

# Laparoscopic hysterectomy

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Advanced Laparoscopic Surgery



# Definition:

It is a minimal access surgical procedure which facilitate the removal of non prolapsed uterus through vaginal route.



# Indications:

“Indications of LAVH are traditionally contraindications of Non descent vaginal hysterectomy”

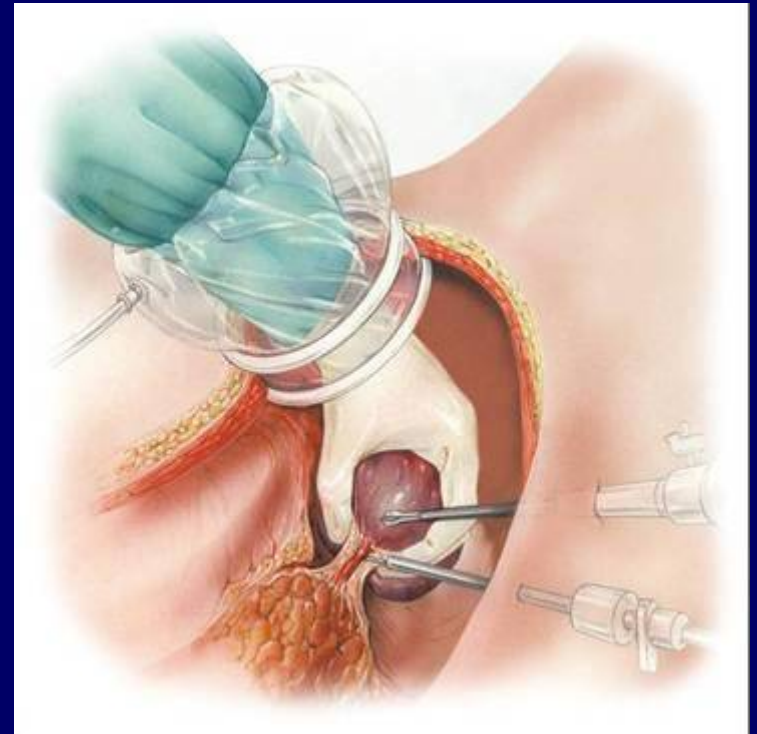
- Previous pelvic surgery
- Endometriosis
- Previous C.S.
- Pelvic pain
- Suspected adnexal pathology
- Uterine myoma
- Ectopic pregnancy
- Acute or chronic pelvic inflammatory disease
- Minimum uterine mobility & limited vaginal access

First lap hysterectomy-  
Reich et al - 1989



# Contraindications

- ❑ Severe COPD or Cardiac disease
- ❑ Generalised peritonitis
- ❑ Previous extensive abdominal surgery
- ❑ Hyper or Hypo coagulable states
- ❑ Uterus more than 24 week size
- ❑ Huge cervical or Broad ligament Myoma



# Classification

## Garry and Reich classification

- Type 1 - diagnostic lap + VH
- Type 2 - lap vault suspension + VH
- Type 3 - LAVH
- Type 4 - LH (ligation of uterine art.)
- Type 5 - TLH
- Type 6 - LSH (Supracervical hysterect)
- Type 7 – LHL (hyst+ lymphadenectomy)
- Type 8 - LHL + O (hyst+ lymphadenectomy + omentectomy)
- Type 9 - RLH (radical lap hysterect)



