Conclusion: Transient blocking of the uterine arteries is feasible and can be performed safely. It helps to control operative blood loss without affecting the postoperative uterine perfusion. The enhanced visualisation of the operative field allows precise minimal invasive tissue preparation hence reducing the risk of an accidental perforation of the uterine cavity.

V1_22

Clinical application of Transvaginal Natural Orifice Translumenal Endoscopic Surgery (NOTES) in Gynaecology

A.W. Huber, A. Santi, M.D. Müller
Department of Gynaecology and Gynaecologic Oncology, Inselspital University Hospital of Berne, Switzerland

Introduction: Natural Orifice Translumenal Endoscopic Surgery (NOTES) depicts an emerging field in laparoscopic surgery. It seems feasible that intraperitoneal surgery may be performed without skin incisions not only in surgery but also in gynaecologic operative therapy. NOTES offers the exciting potential to be less invasive than the traditional open surgical approach. Especially the no-scar approach is of great interest in young women where aesthetics is of prime importance.
Material and methods: In the presented videos the clinical implementation and intraoperative usage of transvaginal NOTES are shown. Flexible endoscopy using a gastroduodenoscope with 2 working channels (Fa. Storz, Tuttlingen) in female tubal ligation and diagnostic transvaginal procedures in infertile patients will be presented along with limits and potentially methods related complications.
Results: We could successfully proof feasibility and safety in transvaginal appendectomy, diagnostic and smaller therapeutic operative procedures in human clinical application.
Conclusion: NOTES procedures are a new and promising advancement of minimal invasive laparoscopic surgery with a large potential in the gynaecologic field. Beside aesthetic advantages and a continuing reduction of invasiveness large scale clinical application and technical progress will determine the future indications of this technique in gynaecology.

V1_23

Laparoscopic tubal reanastomosis of 12 cases: preliminary study

Rana Karayalçın, Sarp Özcan, Filiz Akın Su, Şebnem Özyer, Özlem Uzunlar, Leyla Mollamahmutoğlu
Zekai Tahir Burak Women's Health Education and Research Hospital, Ankara, Turkey

Laparoscopy is increasingly being used for tubal reanastomosis for sterilization reversal. This report gives preliminary data about pregnancy outcome after laparoscopic tubal reanastomosis. Twelve patients with bilateral tubal ligation who underwent laparoscopic tubal reanastomosis were prospectively evaluated. Tubal sterilization was performed by Pomeroy technique in all patients during a cesarean section or laparotomy. Anastomosis was performed by 4 stitch technique. The mean age of patients was 34.6 years (range 29–38 years). The mean interval between sterilization and reversal was 6 years (range 1–13 years). The operating time ranged from 105 to 150 minutes with a mean of 130. Bilateral reversal was achieved in 10 patients. In 2 patients only one sided reversal could be performed because the tube was extremely short on the other side. Patients were discharged on the next day. Hysterosalpingograms showed patent fallopian tubes in 10 patients including one of the unilateral anastomosis. Overall pregnancy rate was 66.6% (8/12), intrauterine pregnancy rate was 58.3% (7/12) and ectopic pregnancy rate was 8.3% (1/12). Of the 7 intrauterine pregnancies 1 ended in abortion at 6 weeks of gestation. This preliminary study of laparoscopic tubal reanastomosis shows favorable results in terms of pregnancy rates when compared to microsurgery through laparotomy.

V1_24

Laparoscopy miomectomy: endovascular clamps technique

A. Tejerizo García, L. Marqueta Marqués, L. Muñoz Hernando, G. López González, E. Lorenzo Hernández, J.L. Muñoz González, J.S. Jiménez López
Unit of Oncology and Endoscopy, Hospital 12 de Octubre, Madrid, Spain

We present a film of a myomectomy with laparoscopic boarding. The technique used for the decrease of the bleeding during surgery is the interruption of the blood flow with endovascular clamps in the uterine arteries.

V1_25

X Cone: Single Access Device for the Treatment of Benign Adnexal Pathology

S. Angioni*, L. Mereu, GB Melis*, L. Mencaglia
**Department of Obstetrics and Gynecology, University of Cagliari, Italy*
Florence Centro di Chirurgia Ambulatoriale - Florence Day Surgery Free Standing Unit – Florence, Italy

We report the first cases of single port endoscopic treatment of adnexal pathology using a single trocar with multiple channels. The access for optic and instruments is achieved through this new the *X-Cone device (Storz.Tuttlingen Germany)*. The trocar is inserted through the umbilicus using a the classical open entry, as described by Hasson. A combination of standard laparoscopic new curved and flexible specific instruments (scissors, dissectors, forceps) were used. Five patients, affected by ovarian pathologies: 2 serous cysts, 1 dermoid cyst, 1 endometriotic cyst and 1 ovarian mioma, underwent bilateral salpingoophorectomy (4 patients) or enucleation of ovarian cysts (1 patient) in the Department of Obstetrics and Gynecology of the University of Cagliari, Italy. All Surgeries were performed by two experienced surgeons in endoscopy. No conversion to multi-access standard laparoscopic technique and no intraoperative and postoperative complications were observed. Mean operative time was 54 minutes. The closure of the 2 cm single port umbilical access consented a perfect reconstruction of the umbilicus. All patients were discharged on day 1 after surgery. In conclusion laparoendoscopic single-port approach for adnexal pathologies is feasible safe and effective, with good results in terms of aesthetic results, postoperative pain and patients satisfaction. The utilization of specific instruments with the standardization of the technique could influence the surgical ergonomy and the operating time.

Endometriosis: Diagnosis and Surgery

V2_01

Ablative technique of ovarian endometrioma using plasma energy warrants further evaluation

Horace ROMAN
Clinique Gynécologique et Obstétricale, CHU "Charles Nicolle", 1 rue de Germont, 76031 Rouen, France

Despite an accurate surgical technique, endometrioma cystectomy leads to ovarian tissue removal in the majority of cases. We evaluated an ablative cyst technique using plasma energy, by measuring the depth of