មជ្ឈមណ្ឌលជាតិគាំពារមាតា និងទារក
National Maternal and Child Health Center

ទិវាសល្យសាស្ត្រ សម្ភព និងរោគស្ត្រី លើកទី៣

ប្រធានបទ៖ «ពង្រឹង និងបង្កើនសេវាព្យាបាល ថែទាំ សង្គ្រោះ ប្រកបដោយគុណភាព »

OUTCOME LAPAROSCOPIC HYSTERECTOMY IN National Maternal and Child Health Center

ថ្ងៃទី៤-៥ ខែកញ្ញា ឆ្នាំ២០២៥
សណ្ឋាគារភ្នំពេញ

Presented by **Meng Huy Cheng, OB/GYN _Minimal invasive surgeon**

Introduction

- Hysterectomy can be performed via Abdominal, Vaginal, Laparoscopic and Robotic approach.
- Out of these laparoscopic is decreased blood loss, shorter hospital stay, faster normal activities with fewer wound infection when compared with abdominal approaches.(R1)
- Materials and Methods: It is a retrospective observation study on 13 women, underwent laparoscopic hysterectomy, at NMCHC from 1st September 2024 to 1st March 2025.

Aim

This study is conducted to access safety and efficacy of total/subtotal laparoscopic hysterectomy along with review of the demographic data and clinic –pathological indication. Study design is Retrospective observational study design.

Objective

To analyses the surgical outcome of Laparoscopic Hysterectomy

Materials and Methods

- Laparoscopic Hysterectomy (Total/subtotal) at NMCHC, during the period from 1st September 2024 to 1st March 2025.
- **Inclusion criteria**

Patients who has association cervical and endometrial pathology

Size of uterus <20 weeks of pregnancy G.A.

- **Exclusion criteria**

Size of uterus >20 weeks of pregnancy G.A.

A total of 13 women were included

- Demographic characteristics
- Past Medical /OB/SURGICAL History
- Indication /Duration of surgery /blood loss /conversion to abdominal surgery /wound infection /hospital stay

Preoperative :

- Admitted and evaluation laboratory and radiological
- Pre-anesthesia checkup and fitness for surgery obtained.
- Antibiotic to be given on the day of surgery.
- Bowel prepared with proctoclysis enema given twice (night before surgery/ morning on the day of surgery).

Instruments Used

- 5mm 30-degree telescopic(Karl Storz) with light source
- Energy sources: Bipolar/monopolar device (Richard wolf)
- Uterine manipulator/myoma screw
- Grasper/scissors

Patient position is Trendelenburg /urinary Foley catheterization

Pneumoperitoneum :

veress needle at supraumbilical then 5mm trocar was used to enter abdomen and 2 or 3 ancilliary 5mm trocar was used.