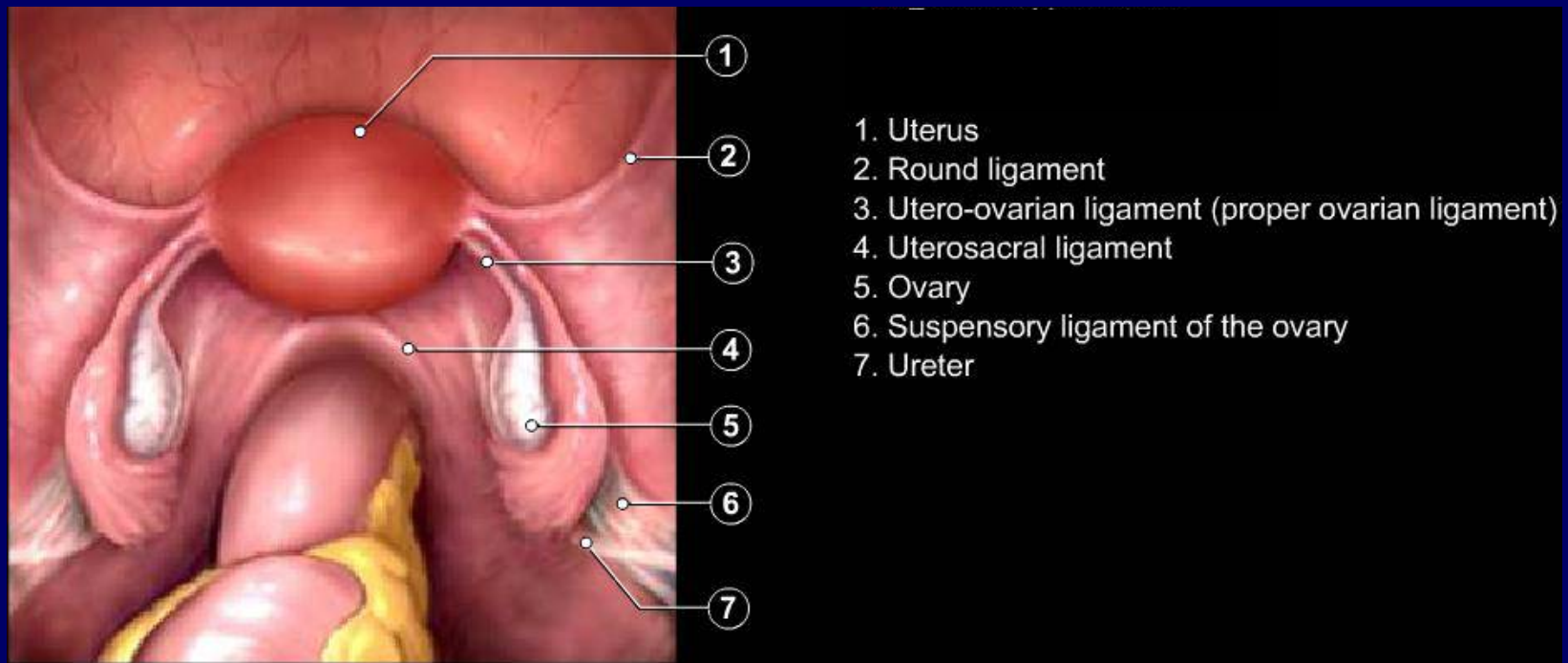
# Hardware required:

- ❑ Telescope 10mm 30 degree
- ❑ Uterine manipulator
- ❑ Grasper 5mm (2)
- ❑ Scissors 5mm Curved, Straight & hooked
- ❑ Dissectors 5 mm
- ❑ Ultrasonic dissector or Electrocautery
- ❑ Needle holders
- ❑ Laparoscopic linear stapler

