International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Chatterjee A et al. Int J Reprod Contracept Obstet Gynecol. 2024 Sep;13(9):2598-2598
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20242465

Letter to the Editor

Step-by-step total laparoscopic hysterectomy

Sir,

Our main objective was to do to do reproducible stepwise technique of total laparoscopic hysterectomy (TLH) without complications. We have made a design of retrospective study of 1000 cases of TLH done in 2 centres by same surgical team using same techniques and instruments including energy sources done over last 4 years for fibroid uterus, adenomyosis and endometriosis. The following are the steps for the same: general anaesthesia followed by cleaning and draping. Lithotomy followed by reverse trendelenberg after verres entry through umbilicus and 10 mm supra-umbilical midline port atleast 4 fingers above height of uterus using safety port. Then two lateral ports on spino-supraumbilical port line and supra-pubic midline port under vision.[1] Intra-abdominal pressure kept at 12 mm of Hg and maximum gas flow. Clermont Fernand type uterine manipulator inserted. Ultrasonic scalpel using maximum at 5 and minimum at 3. Bipolar kept at 35 watts. 1st right round ligament cut as lateral as possible with ultrasonic scalpel to allow pneumo to gush into lateral pelvic was and vesical plain. Bladder is dissected down using ultrasonic scalpel then right lateral pelvic walls peritoneum opened from round ligament to psoas muscle parallel to IP ligament.[2,3] Ureters are traced as it crosses the right external iliac artery – then dissection done with ultrasonic scalpel anterior and lateral to the ureters till we see the uterine artery crossing the ureters. Then the internal iliac and its continuation as umbilical artery dissected and bipolar done to the uterine artery at origin. Then either the IP or broad ligament and ovarian ligament is bipolared and cut with ultrasonic scalpel depending on whether ovaries will be removed or conserved. Then the posterior peritoneum is cut upto right uterosacrals using ultrasonic scalpel.[4] Then right uterine arteries is secured with bipolar and cut with ultrasonic scalpel. Same steps are repeated in the left side-only difference is left ureters cross the left common iliac. Finally, vault is cut with monopolar hook electrode at 35 watts pure cutting current. Specimen is delivered vaginally or vaginal morcellation done by lateral coring technique.[5] Vagina is stitched laparoscopically continuous stitch with 1-0 PDS. Foley's is kept for 24 hours. Patient mobilized after 6 hours. ERAS protocol followed and patient discharged 48 hours after surgery passing flatus, stool and urine normally.

So, we conclude that the technique is easily reproducible, causes minimum blood loss, has a quick recovery and good long-term results without any complications.

Abhinibesh Chatterjee, Annesha Dutta*, Polly Chatterjee

Department of Obstetrics, Gynaecology and Advanced Laparoscopic Surgery, Manipal Hospital Saltlake, Kolkata, West Bengal, India

***Correspondence to**
Dr. Annesha Dutta
E-mail: anneshadata2@gmail.com

REFERENCES

1. Dorsey JH, Steinberg EP, Holtz PM. Clinical indications for hysterectomy route: patient characteristics or physician preference? Am J Obstet Gynecol. 1995;173(5):1452-60.
2. Olsson JH, Ellstrom M, Hahlin M. A randomised prospective trial comparing laparoscopic and abdominal hysterectomy. Br J Obstet Gynaecol. 1996;103(4):345-50.
3. Meikle SF, Nugent EW, Orlear M. Complications and recovery from laparoscopy ssisted vaginal hysterectomy compared with abdominal and vaginal hysterectomy. Obstet Gynecol. 1997;89(2):304-11.
4. Koh, Charles H. A new technique and system for simplifying total laparoscopic hysterectomy. J Am Assoc Gynecol Laparosc. 1998;5(2):187-92.
5. Donnez O, Jadoul P, Squifflet J, Donnez J. A series of 3190 laparoscopic hysterectomies for benign disease from 1990 to 2006: evaluation of complications compared with vaginal and abdominal procedures. BJOG. 2009;116:492-500.

Cite this article as: Chatterjee A, Dutta A, Chatterjee P. Step-by-step total laparoscopic hysterectomy. Int J Reprod Contracept Obstet Gynecol 2024;13:xxx-xx.