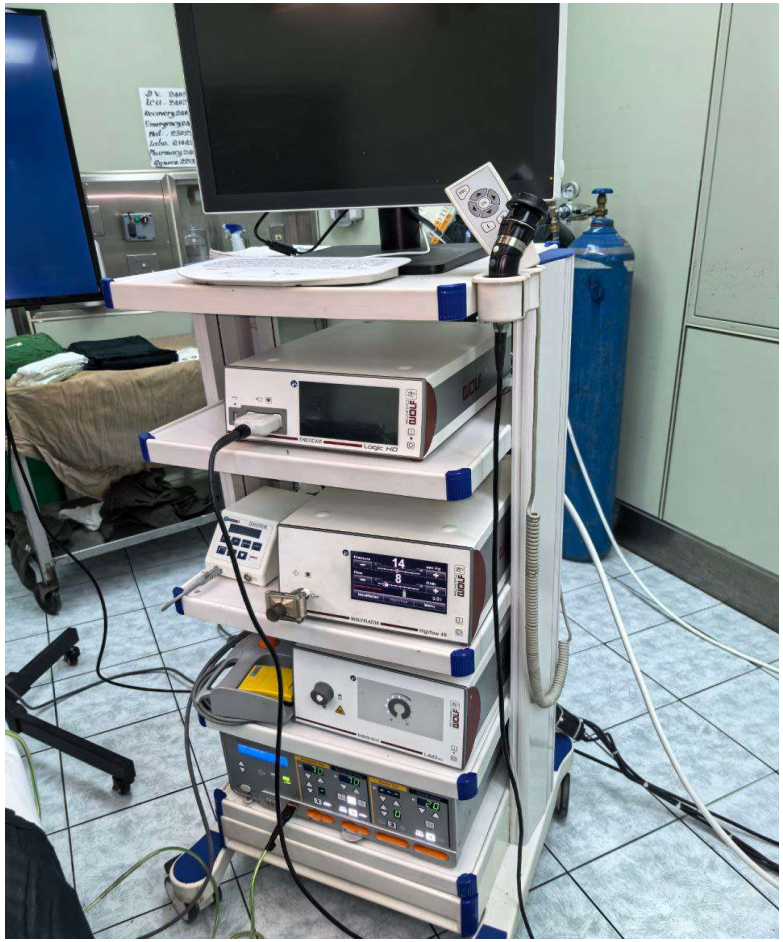
Specimen retrieval

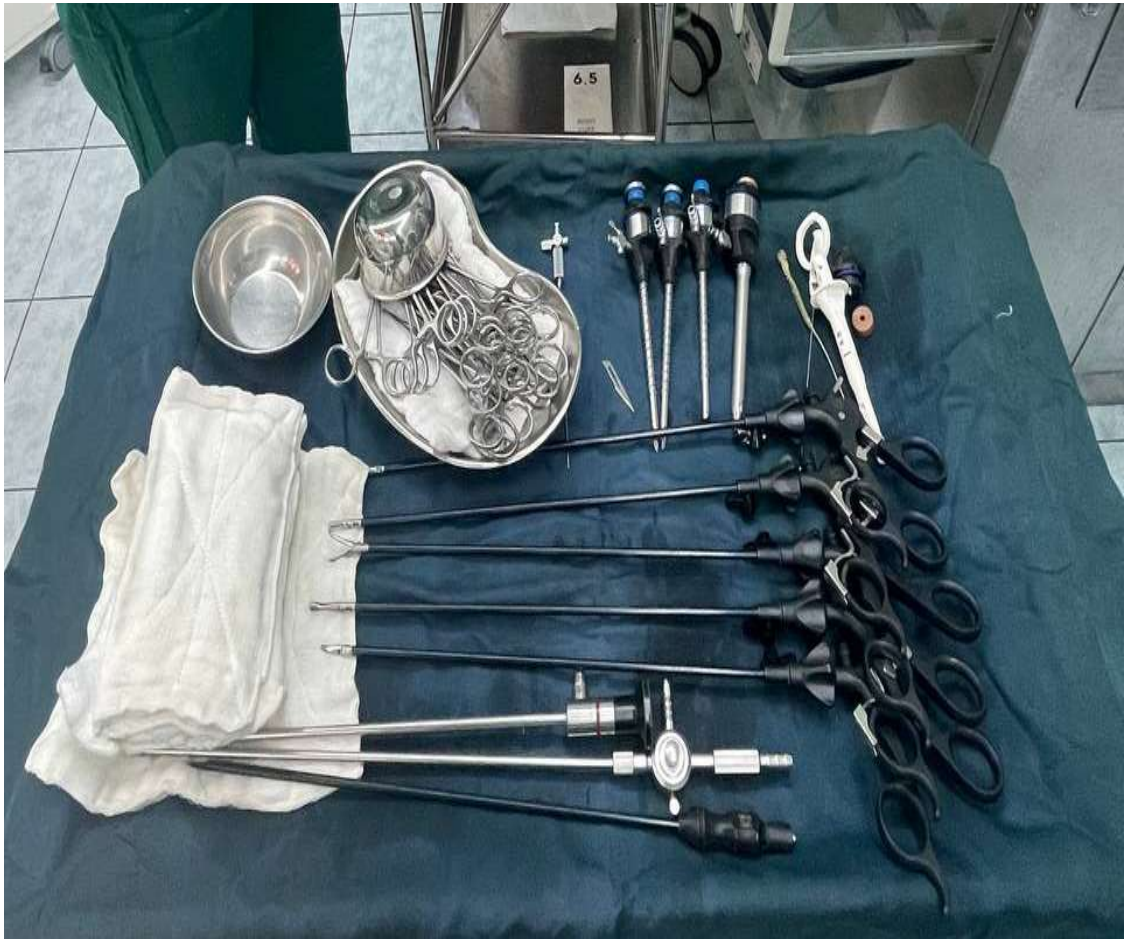
- Vaginally/abdominal by manually morcellation for TLH with vault suture by laparoscopic / vaginally suture
- Some subtotal hysterectomy removed by Morcellator for morcellation

Ambulation was restored in 12 hours after surgery

LMWH(WHO RISK ASSESSMENT CHART), but we are not given.

