Clinical Perspectives in Obstetrics and Gynecology

Series Editor:

Herbert J. Buchsbaum, M.D.

Clinical Perspectives in Obstetrics and Gynecology

perspective *noun*: . . . the capacity to view subjects in their true relations or relative importance.

Each volume in Clinical Perspectives in Obstetrics and Gynecology will cover in depth a major clinical area in the health care of women. The objective is to present to the reader the pathophysiologic and biochemical basis of the condition under discussion and to provide a scientific basis for clinical management. These volumes are not intended as “how to” books, but as a ready reference by authorities in the field.

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Operative Gynecologic Endoscopy

J.S. Sanfilippo · R.L. Levine
Editors

With 156 Illustrations

Springer Science+Business Media, LLC

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To our families for their patience and
to our patients whom we care for as family.

Preface

It is becoming rapidly apparent that the discipline of gynecologic surgery is evolving into a specialty of increasing outpatient surgical expertise. Our mission in offering a comprehensive textbook on advanced endoscopic surgery and laser laparoscopy is to contribute to the education of interested clinicians and residents. We believe that an orderly sequencing of learning and application of knowledge is needed, and we think this text fits well into that sequence. This book allows the physician with skills in laparoscopy to gain the knowledge necessary to practice in the laboratory and ultimately to perform advanced endoscopic gynecologic surgery.

If indeed many current gynecologic procedures may be accomplished via endoscopic surgery, the clinician must have a reference to use when acquiring these skills. To quote Dr. Alan DeCherney (*Fertil Steril* 1985; 44:299): "The obituary of laparotomy for pelvic reconstructive surgery has been written; it is only its publication that remains."

The contributors to this text were chosen not only for their expertise but also for their clinical acumen in the field of endoscopic surgical application; both have been gained in a variety of American hospital settings, ranging from a small community hospital to a large urban university medical center. Because the number of contributors to this volume is large, some overlap of information is inevitable. We believe this approach enhances the usefulness of the textbook, as the reader may view each chapter as a self-contained work.

In April 1986 the first university course on operative laparoscopy in the United States was held in Louisville, Kentucky. Several members of that faculty have contributed to this text. It quickly became evident from the enthusiasm and interest among the faculty and participants at that meeting that a new era of operative gynecologic endoscopy was emerging. All of us were aware of the dearth of American input in this area of advanced gynecologic endoscopy. One of the goals of our book, therefore, has been to consider many of the unique aspects of practicing gynecologic endoscopy in America.

The interest in “what can be accomplished through the laparoscope” has enjoyed an exponential growth, fueled by the use of laser technology and the increasing availability of proper instrumentation for what is also termed pelviscopic surgery. The reader may note that the terms pelviscopic surgery and operative laparoscopy are used synonymously in this text. For consistency, we have made an effort to use the term operative laparoscopy, as it is the preferred, more widely understood designation in the United States. We concede that at present there is no consensus within the medical community about terminology; several contributors to this text favor the term pelviscopic surgery as more descriptive. Just as the terms laparotomy and celiotomy or Stein-Leventhal syndrome and polycystic ovarian disease are recognized as interchangeable, so we consider operative laparoscopy and pelviscopic surgery to be equivalent.

We have long been convinced of the benefits of this new modality for our patients. We believe that the material contained in this text will help to improve the health care of gynecologic patients and will have a substantial beneficial economic impact on the practice of gynecology. Significant reduction in health care costs has been a direct result of the application of advanced gynecologic surgical procedures, as addressed in one of our previous publications (*J Reprod Med* 1985;30:655). That paper reported a 69% reduction in the number of postoperative hospital days required for operative laparoscopy compared to those needed for laparotomy and an overall 49% reduction in hospitalization costs for identical surgical procedures performed via pelviscopic surgery compared to the cost for laparotomy.

We hope that this text will contribute to the education of interested clinicians, residents, and students, and perhaps inspire them toward safer and more imaginative applications of endoscopic surgery.

Acknowledgments. We wish to acknowledge the many authors and consultants for their excellent contributions, assistance, and advice. In particular, we are indebted to Douglas M. Haynes, M.D., for his excellent translation of Professor Kurt Semm’s chapter on the history of this procedure as well as for his scholarly guidance. We owe many thanks to Leon Goldman, M.D., for his constructive thoughts and consultation. We also wish to express our sincere appreciation for the assistance and patience of Leta N. Weedman, our editorial assistant. Our gratitude goes also to Mary Milliner and Betty Jones for manuscript preparation and word processing.

We must give special thanks to the University of Louisville School of Medicine in its sesquicentennial year for creating an environment conducive to meeting new challenges and to our

colleagues in the Department of Obstetrics and Gynecology for their encouragement. The Department has always supported, both physically and ideologically, the acceptance of avant-garde ideas and techniques.

Last but not least, we must acknowledge the support and guidance of our wives, Patricia and Sonia, and our families. We thank them not only for their help and forbearance but most importantly for understanding the demands of our “mistress medicine.”

Joseph S. Sanfilippo
Ronald L. Levine

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