

**Center for Minimal Access
Surgery in Gynecology**

**Department of
Gynaecology and Obstetrics**

**Hospital Sachsenhausen
Frankfurt
Academic Teaching hospital
University of Frankfurt**



Laparoscopic Myomectomy - no limits ? -

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Head of Department**

**20th annual Congress ESGE
London 20th to 24th September 2011**

**20th ANNUAL
CONGRESS
ESGE**

LONDON UK
ICC - International Convention Center
21-24 SEPTEMBER 2011

www.esge.org

In conjunction with:

- ESGE
- The British Society for Gynaecological Endoscopy

Participated by:

- British Fertility Society
- British Gynaecological Cancer Society
- British and Irish Association of Gynaecological Endoscopic Surgeons
- British Society of Gynaecological Imaging
- British Society of Urogynaecology

Cases of endoscopic surgery overall **21000**

Hysteroscopy **9500**

Myomectomy **1200**

Endometrial Ablation **900**

Uterine septum **200**

other **800**

Laparoscopy **11000**

Total laparoscopic hysterectomy **2300**

Subtotal laparoscopic hysterectomy **850**

Myomectomy **2800**

major complications **< 1%**

conversions to laparotomy **< 1%**

Adnexal surgery **3100**

Lymphonodectomy **250**



≥ 10 years ago:

$\leq 3-4$ myoma

$\leq 6-7$ cm

= 100 cm³



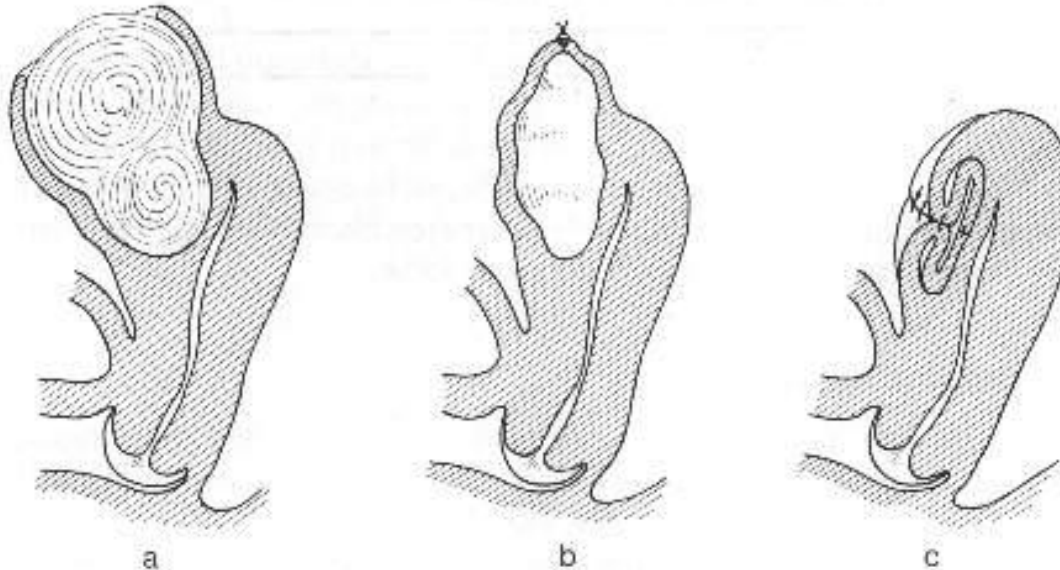


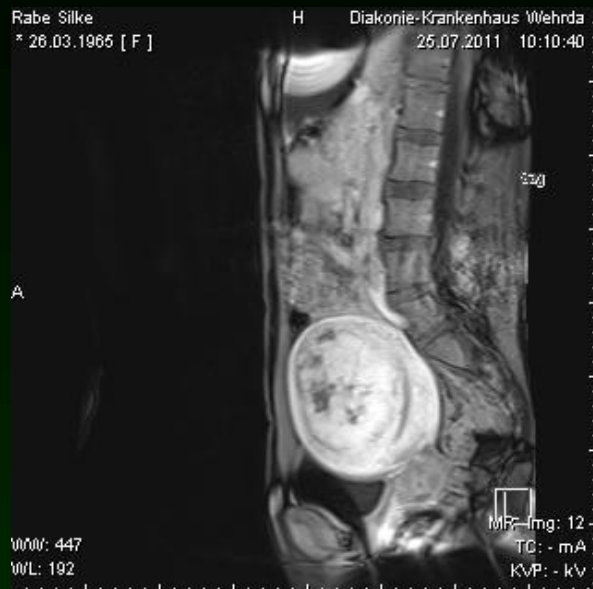
Abb. 50 Myomektomie nach Louros (schematisch). a) Spaltung der Myomkapsel, Ausschälen des Myoms, b) Naht der Kapsel, c) Einstülpen der Myomkapsel durch mehrere Schichten invaginierender Nähte.

