

Subtotal Hysterectomy with Single Port Access Laparoscopy: Gadget or Progress?

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Abstract

Background: The strengths of surgical laparoscopy compared to laparotomy include shorter hospitalization, reduction in post-operative pain and adhesions, and better cosmetic outcomes. Since 2008, Single Port Access Laparoscopy (SPAL) has been used in order to offer additional cosmetic benefits and to further reduce post-operative morbidity. The aim of this study was to assess the feasibility of a subtotal hysterectomy using SPAL technique, as well as the benefits and the limitations of this technique.

Methods: Retrospective series of 15 women managed between September 2010 and February 2013 at our university tertiary referral center by subtotal hysterectomy using SPAL technique for benign pathologies.

Results: Twelve of the 15 procedures were performed by SPAL alone. Three conversions to classic laparoscopy were required for a large uterus (1 case) or major pelvic adhesions (2 cases). Postoperative complications were a bladder injury, a subumbilical hematoma and transcervical fragmentation of a uterus with a low-grade sarcoma. Mean operative time was 85.4 minutes (50-170). Postoperative hospitalization was of 2 days in average. The rate of patient satisfaction at 16-month follow-up was 9.2 / 10.

Conclusion: Subtotal hysterectomy using SPAL technique is safe and feasible. Successful procedure requires accurate selection of patients taking into account main limitations, such as uterus weight, patient's BMI and abdominal surgical history. Notwithstanding, SPAL technique can be seen as technical progress.

Key words: single port access laparoscopy, subtotal hysterectomy, laparoscopy, gynecology