Type II Radical Laparoscopic Hysterectomy Initial Experience

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Feasibility and preliminary results of our technique for radical laparoscopic hysterectomy.

Objective

Feasibility and preliminary results of our technique for radical laparoscopic hysterectomy.

Material and Methods

2 patients with endometrial cancer stage II and 2 patients with cervical cancer stage Ib1 underwent totally laparoscopic radical hysterectomy (TLRH) in 2004. The patients were placed in the lithotomic position.

Laparoscopy was performed through the umbilicus and three ancillary ports were placed in the diamond shaped usual position.

Only bipolar coagulation was used to control bleeding. No uterine manipulator was placed.

Technique

First step of the procedure was to cut the round ligament and visualize the ureter.

The pararectal space was then opened to the levator ani and the uterine artery isolated and coagulated bilaterally. Then the obturator fossa was opened to the arcus tendineus.

![Video 1]
Lymphadenectomy was performed at this stage of the procedure.

Then the ureter was unroofed according to our modified technique which is described in [http://www.thetrocar.net/view.asp?ID=28](http://www.thetrocar.net/view.asp?ID=28).

We do not cut the uterine artery after the coagulation but we dissect the ureter into the ureteral tunnel keeping the uterine artery as a reference point.

The ureter was followed into the tunnel as far as possible, generally until it bends on the vaginal wall.
Then the superior part of the anterior parametrium was coagulated and cut.

The point of lateral resection was decided according to the radicality needed by the procedure.

At this stage the bladder was dissected downwards.
The ovarian pedicles were coagulated and cut.

Then the posterior parametrium was prepared. The hypogastric plexus was visualized and left in place at this stage of the procedure. The rectovaginal space was opened deeply.
The lateral parametria were then coagulated and resected.

The vaginal wall was then opened from the anterior aspect and then progressively resected.
Extraction of the uterus and suture of the vaginal vault was performed vaginally.

Results
All the patients had radical hysterectomy and pelvic lymphadenectomy.

The median time for the whole procedure was 187 minutes (173-235). The median time for lymphadenectomy was 54 minutes (45-62). No conversion to laparotomy was necessary. The median number of pelvic lymphnodes retrieved was 18 (10-22). The median body mass index was 24.37 (19.30-40.12). No immediate or postoperative complication was observed. However all the patients suffered of urinary retention which limited the possibility of release from the hospital. The median stay in hospital was 5 days (3-16).

Two patients were followed respectively for two and four weeks because of urinary retention.

Conclusion
Radical hysterectomy is rarely performed totally by the laparoscopic approach. Even if our experience is initial, the technique is feasible in trained hands. The time for accomplishing the procedures is acceptable.

References:
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References
http://www.obgyn.net/laparoscopy/type-ii-radical-laparoscopic-hysterectomy-initial-experience

Links: