

Retroperitoneal approach to perform TLH BSO in a patient with Severe Endometriosis

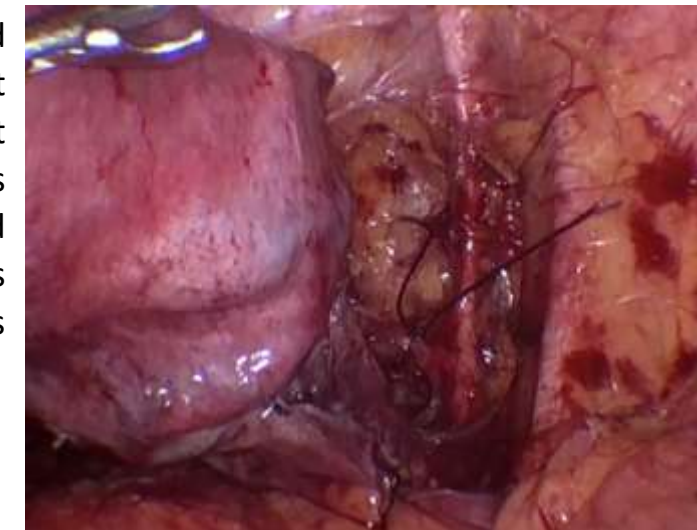
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Retroperitoneum of Left



Retroperitoneum of Right



This is a 42-year-old female patient, with previous 2 vaginal deliveries, with complaints of severe dysmenorrhoea and dyspareunia. Adenomyosis was detected on transvaginal ultrasound. There was no history of previous surgery.

Procedure: The adenomyotic uterus was about 14 weeks uterus size. Bilateral Tubo-ovarian (TO) masses were present. Left TO mass had bowel adhesions covering it. Right TO mass was adhered densely to right lateral pelvic wall. Retroperitoneum was approached on left side first. Left Uterine artery was isolated and ligated with a free tie. Left Infundibulopelvic ligament was isolated next and ligated with a free tie. At all times ureter was kept in view and dissected up to ureteric tunnel. Similar steps were followed on the right side as well, isolating and ligating the right uterine artery and infundibulopelvic ligament respectively keeping close watch on ureter and dissecting it up to right ureteric tunnel. Dense adhesions of the both TO masses near ureteric tunnel were present. Once uterus was devascularized, hysterectomy was continued following the routine steps. Utero-vesical fold was cut and bladder pushed down. Vault was incised above the level of uterosacral ligaments and specimen was removed vaginally. Vault was sutured with Vicryl No. 1 suture in continuous manner. There was minimal blood loss during the surgery. Haemostasis was confirmed. Integrity of both ureters was confirmed by their movement.

Key-points: Retroperitoneal approach is a sustainable approach to perform total laparoscopic hysterectomy with bilateral salpingo-oophorectomy that entails minimal blood loss. Isolating the major vascular supply to uterus and ovaries and dissecting ureter throughout its length gives the surgeon freedom to clear endometriosis in a much safer and complete way.