

The more effective incision method for extracting large uterine fibroids in laparoscopic myomectomy

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Introduction: Laparoscopic myomectomy (LM) is a minimally invasive surgical approach. In our hospital, power morcellators are not used and instead we perform colpotomy (cut posterior vaginal wall) and extract fibroids vaginally. The larger the fibroids, the more difficult the transvaginal specimen extraction can be. As a result, for larger fibroids, we use a long scalpel via a trocar site and divide specimen into pieces to make transvaginal extraction feasible. The aim of this study is to evaluate the effect of incising large fibroids before transvaginal extraction, and the way of incision.

Methods: The study involved 63 patients who had undergone LM in our hospital in 2015. We selected the cases where the maximum diameter of the uterine fibroid was more than 8cm. They were divided into two groups, 24 cases with scalpel incision before transvaginal extraction and 39 cases without scalpel incision. We examined the relationships between body mass index, transvaginal specimen extraction time, total extraction time (fibroid incision time and transvaginal specimen extraction time), intraoperative blood loss, number of resected fibroids, maximum fibroid diameter, and weight of fibroids removed. In addition, 24 cases with scalpel incision were divided into two groups. The strip incision method was used in 14 cases and the crisscross incision method was used in 10 cases. In the strip incision method, we make a deep incision into the fibroids about 2cm apart. After the incisions, the fibroid looks like an accordion. In the crisscross incision method, we cut make deep vertical incisions along the short axis about 2cm apart. We half turn the fibroid and make a transverse incision along the long axis. We open the fibroid, and extend every second vertical incision so that the fibroid is cut like a piece of string. Of these two incision methods, we examined the relationships between the total extraction time, the fibroid incision time, and the transvaginal extraction time.

Results: Comparing surgery with or without the use of transabdominal long scalpel morcellation, there were no significant differences in BMI, intraoperative blood loss, the number and weight of fibroids removed, or in the maximum diameter of fibroids. In the fibroid incision group, total extraction time was longer (713s vs 492s $P<0.01$), but transvaginal extraction time was shorter (371s vs 492s $P<0.01$). Comparing the strip incision method and the crisscross incision method, there was no significant difference in fibroid incision time or total extraction time. However, in transvaginal extraction time, the crisscross incision method took less time than the strip incision method (201s vs 482s $P<0.01$). There were no intraoperative complications.

Conclusion: Incising fibroids intraperitoneally can be performed safely. By incising fibroids before extraction, total extraction time was longer, but transvaginal specimen extraction time was shorter. If the operator is not accustomed to the transvaginal extraction procedure for large uterine fibroids, the crisscross method is one of choice.

Keywords : laparoscopic myomectomy, incision, colpotomy

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