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It is time to perform Total Laparoscopic Hysterectomy without the use of uterine manipulator: Kamran's TLH

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Biography

Ahmed Gendia is currently pursuing her Doctoral studies at ICAR-NIANP, Bangalore, India. She has completed her masters in Biotechnology. Her area of research interest is related to nutraceuticals and its effect on gut health. Her research work is focused to establish an effective and acceptable enzymatic process of D-tagatose production keeping in view the expected demands of D-tagatose in near future and to evaluate its prebiotic and anti-diabetic propertiesthrough in- vitro and in-vivo experimental models. She has experience in research and teaching. Her interest lies in conducting a long-term scientific research in the field of nutraceuticals and their role in modulating the gut microbial composition impacting the health and well-being of both animal and human.

Abstract

Statement of the Problem: Total Laparoscopic hysterectomy (TLH) remains a common approach among laparoscopic surgeons. however, this approach depends on the use of uterine manipulator to facilitate the surgery. Although many studies reported the effectiveness of TLH with uterine manipulator, only few reported TLH without the use of any uterine or vaginal manipulation. the aim of this report is to demonstrate our Technique (kamran's TLH) in performing TLH without the use of any uterine or vaginal manipulation in benign conditions and report our intra- and post-operative outcomes. Methodology: surgical technique will be demonstrated through a short video highlighting the easy and safe to learn surgical steps. Additionally, the data of 86 patients who underwent KTLH for benign condition was retrospectively analyzed. the data included intra- and postoperative fi nding and complications. Results: A total of 86 hysterectomies were performed utilizing the Kamran's TLH (KTHL). Mean age was 52.2 (±11) years old and BMI was 28.2(±7). Mean operative time was 64.7(±27.9) minutes and estimated bloods loss was 46.2(±54.6) ml. No intraoperative complications were recorded and there was no conversion to open surgery. Only one patient required readmission and surgery for vaginal vault dehiscence. Conclusion & Signifi cance: Uterine manipulator is a key component in performing laparoscopic hysterectomy. However, our approach demonstrated that TLH can be safely performed without the use of any uterine or vaginal manipulation.

Publication

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