Video 0

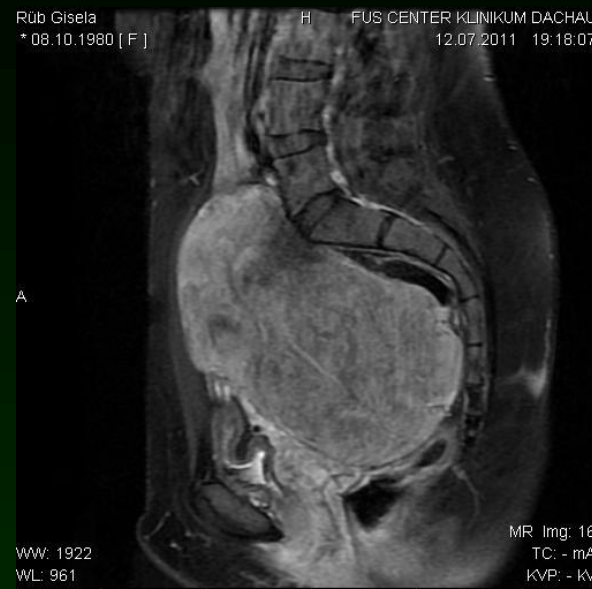


Video 1





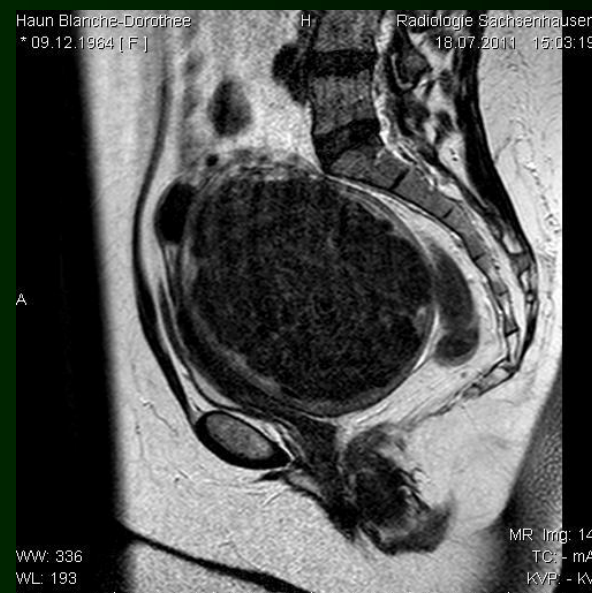
**290 g
intramural**
**Laparoscopic
myomectomy**



**750 g
pediculated**
**Laparoscopic
myomectomy**



**1200 g
intramural**
**Laparoscopy &
conversion**



**1140 g
intramural**
**laparoscopic
subtotal
Hysterectomy
=
radical
Myomectomy!**

Laparoscopic equipment:

**monitor, instruments, etc.
incl. morcellator**

Dissecting device:

**no tissue destruction
myometrial hyperplasia = pregnancy**

Coagulation device:

bipolar/ultrasound

Suturing technique:

hemostasis, adaptation

... and last but not least:

**learning step by step
experience, some skill
knowledge of risks**

**If you guarantee all this, then you may perform myomectomy
of whatever size, location or number you will find ... but:**



**... you need also a clear diagnostic and
therapeutical concept!**

- | | |
|--|--|
| 1. Diagnosis: | fertility, bleeding disorder,
pain, organic damage |
| 2. Type of operation: | myomectomy
subtotal hysterectomy
total hysterectomy |
| 3. Adequate access: | laparoscopy
laparotomy |
| 4. Complication
management: | typical risks and complications
(detection and treatment) |



Video 2



Video 3



Video 4



Video 5



Video 6



Video 7



Video 11



Video 11



Video 12



Be careful !



... It's a risky job!

Thank you very much !!!



