

Indocyanine green-based fluorescence imaging for intraoperative real-time ureter identification during deep endometriosis laparoscopic surgery: a case report.

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Case Description: A 39 year-old woman, gravida 0, was referred to our center due to dysmenorrhea (VAS 9/10), dyschezia (VAS 9/10), dyspareunia (9/10) and infertility.

TREATMENT PLAN

PRIOR TO SURGERY

- US SCAN EVALUATION
- EMBRYO CRYOPRESERVATION (3CP D+3).

SURGERY

- BILATERAL SALPINGECTOMY.
- LASER CO₂ OMAS.
- ADHESYOLYSIS.
- NODULE EXCISION FROM RETROCERVIX-USL.
- SHAVING

REPRODUCTIVE PLAN

- GNRH-analogues (x3-6 months).
- EMBRYO TRANSFER.
- PATIENT IS STILL UNDER HORMONAL TREATMENT. FUTURE PREGNANCY.

ICG is a fluorescent dye that allows an accurate intraoperative real-time assessment of tissue vascularization



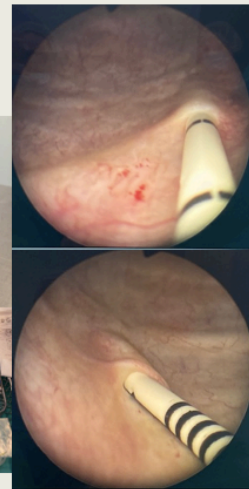
Recently described to facilitate the visualization of the ureter allowing an easier and rapidly localization.

Surgical Description: Deep Endometriosis surgery was planned in order to improve symptoms and fertility.

ICG PREPARATION

CISTOSCOPY

- 6Fr ureteral catheters were introduced.
- Injection of 5 ml of ICG solution in each ureter.
- The ureteral catheters were immediately removed.



Use of the near-infrared spectrum mode of the camera system (fluorescence NIR/ICG OPAL1[®] 3D-4K technology, Karl Storz)

