Laparoscopic Hysterectomy: Tips and Tricks for Successful Surgical Outcomes

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Disclosure

- **Consultant** – Covidien, Inc.
Objectives

1. Articulate principles for safe patient positioning
2. Illustrate port placement strategies that maximize ergonomics and safety
3. Identify instrumentation critical for performing laparoscopic hysterectomy
4. Demonstrate technique for safely completing conventional laparoscopic hysterectomy
Patient Positioning for Laparoscopic Hysterectomy

- Dorsal lithotomy
- Arms tucked in ‘military’ position
- Head and neck in neutral positions
- Pressure points adequately padded
- Trendelenburg
Patient Positioning for Gynecologic Laparoscopy
Positioning of the Obese Patient

- ↑ risk for position shifting
- ↑ risk of nerve and tissue compression injuries

Port Placement

1. Access
2. Ergonomics
3. Safety
Port Placement

• Visualization
• Dissection
• Suturing
Port Placement for Large Pathology

- Port location shifted cephalad
- Consider larger ports to facilitate use of 10 mm instruments
Instrumentation
Bipolar Instruments

Conventional

Advanced
Ultrasonic Instruments
**Uterine Manipulator**

- **Pneumococcluder**
- **Pericervical cup**
- **Endometrial Balloon**
Survey the Abdomen and Pelvis
Address the Adnexa
Divide the Round Ligament
Divide the Broad Ligament
Reflect the Bladder
Secure and Transect the Uterine Vessels
Perform Colpotomy
Uterine Manipulator

- Pneumococcluder
- Pericervical cup
- Endometrial Balloon

Electrode Characteristics

Current Density

Favors Desiccation

Favors Vaporization
Ultrasonic Scalpel – Blade Excursion

Min ——— Max

Blade Excursion

Coagulation ——— Cut
Colpotomy – Infant Bulb Syringe
Close the Vaginal Cuff
Anatomy of vaginal apex
Barbed Suture

- Knot-less
- Maintains tissue apposition during closure
- Distributes tension along incision line
Survey the Abdomen and Pelvis (again)
Cystoscopy
Supracervical Hysterectomy