etrics & gynecology books, visit our website www.Jaypeebrothers.com, for detailed information on obstetrics & gynecology boo



Includes
Interactive
DVD-ROM

Simplified Laparoscopic Hysterectomy

Practical, Safe and Economic Methodology



Rajendra S Sankpal
Mahantesh Karoshi
Late Louis G Keith

Foreword
Sir Sabaratnam Arulkumaran

JAYPEE

Contents

SECTION 1: Preparing to Operate

Chapter 1. Introduction 3
Chapter 2. Anatomy of Ureter 5
Chapter 3. Patient Selection 7
Chapter 4. Patient Preparation 9
Chapter 5. Theater Set Up 11
Chapter 6. Theater Table 14
Chapter 7. Patient Positioning 16
Chapter 8. Theater Ergonomics 20
Chapter 9. Instrumentation 24
Chapter 10. Anesthetic Considerations 33

SECTION 2: Preparing for Surgery

Chapter 11. Preparing for Surgery 37
Chapter 12. Port Insertions 39
Chapter 13. Instructions to the Vaginal Assistant 41

SECTION 3: The Ten Operative Steps

Chapter 14. The Ten Operative Steps 45

SECTION 4: Postoperative Care

Chapter 15. Postoperative Care: Immediate and Follow-up Instructions 59

Index 63

2

CHAPTER

Anatomy of the Ureter

JAYPEE BROTHERS

Anatomy of the ureter relevant for the laparoscopic hysterectomy in an uncomplicated case

What follows is a description of normal anatomy (Figure 1). It may not be relevant in instances where the anatomy is obviously disturbed by existing uterine or pelvic pathology. Examples include a cervical or large broad ligament fibroid, severe endometriosis with gross alteration of the pelvic anatomy, multiple prior surgical interventions or severe pelvic inflammatory disease (PID). In such cases the surgeon may feel the need for preoperative ureteric stenting. However, in senior author's opinion, this places the ureter in a situation of increased vulnerability. As noted on numerous occasions in the textual matter of this book and vividly illustrated in the videos, staying central

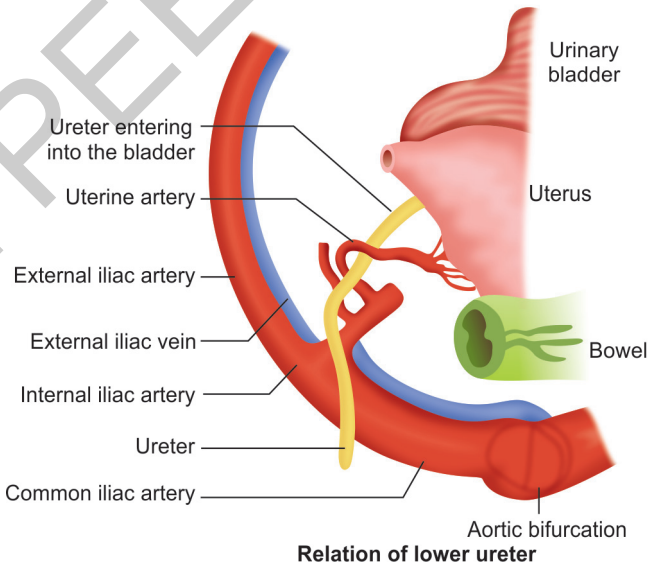

Figure 1 Normal anatomy of the ureter

and close to the uterine body is protective of the ureters. This is a reasonable course of action as the pathology of interest occupies the central position in the pelvis. It is a matter of record that other surgeons prefer to do ureteric dissection prior to commencing hysterectomy. The senior author of this book does not.

In the majority of the patients, the course of the ureter is easily demarcated from the level of the pelvic brim. In general the ureter is seen crossing the external iliac vessels from lateral to medial at the base of the infundibulopelvic ligaments. It further traverses down along the lateral pelvic wall anterior and medial to the internal iliac artery. It then courses medially and can be seen disappearing in the ureteric tunnel 1–1.5 cm lateral to the uterosacral insertion. Anatomically the ureter is 1–1.5 cm away from the vaginal fornices before it enters the bladder trigone. In an uncomplicated case of laparoscopic hysterectomy, it is the terminal part of the ureter near the fornices and at the level of insertion into the bladder as well as the part of the ureter at the base of the infundibulopelvic ligament that are at risk of the injury during the surgical process owing to either direct trauma from scissors leading to transection or thermal injury from energy source dispersion if the early protective measures for the ureter are inadequate.

How to avoid ureteric injury during laparoscopic hysterectomy?

In an uncomplicated case of laparoscopic hysterectomy the ureters always remain laterally away from the operative area if one performs the following.

1. From the beginning to the end of the surgery the vaginal assistant is instructed to push the uterine fundus cephalad.
2. Adequate dissection of the bladder beyond the anterior fornix which is demarcated by the bulge of the manipulator guard is mandatory.
3. Dissection of the posterior leaf of the broad ligament on either side as described earlier places the ureter in a more lateral position and away from the operating field.

If the surgeon uses the three principles listed above, the distance of the ureter from the actual point of the coagulation of the uterine pedicle and its vessels increases from 1.5 cm to 4–5 cm. When the ureters are displaced laterally in this manner, an adequate length of the uterine vessel is visible to coagulate.

As far as possible ureteral injury while doing salpingo-oophorectomy is concerned, the surgeon must hold the adnexa with a grasper and pull it towards the anterior abdominal wall more towards the midline in order to have good traction on the infundibulopelvic ligament. Cauterization of the ligament is carried out adjacent to the adnexa in order to avoid thermal spread to the ureter at the base of the ligament.

JAYPEE BROTHERS

detailed information on obstetrics & gynecology books, visit our website www.jaypeebrothers.com, for detailed information

Simplified Laparoscopic Hysterectomy

Practical, Safe and Economic Methodology

The author demonstrates how by correctly using minimum instruments one can perform total laparoscopic hysterectomy (TLH). The steps of TLH described in this book are easily reproducible if the reader carefully follows all of them. The final intent of the authors is that the reader should be able to master safe surgical technique of TLH in a cost effective and reproducible manner.



Rajendra S Sankpal MD DNB FCPS DGO DFP is immediate Past President of Indian Association of Gynecological Endoscopists (IAGE) and Chairman of International Academic Exchange Committee of Federation of Obstetric and Gynaecological Societies of India (FOGSI). He is a world renowned authority in gynecological endoscopy known for his endoscopic surgical skills. He is a recipient of International Federation of Gynecology and Obstetrics (FIGO) postdoctoral fellowship and honorary membership award of European Society for Gynaecological Endoscopy (ESGE). His participation in endoscopic live workshops, deliberations and scientific book chapters and papers nationally and internationally are unique contributions to the field of gynecological endoscopy. His vision is to make gynecological endoscopic surgeries available to all sections of women in a safe and economical manner.

Available at all medical bookstores or buy online at www.jaypeebrothers.com

JAYPEE BROTHERS
Medical Publishers (P) Ltd.
www.jaypeebrothers.com

Join us on facebook.com/JaypeeMedicalPublishers

Shelving Recommendation
OBSTETRICS & GYNECOLOGY

ISBN 978-93-5270-310-6