

بسم الله الرحمن الرحيم



-Caron-





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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Perioperative Outcomes using LigaSure Compared with Conventional Bipolar Instruments in Laparoscopic Hysterectomy for Benign Gynaecological Disease in Ain Shams University Maternity Hospital: A Randomized Controlled Trial

Thesis

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ABSTRACT

Perioperative Outcomes using LigaSure Compared with Conventional Bipolar Instruments in Laparoscopic Hysterectomy for Benign Gynaecological Disease in Ain Shams University Maternity Hospital: A Randomized Controlled Trial

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Background: Haemorrhage is one of the most frequent complications during surgery, so adequate haemostatic techniques are essential during surgical procedures, in particular with the laparoscopic procedures. Excessive bleeding during laparoscopic hysterectomy is associated with an increased risk of urinary tract injuries and conversion to laparotomy.

Aim of the Work: To compare the effects of LigaSure versus the conventional bipolar technique on operating time and blood loss during laparoscopic hysterectomy.

Patients and Methods: This study was carried out in 2 years, we included 140 Women who underwent hysterectomy for benign gynaecological disease, 70 women of them underwent laparoscopic hysterectomy using LigaSure vessel sealing system while the rest underwent laparoscopic hysterectomy using conventional bipolar instruments.

Results: In comparison with Biploar cautery Group, the Ligasure Vessel Sealing System (LVSS) Group had significantly shorter operation time (p=0.002), while there was non-significant difference between both groups regarding blood loss, length of hospital stay, incidence of major bleeding & incidence of bladder injury among patients undergoing laparoscopic hysterectomy.

Conclusion: The LigaSure vessel sealing system is a safe alternative for laparoscopic hysterectomy when compared with traditional bipolar cautery.

Keywords:

Benign Gynaecological Diseases

Total Laparoscopic Hysterectomy

Electrosurgical Techniques In Laparoscopy

LigaSure

Bipolar

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Abb.	Full term
AC	Alternating Current
ACOG	American Congress of Obstetricians and Gynecologists
<i>AD</i>	Adenomyosis
AUB	Abnormal Uterine Bleeding
BMI	Body Mass Index
CO_2	Carbon Dioxide
CXR	Chest X-Ray
DC	Direct Current
ECG	Electrocardiogram
HF	$High ext{-}Frequency$
HIFU	High - Intensity Focused Ultrasound
HMB	Heavy Menstrual Bleeding
<i>LAVH</i>	Laparoscopic Assisted Vaginal Hysterectomy
LUNA	Laparoscopic Uterosacral Nerve Ablation
PID	Pelvic Inflammatory Disease
POP	Pelvic Organ Prolapse
<i>SD</i>	Standard Deviation
<i>TAH</i>	Total Abdominal Hysterectomy
TLH	Total Laparoscopic Hysterectomy
<i>UFs</i>	Uterine Fibroids
VH	Vaginal Hysterectomy

Introduction

Taemorrhage is one of the most frequent complications Laduring surgery, so adequate haemostatic techniques are essential during surgical procedures, in particular with the laparoscopic procedures. Excessive bleeding during laparoscopic hysterectomy is associated with an increased risk of urinary tract injuries and conversion to laparotomy (Garry, 1994).

Hysterectomy is one of the most frequently performed gynaecologic surgical procedures. A Cochrane database review states vaginal hysterectomy as the preferred route of removing the uterus when compared with abdominal hysterectomy, because of earlier return to normal activities, fewer febrile episodes, and shorter duration of hospital stay. Comparison hysterectomy between laparoscopic and abdominal hysterectomy favours the laparoscopic method, because of earlier return to normal activities, lower intraoperative blood loss, fewer wound infections, and shorter hospital stay (Nieboer et al., 2009).

Since the introduction of laparoscopic surgery, different haemostatic instruments have been developed. In laparoscopic surgery, conventional mechanical haemostatic techniques, using sutures or clips, have almost completely been replaced by coagulation techniques, using monopolar coagulation, bipolar coagulation and ultrasonic instruments. LigaSure (Valleylab, Boulder, CO, USA) desiccates vascular tissues using a



feedback-programmed amount of bipolar diathermy (Heniford et al., 2001). This method of vessel sealing relies on the application of a precise amount of bipolar electrocoagulation and pressure to the tissue, leading to the denaturation of the collagen and elastin in vessel walls, resulting in a haemostatic seal (Kennedy et al., 1998). The technique is able to seal vessels up to 7 mm in diameter and the seal can withstand three times the normal systolic pressure (Landman et al., 2003). In addition, compared with conventional bipolar instruments, this vessel-sealing mechanism has a significantly reduced thermal spread profile and therefore, a decreased risk of injury to adjacent structures.

The use of LigaSure has been assessed for a range of procedures, such as abdominal and vaginal hysterectomy as well as haemorrhoidectomy and bowel surgery (Hagen et al., 2005). Several studies reported a decrease of operating time or operative blood loss using LigaSure instruments in comparison with other haemostatic instruments (*Hefni et al.*, 2005).

The use of LigaSure has been assessed for a range of procedures, such as abdominal and vaginal hysterectomy as well as haemorrhoidectomy and bowel surgery. Several studies reported a decrease of operating time or operative blood loss LigaSure instruments in comparison using with other haemostatic instruments (Thorbeck and Montes, 2005).

AIM OF THE WORK

Study Objective:

To compare the effects of LigaSure versus the conventional bipolar technique on operating time and blood loss during laparoscopic hysterectomy.

Research hypothesis:

Ligasure may be compared to the conventional bipolar technique as regard operating time and blood loss during laparoscopic hysterectomy.

Research question:

Is ligasure compare to the conventional bipolar technique as regard operating time and blood loss during laparoscopic hysterectomy.

Primary outcome:

Comparing outcomes using LigaSure compared with conventional bipolar instruments in laparoscopic hysterectomy for benign gynaecological disease as regard operative time and blood loss.

Secondary outcome:

Comparing outcomes using LigaSure compared with conventional bipolar instruments in laparoscopic hysterectomy for benign gynaecological disease as regard intraoperative complication.