Patient discharge with in approximately 5 to 7 days (hospital protocol/state health insurance)




6.5

RESULTS

- **Among 13 patents who under**

Total Laparoscopic Hysterectomy……..09 cases

(All are Uterine fibroid)

Total Laparoscopic Hysterectomy with bilateral salpingo-oophorectomy……..02 cases

1.Cervical cancer stage I

2.Endometrial cancer grade I

Subtotal laparoscopic hysterectomy……02cases

(All are Uterine fibroid)

Rang are **31yr to 58yr** and all are **parous woman**

LSCS-LOWER SEGMENT CESAREAN SECTION …….1CASE

Comorbidities

Obesity (BMI>40)…….02 Cases

Chronic HTN ……..02 cases

Uterine size

<12weeks of pregnancy size _____02 cases

>12weeks to 18 weeks of pregnancy size _____10 case

>18weeks of pregnancy size _____01 case

Mean Duration

SHORT TIME 100MIN

LONGEST DURATION 240MIN

Severe intraoperative and latter convert to laparotomy : NO

Ureter Injury : NO

Hospital stay :5 to 7 days (hospital policies)

Indication For Hysterectomy

Indication	N=13
Uterine fibroid with AUB	11
Cervical cancer stage I	01
Endometrial cancer grade I	01

Distribution Based On Characteristics of Patients

Characteristics	N=13
Age	45 years (31 to 58 years)
Nulliparous PAROUS 1previously LSCS	0 13 1
Comorbidities Chronic HTN Obesity BMI>40	 02 02

Surgical Outcome

Outcome	Data
Operation time <100minutes >240minutes	 1 12
Post operative stay	5 (4-7days)
Specimen weight	Smallest is 50 grams Largest 1500 grams
Post operative complication Vault hematoma Ureter injury Port site infection CVA (Hypertension crisis post operative)	 0 0 0 01
Type of procedure Total Laparoscopic Hysterectomy TLH with bilateral salpingo-oophorectomy Subtotal laparoscopic hysterectomy	 9 2 2

Discussion

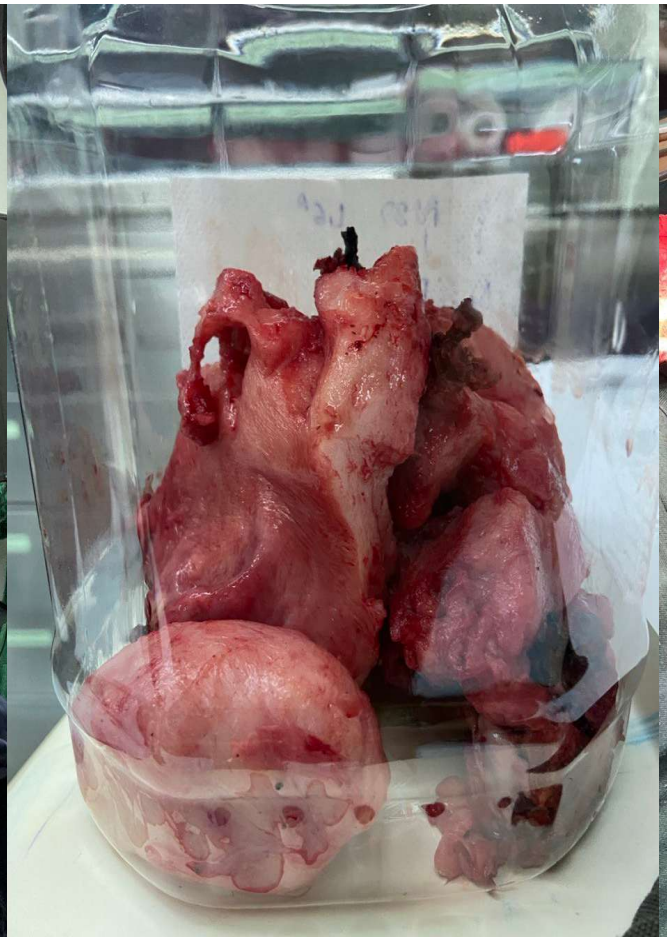
- Laparoscopic hysterectomy , According to American College of Obstetrics and Gynecologists, is preferred wherever vaginal hysterectomy is not feasible. (R2)
- In this study, we analyses the surgical outcome of Laparoscopic hysterectomy in 13 patients, laparoscopic route had early mobilization, early recovery, reduced post operative pain and adnexal pathology was tackled simultaneously and advantage compared to laparotomy route.

