LAPAROSCOPIC ADENOMYOMECTOMY UNDER TRANSIENT OCCLUSION OF UTERINE ARTERIES WITH ENDOSCOPIC VASCULAR CLIP

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Objective: To introduce the safe and effective surgical techniques of transient occlusion of uterine arteries (TOUA) laparoscopic adenomyomectomy in patients with symptomatic uterine adenomyoma.

Methods: In a prospective case study, all cases of laparoscopic adenomyomectomy with TOUA were performed by a single surgeon (Y.S Kwon) at Ulsan University Hospital between May, 2011 and September, 2012. Surgical outcomes included operative time, intraoperative injury of blood vessels, nerve, and pelvic organ and operative blood loss. We used the mean numerical rating scale (NRS) for dysmenorrhea and the Mansfield-Voda-Jorgensen menstrual bleeding scale (MVJ) for menorrhagia before and after the treatment.

Results: thirty four women underwent laparoscopic adenomyomectomy under TOUA with endoscopic vascular clip who were refractory to medical treatment or want a surgical treatment of preserving uterus. The mean age was 43.79 years (range: 34-53 years). The mean diameter of the adenomyoma was 5.29 cm (range, 2.5-9.5 cm, Standard Deviation, SD: 1.82). The mean total surgical time was 84.09 minutes (range, 50-240 minutes, SD: 31.48). Mean estimated blood loss was 148.18 ml (range, 20-500 ml, SD: 93.99) and no injury to the uterine arteries or pelvic nerves occurred. The mean TOUA time was 7.33 minutes (range: 5-25 minutes, SD: 4.12).The hospital stay was 3.82 days (range, 2–6 days, SD: 1.24). No cases of conversion to a laparotomy or major complications requiring reoperation or readministration occurred during the mean follow-up period of 8.9 months (range, 7–14 months).

At six months follow up after TOUA laparoscopic adenomyomectomy, all severe dysmenorrhea of main symptom were improved (72.2% of these patients were complete remission of dysmenorrhea).

Conclusion: TOUA laparoscopic adenomyomectomy could be a safe and effective surgical method for women with symptomatic uterine adenomyoma to preserve fertility.