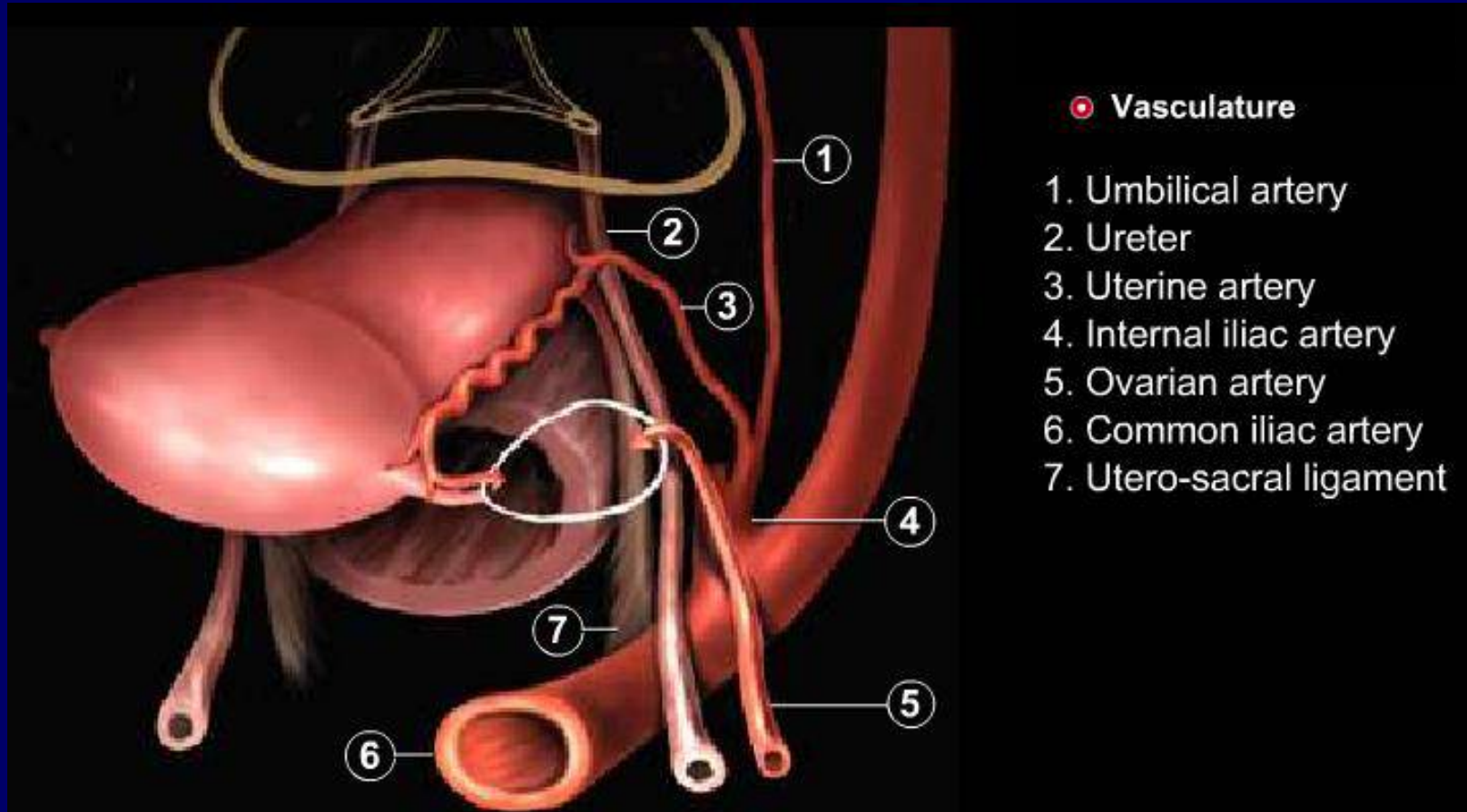




# Topographic Anatomy



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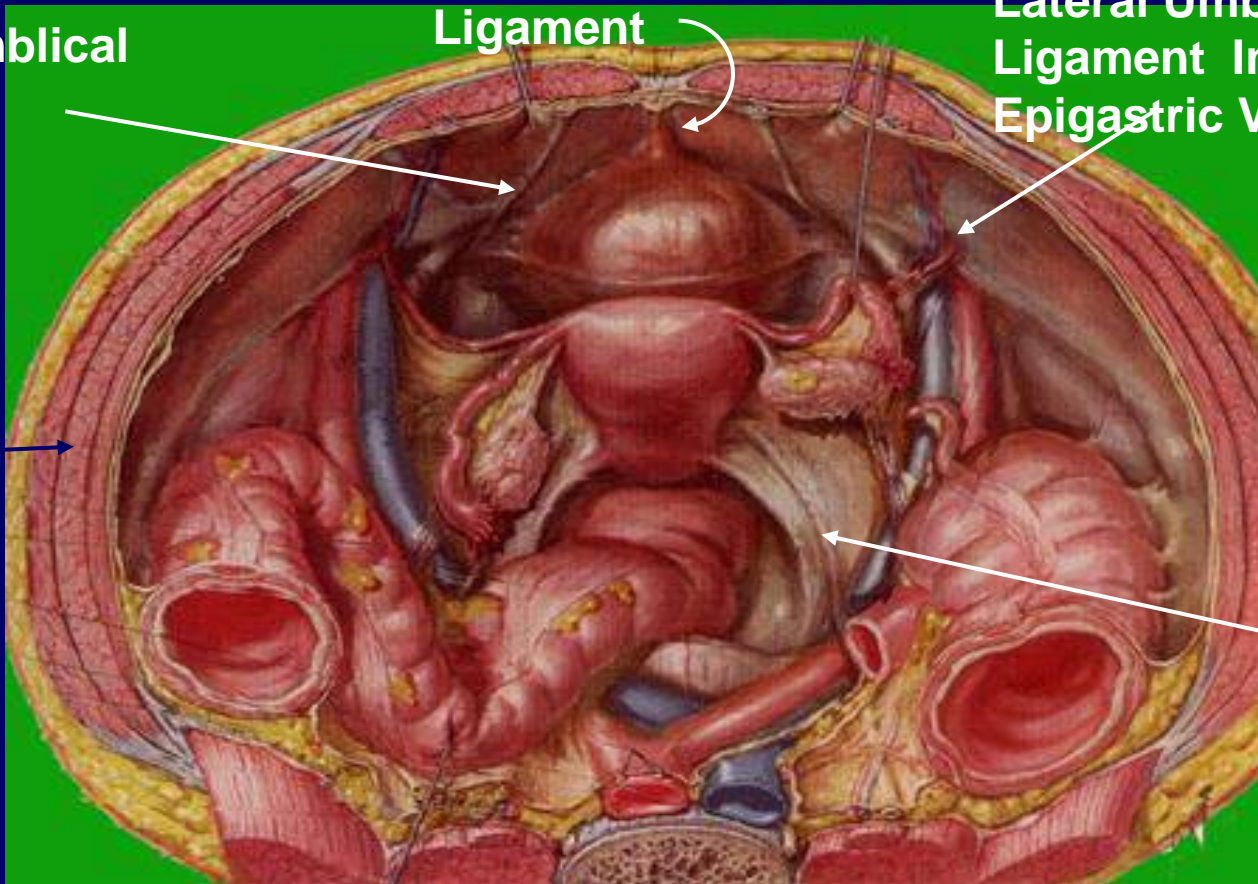


