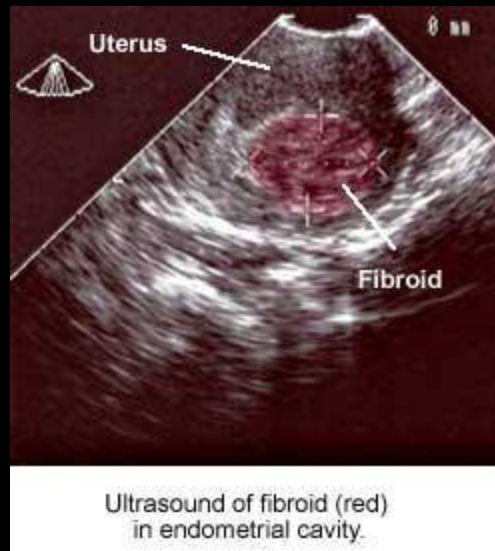


Laparoscopic Myomectomy



R.K.Mishra

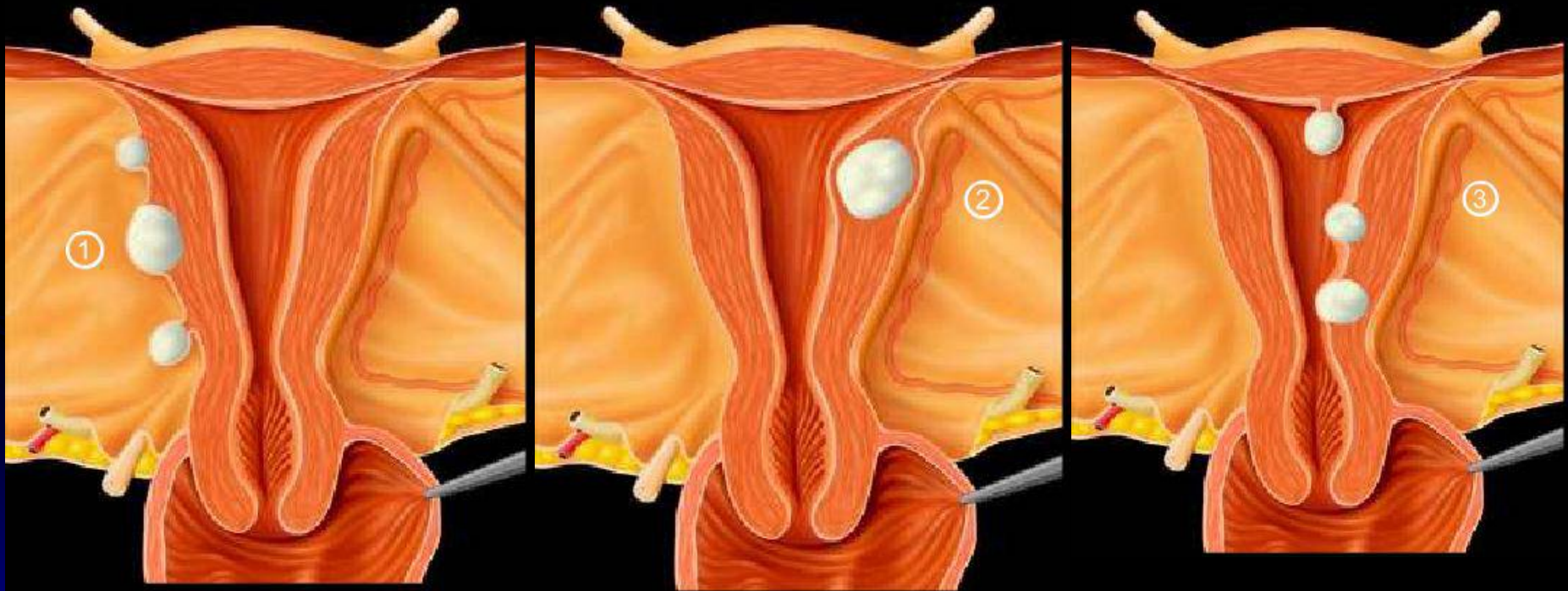


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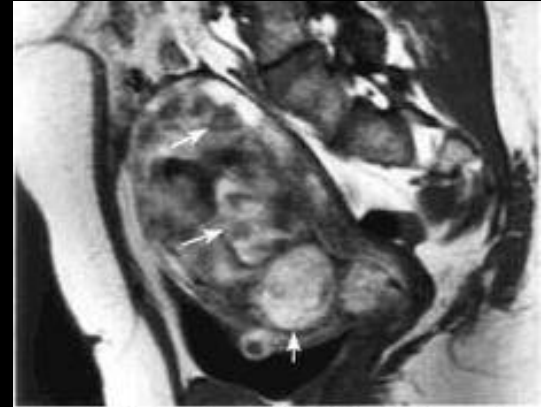
Types of Myoma



