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Laparoscopic ovarian cystectomy for ovarian endometrioma – step by step technique (Video article)

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Abstract

The surgical technique is essential to adequately manage the disease. The objective of this video is to show a meticulous technique to be necessary to adequately manage of Laparoscopic cystectomy for the treatment of ovarian endometrioma. This video reports in detail our current technique for laparoscopic cystectomy for ovarian endometrioma and all the tricks to permit a good answer to reproduction, and even improvement of the technique by other surgeons.

Key words:

Endometrioma; laparoscopic technique, endometriosis, ovarian, laparoscopy

Objective:

To describe a reproducible safe laparoscopic technique for the excision of ovarian endometriomas.

Design:

Video presentation

Case Report:

Perfect surgical technique and knowledge of the anatomy is essential to adequately excise endometriosis. The ovarian endometrioma may be found in up to 44% of women with endometriosis.

The steps of a laparoscopic ovarian cystectomy for ovarian endometriomas are described in this video utilizing a reproducible technique with the aim of reducing trauma to ovarian injury. 10 key steps are highlighted.

Step 1: Patient preparation and establishment of peritoneum.

Step 2: Use of uterine manipulator

Step 3: Systematic diagnostic laparoscopy, endometriotic lesions mapping, and ovariolysis

Step 4: Aspiration and irrigation of endometriotic cyst contents.

Step 5: Identification of the endometrioma cleavage plane.

Step 6: Dissection of the ovarian endometrioma utilizing divergent forces

Step 7: Dissection of the deep aspect of the endometrioma near the ovarian hilum.

Step 8: Hemostasis.

Step 9: Excision of broad ligament and pelvic sidewall peritoneum.

Step 10: Extraction

Conclusion:

The ovarian endometrioma is seen in up to 44% of women with endometriosis. Premature surgical menopause and decreased anti-Mullerian hormone (AMH) after ovarian cystectomy is a concern that must be discussed with patients.

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A laparoscopic view of the pelvic cavity. The uterus is centrally located, appearing as a reddish, muscular structure. The ovaries are visible on either side, covered in a network of red blood vessels. A surgical instrument with a serrated tip is positioned near the uterus. The surrounding peritoneum is light-colored and shows some vascularization. The overall scene is illuminated by surgical lights, creating a clear view of the anatomical structures.

1. AREA OF ADHESION

2. AREA OF ACTIVE ENDOMETRIOTIC TISSUE

3. AREA OF INTENSE FIBROSIS - CLEAVAGE PLANE IS DIFFICULT TO FIND.