

Laparoscopic Endometriosis: Intra-operative treatment and management of abdominal and pelvic adhesions

DISCUSSION

Endometriosis affects 5.5 million women in the United States. 30 to 40% of these women are infertile, making it one of the top 3 causes of female infertility.* Laparoscopic surgical intervention to treat endometriosis has been shown to improve fecundity in infertile women and has also proven to be an effective treatment of advanced infiltrative disease. The treatment objective of surgical intervention is the restoration of normal pelvic anatomy and organ function. Lesions of endometriosis and associated adhesions contribute to both pelvic pain and infertility. Surgical intervention requires a two pronged approach:

1. thorough resection of all lesions and use of adhesion prevention modalities during surgery
2. thorough and safe adhesiolysis strategies

CASE STUDY

A 32 year old woman presented with chronic cyclic pelvic pain and concomitantly has been unable to spontaneously conceive. Endometriosis was suspected to be a contributing factor to both pelvic pain and infertility.

The patient opted for a laparoscopic procedure in order to resolve both pelvic pain and fertility issues. During the laparoscopic examination, endometriotic lesions were identified and excised in the posterior cul-de-sac, pelvic side wall and posterior fundus of the uterus. Bilateral adhesions occluded both fallopian tubes and micro-adhesiolysis was performed to restore tubal patency. The procedure was performed on an outpatient basis and the patient returned home the same day. Six months later the patient was able to conceive spontaneously without further intervention.

SURGEON

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“3-D vision makes it much easier to work on excising lesions very close to vital structures.”

GYN

case study

Laparoscopic excision of endometriosis using the Viking 3Di Vision System

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CONCLUSIONS

Precise visualization, combined with meticulous dissection and resection, are important strategies for successful treatment and management of endometriosis.

The Viking 3Di Vision System was utilized during this laparoscopic surgery to allow for precise spatial relationships of the adhered fallopian tubes, uterus, peritoneum, and pelvic wall. Enhanced spatial information affords the surgeon more confidence when determining dissection planes of adhered surfaces and offers the potential to avoid risks such as bowel perforation, unintended ureteral injury and other visceral damage.

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*References available upon request. Please consult user manuals for complete instructions for use, intended use, contraindications, warnings and cautions. Part # J05309-003 Revision A. Printed October 2006.