Laparoscopic hysterectomy

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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

1. Uterus
2. Round ligament
3. Utero-ovarian ligament (proper ovarian ligament)
4. Uterosacral ligament
5. Ovary
6. Suspensory ligament of the ovary
7. Ureter
Topographic Anatomy

1. Umbilical artery
2. Ureter
3. Uterine artery
4. Internal iliac artery
5. Ovarian artery
6. Common iliac artery
7. Utero-sacral ligament
Panaromic View Pelvis

- Median Umblical Ligament
- Lateral Umbtical 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 than 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.

THANK you

Be not afraid of growing slowly,
Be afraid only of standing still
TLH in Difficult Cases