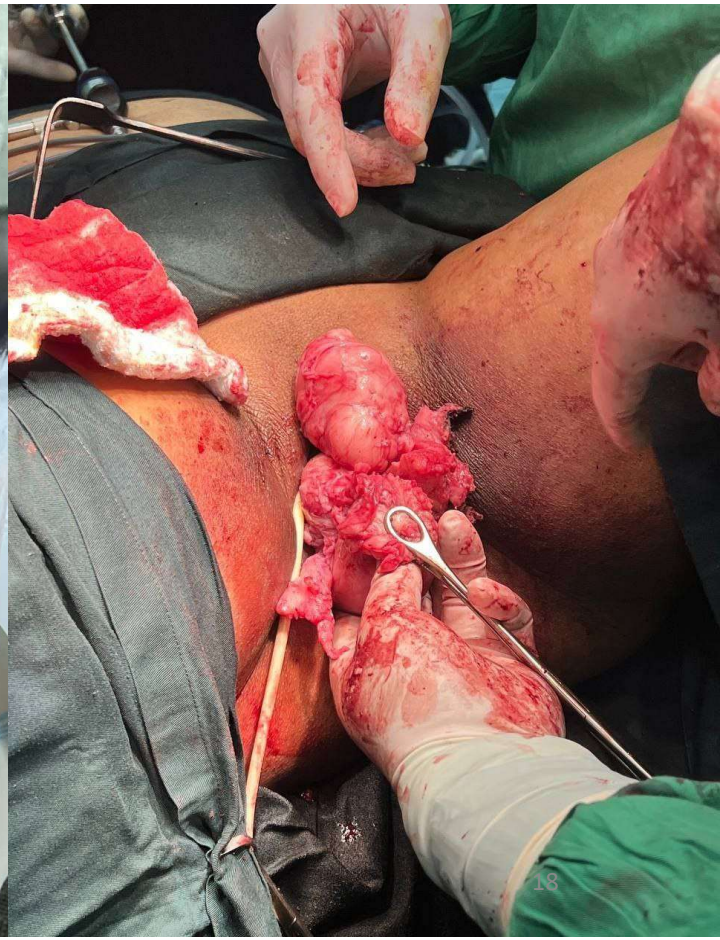
Mean our age is 45years	Kim et alwhich 47.7years (R3)
The most indication is Uterine fibroid with AUB	Uterine fibroid with AUB (R4) ShinJW,LEE,HH,LEE SP, PARK CY. The most indication is
Operation time <100minutes >240minutes The mean operation time is slightly higher because of multiple surgeon/size of Uterus …	ANHRA PRADESH Hospital(01/072022) <45minute >290minute (R5)
Hospital stay5 -7days	Candiani et al (3 to 7days)R6
Our 13case laparoscopic hysterectomy (No any case convert to laparotomy)	ANHRA PRADESH Hospital(01/072022 50cases 03case convert to laparotomy (bleeding/dense adhesive)R5
Bladder /ureter injury (NO)	ANHRA PRADESH Hospital(01/072022)R5 01 Bladder injury /01ureter injury
Vault hematoma (NO)	Vault hematoma 01 case(Conservative management)
Port infection (NO)	Port infection 01 case
Specimen weight Largest 1500g	ANHRA PRADESH Hospital(01/072022)R5 Largest 1100g

