formation and to rate the patency of the IUO after the intervention.
Results: Group A showed a significant reduction in both formation (6% vs 22% p<.05) and severity (3% vs 25% graded as severe p<.05) of de-novo IUA in comparison with the control group. Furthermore, group A showed a significant improvement in the degree of patency of the IUO (41.9% of cases) in comparison with diagnostic office hysteroscopies performed at the enrolment (P<.05). On the contrary, in group B, a worsening in the patency of the IUO was recorded in 18.2% of cases.
Discussion: The Intercoat gel reduces significantly the incidence and severity of de-novo formation of intrauterine adhesions after hysteroscopic surgery. Furthermore, it does significantly improve the patency of IUO at 1 month follow-up hysteroscopy. However, larger studies are needed to confirm our findings.
Key-words: intercoat gel, operative hysteroscopy, intrauterine adhesions.

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Hysteroscopic sterilization in IUD carriers: Department's experience

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Introduction: The placement of Essure® tubal micro-implants in women with an intrauterine device (IUD) in place has become increasingly more frequent as this Department began to use hysteroscopy as a means to achieve definitive contraception in general. Related questions would be if such situations demand additional technical requirements, whether they would be expected to bring particular difficulties to the application of the implants or not, and if there would be differences in efficacy.
Materials and Methods: The authors made a retrospective study, where they included the 22 patients carrying an IUD who underwent Essure sterilization at their Department, in a period between December, 2006 and June, 2010. The outpatient surgical procedure and the follow-up appointment and control (three months after placement), was the same as for the non-IUD patients.
Results: In all 22 patients it was possible to place the micro-implants; in 21 cases (95.4%) they were placed at the very first attempt and in one case (4.6%) they were placed at the second attempt. During application, 7 of the IUDs had to be removed: 5 due to conflict of space and in 2 cases due to IUD misplacement. There were no major complications, either intra-operatively for all the patients and on the follow-up appointment for 13 patients (9 patients haven't reached the 3 months yet), where the IUDs were removed.
Conclusions: Essure® hysteroscopic sterilization remains an excellent option in IUD carriers, as it shows no significant differences in this small group when compared to standard non-IUD women. In 7 patients (33.3%) there was the need to remove the IUD during the application of the micro-implants, which subsequently warrants proper prior information to the patient in that sense before placement. The results were limited by a rather small size of our sample and, therefore, larger series seem to be advisable. Nevertheless, all the results up to this point at our Department are similar to the ones obtained for the general target population of this technique.
Key-words: hysteroscopy, contraception, IUD.

JP15_Single Access Surgery

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Feasibility and efficacy of SPAL for adnexal pathology

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Objective: To present our initial experience using single access laparoscopic surgery for the treatment of benign adnexal pathologies.
Methods: Thirty patients with benign adnexal pathologies underwent salpingo-oophorectomy (n=15), ovarian cyst enucleation (n=10), or salpingectomy (n=5) using a laparoendoscopic single site approach with a new multi-port reusable trocar (S-Portal X-Cone Storz, Tuttlingen) and flexible and curved as well as standard laparoscopic instruments.
Results: Conversion to a multi-access standard laparoscopic technique was not required in any patient and no intra-operative complications were observed. Postoperatively, one umbilical scar infection was detected. Mean operative time was 42 minutes.
Discussion: Laparoscopic single site surgery for adnexal pathologies is feasible, safe, and effective, and has good results for cosmetic appearance and postoperative pain. Use of specialized instruments and standardization of the technique affect surgical ergonomy and operating time.
Key-words: SPAL, cystectomy, adnexectomy.