

Highly effective method for myoma excision and suturing in laparoscopic myomectomy

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Abstract

Background Laparoscopic myomectomy rather than abdominal myomectomy has been well documented as a treatment option for uterine myomas. However, laparoscopic myomectomy has serious limitations in two of its steps: excision of myoma with strong traction and suturing of the uterine defect. These steps are a challenge even for experienced surgeons. The authors introduce a simple but highly effective technique for excision of myoma and suturing using standard instrumentation in laparoscopic myomectomy.

Methods After incision of the myometrium, the myoma pseudocapsule is separated by insertion of the dissector tip and scissors into the myoma. After completion of myoma enucleation, the surgeon makes a U-shaped hole of suture material with forceps for an interlocking suture, and the first assistant holds the stitch to maintain the suture tension throughout the repair.

Results From February 2010 to August 2010, 43 patients with a diagnosis of uterine myoma underwent laparoscopic myomectomy by single surgeon using the aforementioned procedure. The mean diameter of the myoma was 6.3 cm (range, 4–9 cm), and multiple myomas were observed in 19 cases (44.2%). As a result, the mean operative time was 75.9 min (range, 35–155 min), and the hospital stay was 2.7 days (range, 2–5 days). The blood loss was 137.2 ml (range, 50–250 ml), and the hemoglobin decline on the first day after surgery was 1.5 mg/dl (range, 0.1–3.6 mg/dl). Postoperative fever higher than 37.7°C was the most commonly observed morbidity (ten patients, 23.3%). However, no cases had conversion to laparotomy or major complications requiring reoperation or readmission during the mean follow-up period of 5.9 months (range, 3–9 months).

Conclusions Laparoscopic myomectomy can be performed easily and effectively by forceps insertion and continuous interlocking suture using standard instruments.

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