

Discussion: The postoperative hospital stay was shorter with a quicker recovery in our study group compared to open procedure. The complication rate was comparable to other published reports. The benefits of convenience for patient and her family, reduction of wound complication and quicker return to normal daily activity and work were not assessed in this study. LASH is a safe and cost effective procedure in a district general hospital setting.

Key-words: laparoscopy, hysterectomy.

FC5_3

A retrospective case-control evaluation of laparoscopic total or supracervical hysterectomy outcomes

P. Litta, M. Gabbanini, S. Pinzauti, L. Mereu*, L. Mencaglia*, F. Petraglia, P. Florio

*Department of Pediatrics, Obstetrics and Reproductive Medicine, Section of Obstetrics & Gynaecology, University of Siena, Italy; *Centro Oncologico Fiorentino, Section of Gynaecology, Florence, Italy*

Objective: To compare the effectiveness of laparoscopic total (TLH) versus supra-cervical (SLH) hysterectomy concerning short- and long-term (36 months) morbidity, postoperative vaginal bleeding, postoperative cervical disease, urinary symptoms and, pelvic prolapsed.

Materials and Methods: The retrospective cohort study included women (n=148) who had undergone either SLH (n=38 pre-menopausal women out of 75) or TLH (n=36 pre-menopausal patients out of 73) for benign gynecologic problems from January 2002 through August October 2006. Main outcome measures were: the global operative time; intra-operative blood loss; variation of haemoglobin; the length of postoperative ileus; the post-operative pain intensity; intra- and post-operative (until 6 weeks after surgery) complications; changes in the urinary function; pelvic prolapse after surgery.

Results: Both for pre- and post-menopausal women, significantly longer operation time, higher intra-operative blood loss, greater haemoglobin variation and, longer hospital stay were recorded in the TLH than SLH group. The degree of pain 24, but not 48, hrs after surgery was significantly (P=0.0001) lower in patients underwent TLH. Patients in the TLH group reported more complications [n=6 (8.2%); P=0.044]. Urinary symptomatology reduced significantly from baseline levels after surgery, without differences between groups at 36 months follow-up: the rate of pelvic prolapse after surgery was similar between groups.

Conclusions: SLH benefits [minimally invasive nature, fewer complications, conservation of the cervix with its ligamentous attachments] are likely to support the supra-cervical approach in cases not contraindicated or at least, not to consider it a surgical technique of minor relevance.

Key-words: supracervical, laparoscopy, hysterectomy.

FC5_4

Laparoscopic-assisted vaginal hysterectomy with and without uterine artery transection: an analysis of 1255 cases

A. Kavallaris, G. Kalogiannidis, N. Chalvatzas, A. Hornemann, D. Beyer, I. Georgiev, J. Herrmann, O. Camara, C. Altgassen, K. Diedrich

University of Schleswig-Holstein, Campus Luebeck, Germany

Introduction: Evaluation of the intraoperative and postoperative complication in patients undergoing LAVH for benign gynaecologic diseases.

Patients and Methods: Retrospectively analyzed of 1255 women who underwent hysterectomy between 1998 and 2009 for benign pathologic conditions. 856 Patients underwent LAVH with trans-section of the uterine vessels and 399 patients without trans-section of the uterine vessels.

Results: Median operative time was similar between the two techniques. Intraoperative complication rate was not significantly different between groups 1 and 2 (1.5% vs. 1.2%, respectively). The injury of the urinary tract was the most common intraoperative complication for both groups of the study. In Major complications were bladder injuries (0.87%), (0.15%) ureter injuries, (0.15%) bowel injuries, (0.15%) major vascular injuries, cases needed readmission in operations-room were: (0.15%) cases of massive bleeding from the vaginal cuff, (0.31%) cases of vaginal cuff dehiscent, (0.47%) cases of intra-abdominal bleeding, (0.23%) cases of postoperative ileus, (0.15%) vaginal cuff haematoma and (0.15%) pelvic abscesses. Laparoconversion rate was similar in LAVH type I and II (0.5% vs. 0.35%, respectively). Postoperative complications were significantly higher in LAVH type I (2.25%) compared to LAVH type II (1.16%).

Conclusions: The LAVH with laparoscopic transection of the uterine artery is an effective and safe technique with less postoperative complication compared to LAVH without uterine transection

Key-words: LAVH, laparoscopy, complications.

FC5_5

Closure of the vaginal cuff after total laparoscopic hysterectomy with conventional sutures versus barbed sutures: a RCT

F.A.Ten Cate, P. Geomini, A. Timmermans, M.Y. Bongers
Department of Obstetrics and Gynaecology, Máxima Medical Centre, Veldhoven, The Netherlands

Objective: Investigating the efficacy of suturing mode of the vaginal cuff after TLH.

Materials and Methods: Prospective RCT, patients undergoing TLH.