Impact of hemostatic sealant for minimizing ovarian damage after laparoscopic cystectomy for endometriosis

Abstract ID : 1564
Soumis par : Kim Woo Young Le 2016-03-07 02:51:15
Nom de la catégorie : SEUD CONGRESS
Typologie : Communication orale / Oral communication
Statut : validé
Autorisation de diffusion : Yes/Oui

OBJECTIVE:
Although stripping the ovarian cyst wall is widely performed when treating ovarian endometriosis, previous studies have shown that the use of bipolar coagulation to control bleeding can cause considerable thermal damage to ovarian tissue. Several hemostatic methods have been introduced to reduce damage to ovarian follicles during laparoscopic ovarian cystectomy, such as suture, bipolar coagulation, hemostatic sealants and vasopressin injection technique. However, the efficacies of different methods on ovarian reserve preservation during laparoscopic ovarian cystectomy remain somewhat controversial until now.

Here we present our experience with hemosatic sealant use for reducing ovarian damage after laparoscopic ovarian cystectomy in endometriosis.

STUDY DESIGN:
Patients with endometriosis were prospectively enrolled from December 2012 through October 2015. All patients underwent laparoscopic ovarian cystectomy with either a hemostatic sealant or bipolar coagulation to achieve hemostasis. Serum anti-Müllerian hormone (AMH) levels were checked preoperatively and at 3 months postoperatively in each group [Bipolar coagulator group (n=42), Hemostatic sealants group (n=57)].

RESULTS:
Age, BMI, parity, sociodemographic variables, and preoperative AMH levels were similar between the two groups of patients. There were also no differences in operative outcomes, such as conversion to other surgical approaches, operative time, estimated blood loss, or perioperative complications between the two groups. However, at 3 months post-surgery, the AMH decline rate was significantly greater in the bipolar coagulation group compared with the hemostatic sealants group (42.9% [IQR, 16.7-52.4] vs. 20.7% [IQR, 5.2-41.9], respectively; P=0.02).

CONCLUSION:
Hemostatic sealant during laparoscopic ovarian cystectomy for endometriosis may provide benefit of preservation of ovarian reserve.

Mots clefs : hemostatic sealants, ovarian reserve, endometriosis
Auteurs :
Références :

Auteurs
Kim Woo Young 1,
1. Obstetrics & Gynecology, Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, Seoul, KOREA, REPUBLIC OF

Auteurs (raw format)
Woo Young Kim - email : obgykim@gmail.com Etablissement : Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine Service : Obstetrics & Gynecology Ville : Seoul Pays : KOREA, REPUBLIC OF Présentateur : Oui