# Panaromic View Pelvis

Medial Umbilical Ligament

Median Umbilical Ligament

Lateral Umbilical Ligament Inf. Epigastric V



URETER



# Procedure:

- Preoperative measures:
  - Routine Anaesthetic and Medical checkups
  - Bowel preparation
  - Peglac powder - 1 sachet with water a night prior
  - Catheterization
  
- Patient position
  - Steep trendelenberg & Lithotomy



# Position of surgical team





# Position of surgical team



# Port position:



# Uterine Manipulator



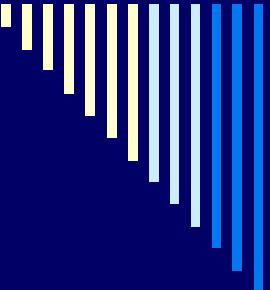


# Operative procedure:



# TLH Procedure



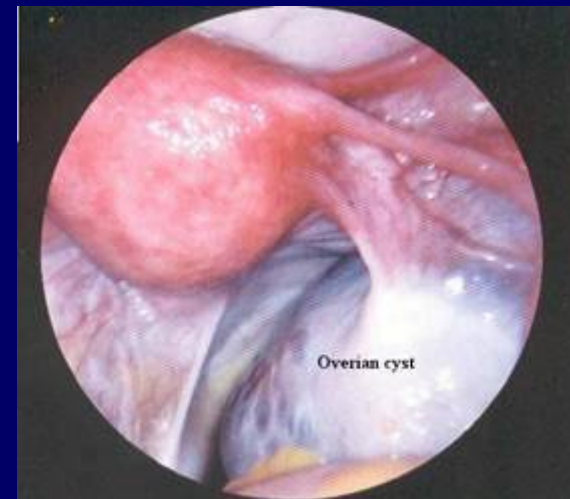
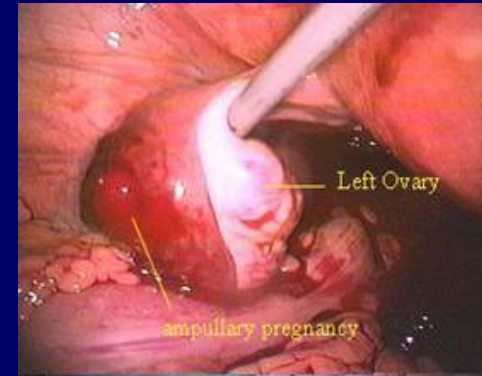


# TLH Advantage using CF Uterine Manipulator



# Advantage of TLH

- ❑ Less postoperative pain
- ❑ Early recovery
- ❑ Minimal hospital stay
- ❑ Thorough diagnosis
- ❑ More complete excision than vaginal hysterectomy
- ❑ Reduced incidence of bladder and rectal injury
- ❑ Less chance of Vault Prolapse



# Disadvantage

- Ureter injury is more in TLH then LAVH
- Normally the rate of ureteral injury in abdominal hysterectomies is 1-2%. In TLH, the injury rate was 4.3%.
- In LAVH 1%
- All the risk factors of Laparoscopy and general anaesthesia is always there especially in inexperienced hand.



*Tamussino KE, Lang PEJ, Breinl E: Ureteral complications with operative gynecologic laparoscopy. Am J Obstet Gynecol 1998;178:967-70*







# THANK you



*Be not afraid of growing slowly,  
Be afraid only of standing still*



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# TLH in Difficult Cases

