New Techniques and Developments in Gynecological Laparoscopy

By Barbara Nesbitt [7] and Ellis Downes, MD [8]

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Dr. Ellis Downes: “It’s great to be here at the AAGL in Las Vegas, we’re having a terrific time at the meeting, and it’s been really busy. I’m Ellis Downes, Gynecologist in London, and I also write a Hospital Cuttings column on OBGYN.net. We’re having a conversation with Dr. Larry Demco from Canada about what’s really happening here at the AAGL. What are your thoughts at the moment, Larry – is there anything you’ve seen that you like the look of?”

Dr. Larry Demco: “Actually, there are several new techniques and ideas that are coming across and gaining more and more popularity. We’ve had a recent review about a new sterilization technique where the patient can be done in the office, and this is done through a hysteroscope rather than a traditional laparoscopic approach, and it’s very promising. I know it’s in its infancy but it shows that techniques and new developments are on the horizon. They may not be here today but it looks like it’s going to be here in the near future.”

Dr. Ellis Downes: “Sure, and I think for our patients we’ve all got the laparoscope. A lot of people have been trying to do hysteroscopic techniques, and this one does look as though it may be quite promising.”

Dr. Larry Demco: “This one does look extremely promising, very simple, and very patient-user friendly since they don’t have to have a general anesthetic.”

Dr. Ellis Downes: “It makes a big difference.”

Dr. Larry Demco: “You bet.”

Dr. Ellis Downes: “The other thing I’ve been struck by looking at some of the trade sense is everything is getting smaller in the scope size. I was looking at a scope 2-mm, terrific - you don’t even need to worry about dilating the cervix. “

Dr. Larry Demco: “That’s correct. You could say the same thing with laparoscopy. We’ve reduced our scope size, and now we’re able to do laparoscopy with the patient awake - you no longer have to be have a general anesthetic. Another new device we’ve seen is one that heats and humidifies the gas, and it almost eliminates the shoulder tip pain. So now we can actually do laparoscopy with a straight local without any type of IV sedation, and patients tolerate it very well.”

Dr. Ellis Downes: “That’s fantastic. Do you think that most of the post-operative pain they get is due to irritation from the carbon dioxide?”

Dr. Larry Demco: “That’s correct. This is the biggest problem with laparoscopy, and because it’s an irritation or a death of cells of the diaphragm, it’s more like an irritation and painkillers don’t really help the shoulder tip pain. Up until recently, we just sort of had to bear with it. But I think this is a new technique that’ll actually prevent the pain to begin with. Now we’re doing laparoscopy with four liters of gas and perfect, so we don’t have to change our technique like we did before.”
Dr. Ellis Downes: “That’s a bigger advance. Is there anything else that you’ve seen here which would actually change your clinical practice?”

Dr. Larry Demco: “Actually the other thing that’s changing is the pain mapping. What’s happened here is as a traditional approach - the patient with pain or had a problem with it that she was aware of - was always put to sleep, and it was up to the judgment of the physician to actually find out where the pain was, mainly by trial and error. If they saw something, they would remove it. This is patient-assisted laparoscopy, and pelvic pain mapping has actually transformed it. Now, instead of a patient being someone to operate on, it’s someone to be operated with as a team so that the two of you together can sit there and determine what’s painful and what’s not. After you can confirm with the patient for the first time that the surgery that you’re going to propose will actually fix the problem.”

Dr. Ellis Downes: “Having that is very exciting. We’ve had a terrific few days here at AAGL, there’s an awful lot going on, there have been terrific sights, and I hope that this brief snapshot has been useful to you. I’d like to thank Dr. Larry Demco for taking a few minutes out of his busy schedule. We’ve had a terrific time here, and we look forward to being with you again soon.”

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