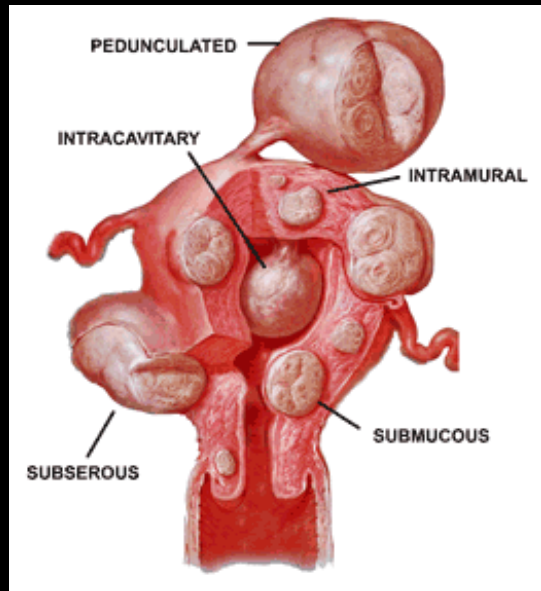
Types of Myoma



Adenomyosis. Note thickened wall of uterus which can be mistaken for fibroids.



MRI showing multiple fibroids (arrows)



Treatment

- **NONSURGICAL:** Fibroids shrink at the menopause to 50% of their size but never go away.
- GnRh agonists e.g. Lupron, Synarel, Busarelin are medications given by injection or nasal spray that create a temporary menopause allowing shrinkage. However on stopping medication the fibroid re-grows to its original size.



Treatment

- SURGICAL: When the fibroids are less than 18 weeks size
LAPAROSCOPIC myomectomy can be performed.
- Inadequate Suturing has led to reports of uterine rupture in pregnancy and labor.
- Laparoscopic Myomectomy need good suturing skill



Position of Surgical Team



Port Position



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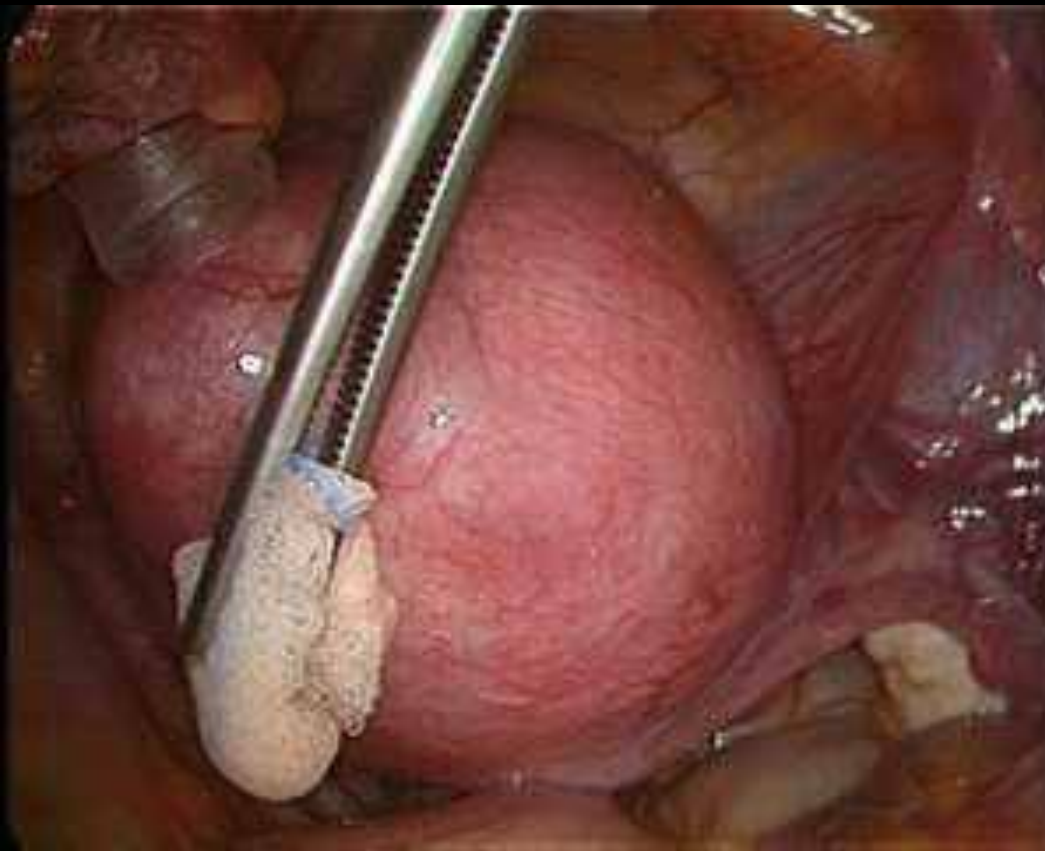
Task Analysis of Myomectomy

