

CASES WHO HAD LAVH. FOR PREMALIGN LESIONS

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We performed LAVH as the treatment modality in 7 patients who had the pathological diagnosis of CIN and endometrial hyperplasia who applied to our clinics between January 1999 and October 1999. In all 7 patients in our study group (3 CIN and 4 endometrial hyperplasia), the uteruses were normal in size, however their anatomic levels were high enough to make vaginal hysterectomies difficult to perform. The patients' mean age was 47.2 years and four of them had undergone previous abdominal surgery. Chronic pelvic pain which the patients in this group complained of, made us consider the presence of intraabdominal adhesions. The absence of descensus led us to assist the vaginal operation by laparoscopy.

In the patients prepared for LAVH, two 10 mm. ports, one for the optic, and as the operative port one 5 mm. trocar was used. We utilized bipolar cutting forceps in all cases. The laparoscopic part of the operation was performed from the upper levels on using the bipolar cutting forceps, in 5 cases the cardinal ligaments included and in two not. The vaginal part of the operation was started after entering the vagina anteriorly and posteriorly. Following the removal of the hysterectomy material vaginally, the vaginal cuff was closed from below and after the laparoscopic control, the operation was ended. The mean operative time and the mean duration of hospital stay were 88 minutes and 2.1 days, respectively. The average blood loss was 100 cc. and none of the patients experienced any complication.

Although the indications for LAVH indications are limited, the most important advantages of the operation are the early mobilization of the patient and the shortness of the time elapsed before the patient is back to active life. The following factors lead us to prefer such an operation: the tissue necrosis and tissue reactions are not much, the skin incision is small, the seldom need for postoperative anesthesia, the achievement of hemostasis by laparoscopy following the vaginal part and the shortness of the operative time in selected patients. In addition to all there, we believe that the duration of the operation will decrease proportionally with the experience of the surgeon.