CONCLUSION

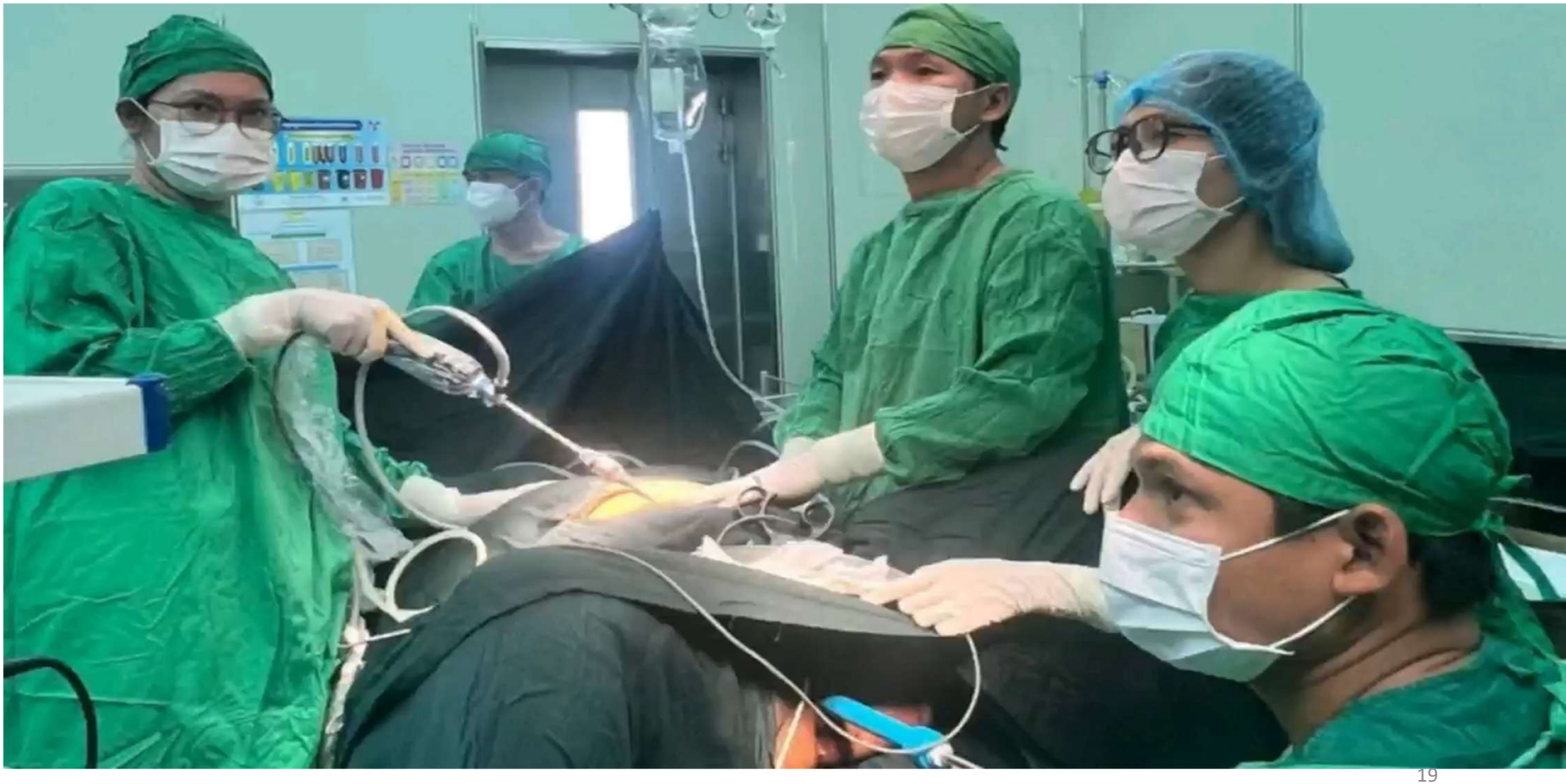
- Laparoscopic hysterectomy is a safe and effective route.
- Patient selection and surgical expertise is important.
- Team work plays an important role.
- It provides greater benefit than abdominal route in view of early patient mobilization and early recovery.

Specimen retrieval





Position :TLH in multiple Uterine fibroids



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R1:LEFEBVREg,Allaire C,Jeffrey J,Vilos G,Arneya J,Birch C, et al. SOGC clinical guidelines.Hysterectomy .J Obstet gynaecol can.2002;24(1):37-61

R2:ACOG Committee opinion N0 444:Choosing the route of hysterectomy for benign diasease .

R3:kim SM ,PARK EK,JEUNG IC,KIM CJ,LEEYS .Abdominal ,multi-port and single port total hysterectomy

R4:ShinJW,LEE,HH,LEE SP, PARK CY.Total laparoscopic hysterectomy and laparoscopic assisted vaginal hysterectomy JSLS.

R5:Woman's Medical college in ANHRA PRADESH

R6:Candiani M,Izzo S,Bulfoni A,Riparini J,Ronzoni S,Marconi A.laparoscopic vs vaginal hysterectomy for benign pathology .

Thank you …