- Preventive Haemostasis
- Fixation of Myoma
- Enucleation Myoma
- Obliteration of Dead space
- Retrieval of Myoma

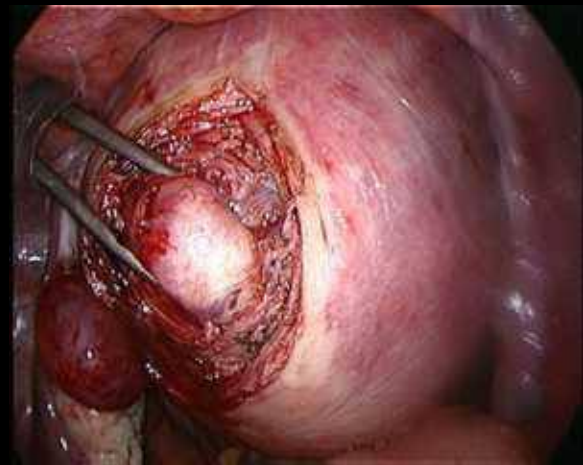
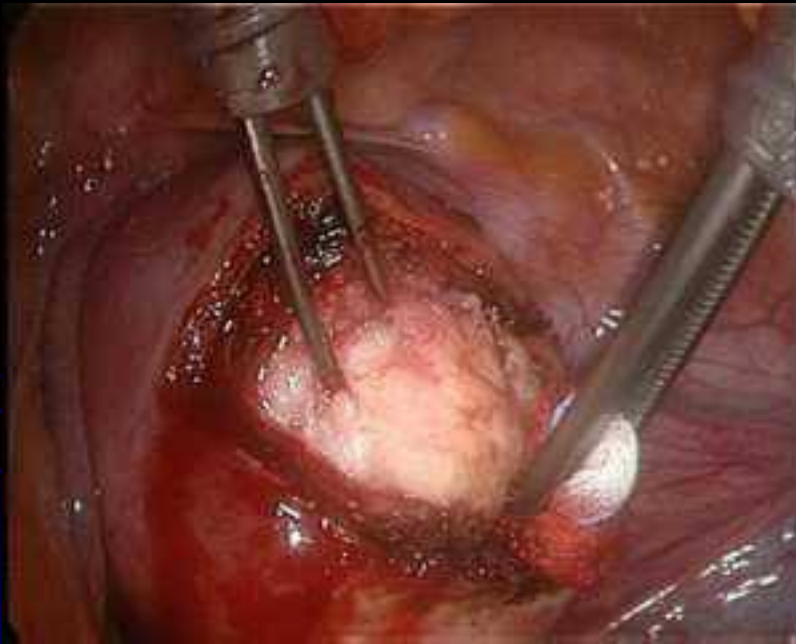


