

Material and Methods: A 44-year-old woman was referred for pelvic pain and metrorrhagia. On transvaginal US examination the uterus was deformed by multiple nodes myoma. Taking into account the young patient's age and her active sex life, we decided to submit the patient to a subtotal hysterectomy with conservation of ovaries in LESS Surgery. After 2.5 cm intraumbilical vertical skin incision we introduce the Gel Port System. Laparoscopy showed a massive adhesions complex between omentum and peritoneum; it confirmed an uterine fibromatosis and indirect signs of parametritis on the right side. Lap Loop System was used to separate the uterus corpus from the cervix at the level of isthmus and it was extracted from umbilical access. Endocervical canal and glands were coagulated to minimize the risk of developing a cancer of the cervical stump and to delete any portions of the endometrium in the cervical canal that can cause possible menstrual bleeding.

Results: Operative time was 150 minutes, estimated blood loss was 50 ml. Time of hospitalization was 48 hours.

Discussion: When indicated, LSH approach is safe and well tolerated. The use of Lap Loop system permits a fast resection of the uterine corpus from the cervix.

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PROSPECTIVE COMPARISON OF SINGLE PORT LAVH TO CONVENTIONAL THREE PORTS LAVH

Single Access Surgery

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Summary (4 lines): The single port LAVH could be a feasible alternative method for removal of the uterus with a less weight uterus and resulting in better postoperative pain score and cosmetic outcomes.

Introduction: To evaluate the efficacy and safety of single port LAVH comparing to conventional three ports LAVH in women with benign uterine diseases.

Material and Methods: Prospective analysis of 158 cases of single port (N=78) and three ports LAVH (N=78).

Setting: Kyung Hee University Hospital and Haeundae Paik Hospital, Tertiary teaching University Hospital

Patients or Participants: One hundred fifty eight patients with benign uterine diseases.

Interventions: Single port LAVH and three ports LAVH

Results: Data analysis was done for 78 patients in the single port LAVH group and 78 patients in the conventional LAVH group. No major complications, including ureteral or bladder injuries, occurred in any of the patients. No statistically significant differences were found in mean age, mean body mass index, mean operative time, mean anesthesia time, mean estimated blood loss, or mean postoperative days to passage of flatus, but the mean uterine weights on the pathologic reports and mean postoperative pain score were significantly reduced in the single port LAVH group.

Discussion: The single port LAVH could be a feasible alternative method for removal of the uterus with a less weight uterus and resulting in better postoperative pain score and cosmetic outcomes.

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SINGLE PORT LAPAROSCOPY FOR OVARIAN TISSUE CRYOPRESERVATION

Single Access Surgery

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Summary (4 lines): Single port laparoscopy could be an effective minimally invasive technique to get ovarian fragments for cryopreservation.

Introduction: 10 % of cancers occur in fertile women. Oncological treatments improve patients survival but lead to high risk of ovarian failure. Ovarian tissue cryopreservation provides the chance to conserve fertility.

Material and Methods: From March'11 to March'12, 10 patients underwent single port laparoscopy for ovarian tissue cryopreservation. Clinical indications were: breast cancer(n.4); ovarian cancer(n.4); recurrent deep endometriosis(n.1); leiomyosarcoma(n.1). All patients were under general anaesthesia, in dorso-lithotomic position. Surgical equipment included: X-cone trocar, 30°laparoscope (5 mm in diameter, 50 cm in length), coaxial curved forceps, straight scissor connected with 80 W-cutting unipolar energy. By using a cold scissor, ovarian fragments of 1 × 1 cm were removed, immersed in specific medium and rapidly transported to the lab where they were carefully dissected in slices of 1-2 mm thickness for cryopreservation. A specimen from both ovaries was sent also for histology. All procedures were carried out by an expert surgeon (LM).

Results: Mean operative time was 35±16 min. No intra or postoperative complication occurred. Patients were discharged on day 1 in good condition and followed their oncologic program.

Discussion: We demonstrate single port laparoscopy is an effective minimally invasive technique to get ovarian fragments for cryopreservation.

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USING THE SINGLEPORT

Single Access Surgery

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Summary (4 lines): The singleport is an instrument increasingly used in laparoscopic surgery, since it allows to perform the surgery with a single portal access. However, as it is still a novel instrument in many operating rooms, nurses need a clear and concise training on its use.

Introduction: The single-port provide advantages in comparison to the usual access, with are: the decrease in the risk of infections, better and faster recovery and the positive assessment by the patient. Wich are factors that encourage the gynecologist to use it), it predisposes increasingly more gynecologists to use it.

Our hospital use the singleport much more than others hospitals in Spain. Therefore, our intention is to make known this method to the operating room staff, describing what it is, what preparation is required, what material is needed, what are the most appropriate indications, what advantages and disadvantages presents, and provide staff the training needed to perform the technique of safely and efficiently.

Material and Methods: Bibliography and medical practice.

Results: Development of a consultation tool for the continuing education of operating room staff in the management of the singleport.

Discussion: Provide a simple reference material on the singleport management for staff who works in the surgical area, allowing the practice of this surgery safely and efficiently

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ASSESSMENT AND LEARNING CURVE EVALUATION OF TVUS SKILLS FOLLOWING SIMULATION AND CLINICAL TRAINING

Teaching and Training