postoperative control after one month revealed a complete restoration of the umbilical scar and the 6 months follow up evidenced a complete resolution of pelvic pain.

V.02.14

Single-port access laparoscopic hysterectomy using storz excone port

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Laparoscopic hysterectomies first began by being laparoscopic assisted vaginal hysterectomies, then total laparoscopic hysterectomies and with introduction of mechanical morcellation mostly supra cervical laparoscopic hysterectomies using three, four or five ports (or trocars).
Innovative technologies with new instrumentation are now offering single port access in order to reduce patients' morbidity in gynecological surgery.