Laparoscopic Myomectomy

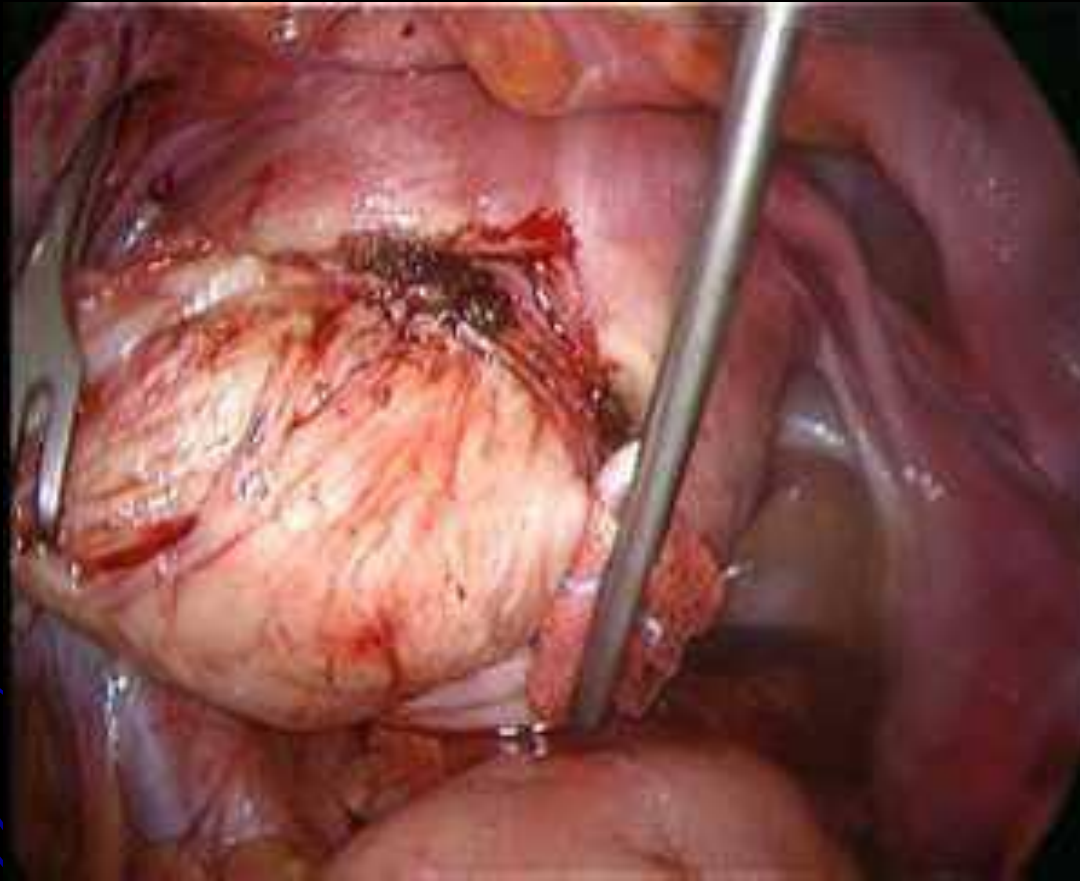
Vasopressin instillation prevents bleeding



