ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 06 | June - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

OPERATIVE DIFFICULTIES DURING LAPAROSCOPIC HYSTERECTOMY IN THE PATIENT HAVING PREVIOUS ABDOMINAL SURGERY SCAR

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ABSTRACT

Objective: To study the clinical outcomes in patients of previous cesarean and hysterotomy surgery who are undergoing TLH **Materials and methods:** Medical records of TLH with previous cesarean section patient operated between 01/01/2017 and 31/12/21 where reviewed retrospectively. A Total 50 cases of TLH with data on age, parity ,surgical indications ,duration of operation, length of hospital stay, major intra and postoperative complications where gathered .Major complications included vaginal cuff °dehiscence and bowel bladder , ureter and great vessels injury were studied. **Results-** The average age of presentation was 46-50 years. most common indication was fibroid. out of 50 cases previous 1 cesarean section-26,previous 2 -22,more than 2-2 cases with average blood loss and operative time is 95.42ml and 95.43min respectively. Adhesiolysis done in 22 cases.only one patient needed Conversion to laprotomy.

KEYWORDS

LSCS-Lower segment caesarean section

INTRODUCTION

Hysterectomy is commonly performed gynecological procedure. It is the second most common operation performed on women after caesarian section worldwide.[1]Surgical adhesions caused by previous abdominal surgeries may cause

Are distortion of pelvic anatomy, making the vaginal and abdominal approach technically difficult and therefore an unsafe procedure and mobilizing the bladder off the cervix especially in previous LSCS, a critical step during any hysterectomy. The laparoscopic approach offers a superior view of the anatomy, facilitates meticulous hemostasis enables the surgeon to perform adhesiolysis effectively, and reduces morbidity associated with large abdominal incisions. Mobilization of the urinary bladder off of the cervix is an important step in total laparoscopic hysterectomy.So the use of lateral approach for dissecting the bladder from the cervix, and this has been useful in all patients with previous scar and caesarean section deliveries, irrespective of the number.

Pre- Operative Evaluation-

- Significance of Clinical examination-
- on per speculum examination-For taking up of cervix
- on per vaginal examination-
- Uterine size ,
- mobility,
- adhesion of anterior abdominal wall and adnexa so as to be privileged about forthcoming technical difficulties during surgery.

Operative Difficulties With Previois Scarand Approach

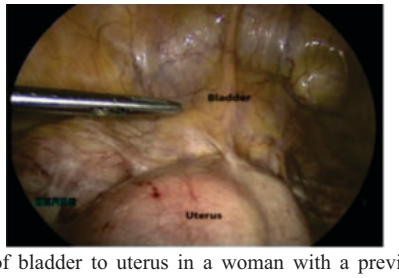
Entry Related-

- Primary access(1 Trocar insertion)-Size 10mm
- Depends on size of uterus and abdominal scar site
- can injure vessels and intestine
- technique: 1)direct 2)veress insertion 3)open 4)hasson Palmer's point-safest ,less adhesion

Intraoperative Difficulties

- 360 degree survery of abdomen and pelvis to assess site of adhesion.
- bladder adhesions-
- anotomy of bladder should be perfectly known.
- method of choice -lateral access technique
- dissection should always be below the level of fat as fat belongs to bladder.
- demarcation of bladder uv fold with capillaries.
- sharp dissection preferred and watch for urine colour.
- bladder intactness to be checked prior to closure.

Adhesion of bladder to uterus and anterior abdominal wall in a woman with 3 previous lower segment cesarean sections



Adhesion of bladder to uterus in a woman with a previous lower segment cesarean section

Omental And Bowel Adhesions

- In case of omental adhesion restrict the use of energy sources.
- Meticulous hemostasis to be achieved.
- Never create raw area as it attracts more omentum.

Previous Scar With Large Uterus

- Port position
- Depends on size of uterus
- Uterine manipulator
- Myoma screw preferred
- Uterine artery ligation at origin can be done in selected cases
- Uterine artery dissection
- Specimen retrieval
- Vaginal Morcellation
- Power Morcellation

Previous Scar With Endometriosis

- Most difficult to perform
- Thorough bowel preparation is a must
- Restoration of anatomy is a prerequisite
- Energy source usage to be limited
- Sharp dissection preferred.

Previous Scar With Adnexal Mass

- Huge benign ovarian cysts can be decompressed by directly puncturing into the cyst under vision.
- In suspected borderline cases specimen can be retrieved using an endobag.
- TLH is a safe option in cases of huge benign ovarian masses where the adnexectomy can be performed easily and the specimen removed vaginally.

CASES

Sr no	Parity	Previous scar	Indication	Intra-operative complication	Post operative complication	Adhes
1	2	Prev 2 lscs with adnexectomy	Fibroid	Ureteric injury		Yes
2	4	Prev 2lscs	Endometrial hyperplasia	Vessel injury		Yes
3	2	Prev 1 lscs	Ovarian cyst	Bladder injury		Yes
4	1	Prev 1 lscs with cystectomy	Fibroid	Bowel injury with conversion to laprotomy		Yes
5	2	Prev 2lscs	Chronic pelvic pain	Bladder injury		Yes

OBSERVATION AND RESULT

Age Group	Count of Age	%
41-45	12	24
46-50	22	44
51-55	13	26
56-60	3	6
Total	50	100
Mean Age	48.68±3.98	
Mean BMI	23.84 ±2.32 kg/m^2	

- In present study, out of 50 patients 26(52%) had 1 previous scar, 22(44%) patients had 2 previous scar and only 2(4%) patients had more than 2 previous scar
- The mean blood loss was 121.8±38.42 ml in patients who underwent total laparoscopic hysterectomy.
- Mean operative time in patients who underwent TLH was 95.43 ±15.60.
- Organ injury was observed in 5(10%) patients out of which Bladder injury was noted in 2(4%) patients, Bowel injury in 1(2%) patients Ureteric injury 1(2%) patients and Vessel Injury was noted in 1(2%) patients.
- Process of adhesiolysis was performed in 22 (44%) patients who underwent total laparoscopic hysterectomy.
- In one case, conversion of TLH to Laparotomy was done due to dense bowel and omental adhesions to the anterior and posterior surface of the uterus. Blood Transfusion was required in only 3(6%) out of 50 patients due to significant blood loss in patients who underwent total laparoscopic hysterectomy.
- Less analgesic requirement.
- Less hospital stay was observed with mean of 2.46±0.92 days and early postoperative mobilization was observed with mean 2.72±0.44 days in patients who underwent total laparoscopic hysterectomy.

CONCLUSION:

From the present study total Laparoscopic hysterectomy is said to have potential advantages in terms of ease of access and minimally invasive procedure with mild complications.TLH is a safe operative procedure even in women with previous scar and it does not increase any complications in an experienced surgical hands i.e major complication rates were not different from that of the patients without previous scar. Moreover, major complication rates, duration of operation, blood loss, postoperative hospital stays and conversion rate to laparotomy did not increase in patients with previous scar

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