Fixation of Myoma



Enucleation



Enucleation



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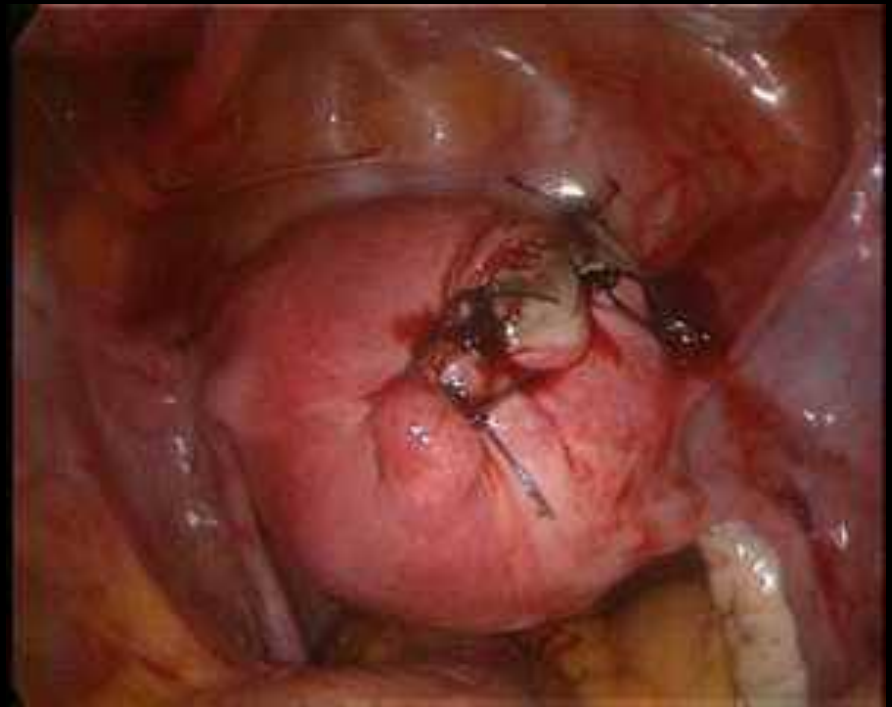
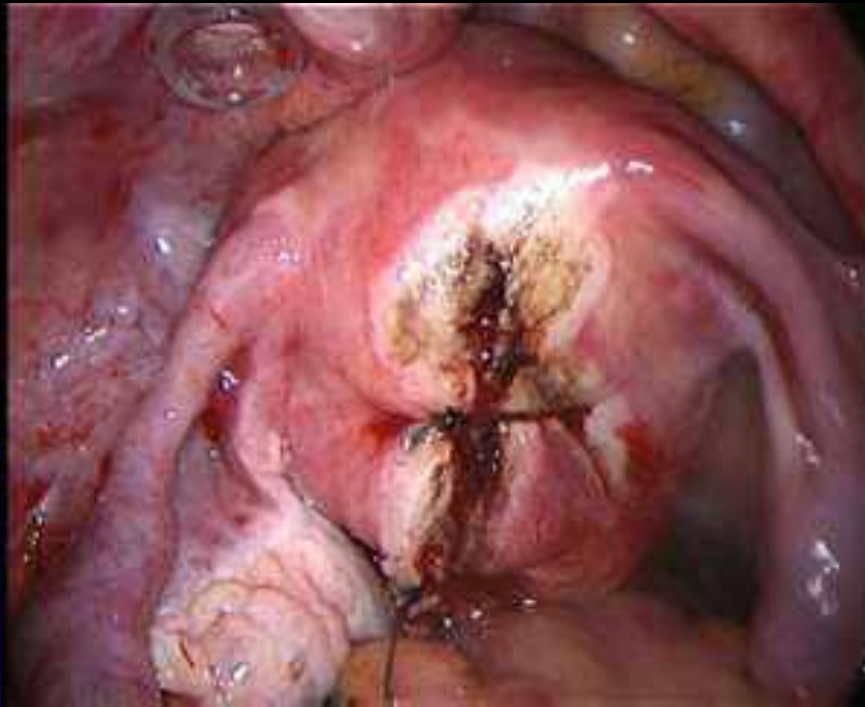
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Morcellation



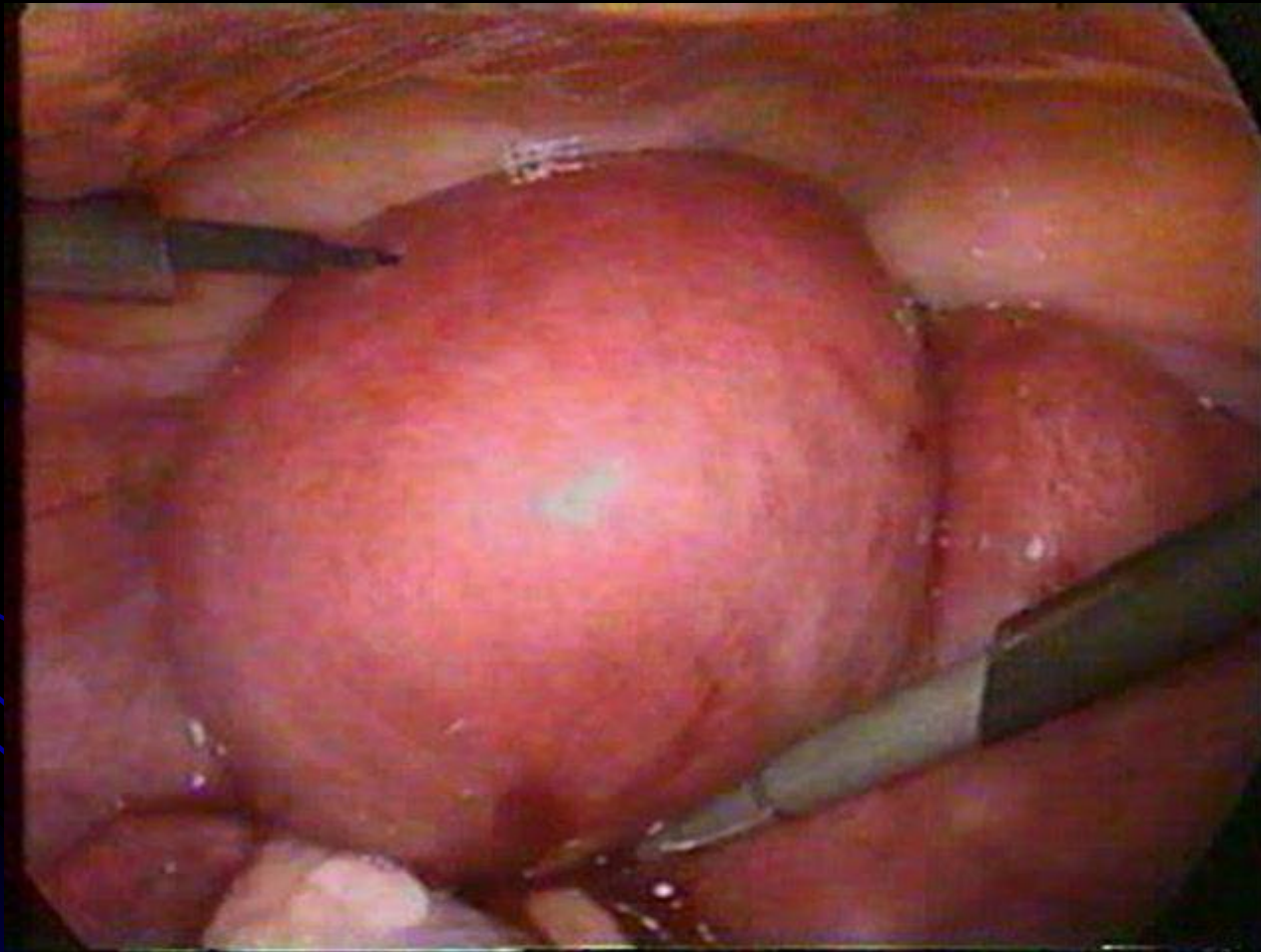
Tumble Square knot



Retrieval of Tissue



Laparoscopic Myomectomy



Laparoscopic Myomectomy



Laparoscopic Myomectomy

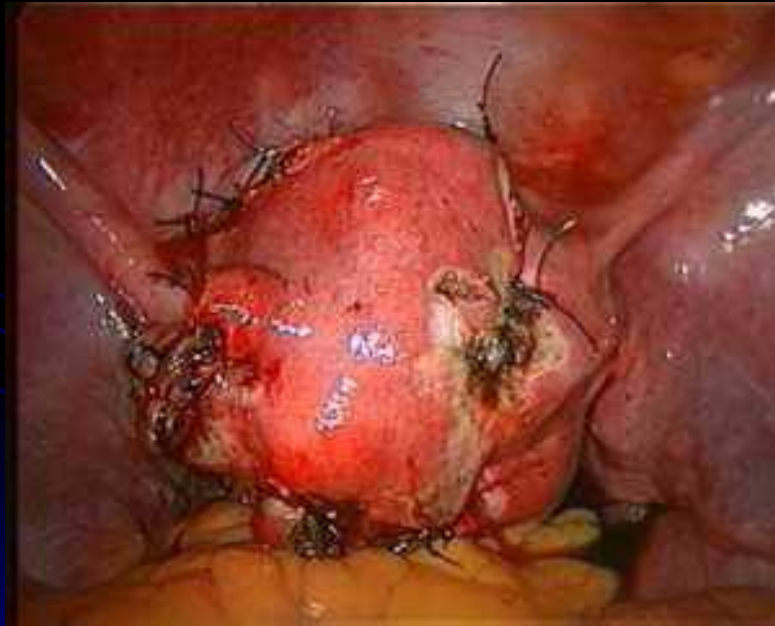


Other Laparoscopic Uterine Surgeries

- Multiple Myoma



Multiple Myomas



Complication

**Bleeding is worst & most
common complication of
Laparoscopic Myomectomy**





Prof. R.K. Mishra and his students with Prof. P.R. Trivedi Pro-Chancellor, TGO University

Thank You



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