ENDOSCOPY IN GYNAECOLOGY

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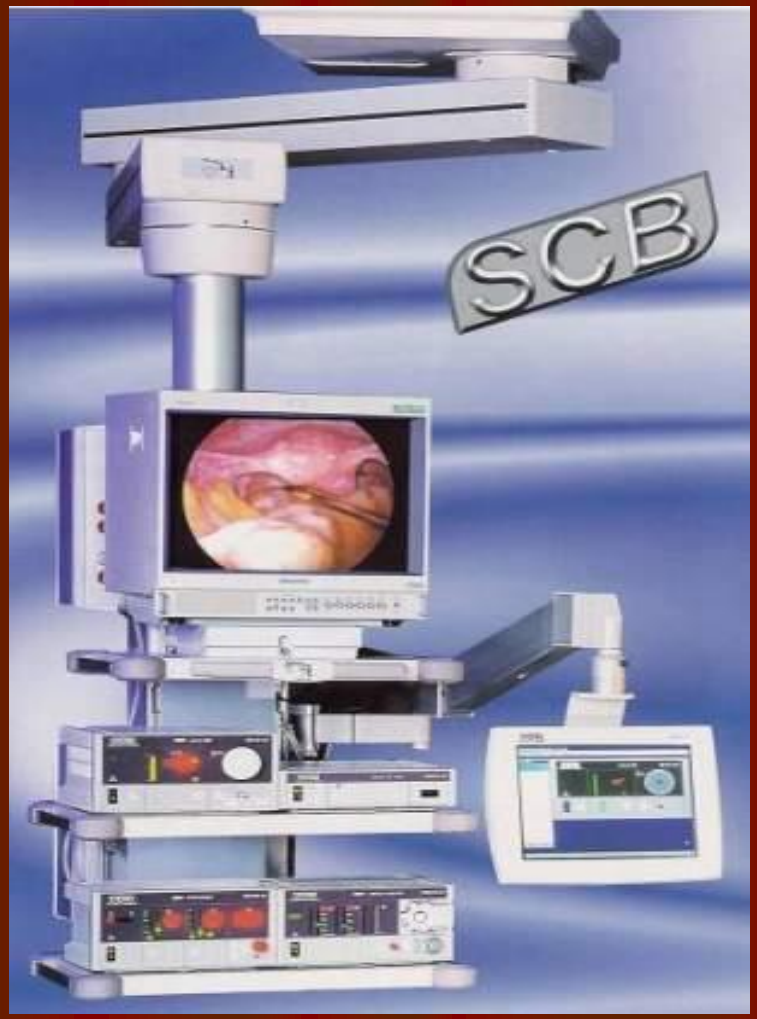

SCB

HISTORY

- Literal meaning: peeping into hollow cavities of the body with special instrument.
- 1929 – this branch of endoscopy known as laparoscopy was developed by kalk

HISTORY

- 1935-1950 popular in European countries
- Minimally invasive surgery – misnomer and replaced by the word minimal access surgery (KEY-HOLE SURGERY)

INTRODUCTION

- LAPAROSCOPY : VISUALISATION OF PERITONEAL CAVITY
- HYSTEROSCOPY : UTERINE CAVITY
- SALPNIGOSCOPY: FALLOPIAN TUBE
- CULDOSCOPY: CONTENTS OF P.O.D.

WHY ENDOSCOPY

- AVOIDS ABDOMINAL INCISION/SCAR, INFECTION AND HERNIA
- LESS POST OP INTENSTINAL ADHESION
- SHORTER AND COMFORTABLE POST OP
- SHORTER HOSPITAL STAY

LAPAROSCOPY

- Indications:

A. DIAGNOSTIC
B. OPERATIVE

DIAGNOSTIC INDICATIONS

- INFERTILITY AND TUBAL DISEASE
- ENDOMETRIOSIS
- CHRONIC PELVIC PAIN
- PELVIC MASS
- CHRONIC ECTOPIC
- MISPLACED IUCD
- MULLERIAN ANAMOLIES
- SECOND LOOK L'SCOPY IN MALIGNANCY

OPERATIVE INDICATIONS

- TUBAL STERILISATION
- ADHESIOLYSIS
- MANAGEMENT OF UNRUPTURED ECTOPIC
- ENDOMETRIOSIS ABLATION
- PCOS DRILLING
- TOTAL LAPAROSCOPIC HYST/LAVH
- OVARIAN CYST BENIGN

INSTRUMENTS

- LAPAROSCOPE
- LIGHTING SYSTEM
- GAS INSUFFLATION APPARATUS
- VERRES NEEDLE
- TROCARS
- INTRAUTERINE DEVICES/MANIPULATORS
- OPERATIVE INSTRUMENTS

PREPARATION

- BOWEL PREPARATION
- PREOP INVESTIGATIONS
- ANAESTHETIA AND PHYSICIAN FITNESS

PRINCIPLE STEPS IN L'SCOPY

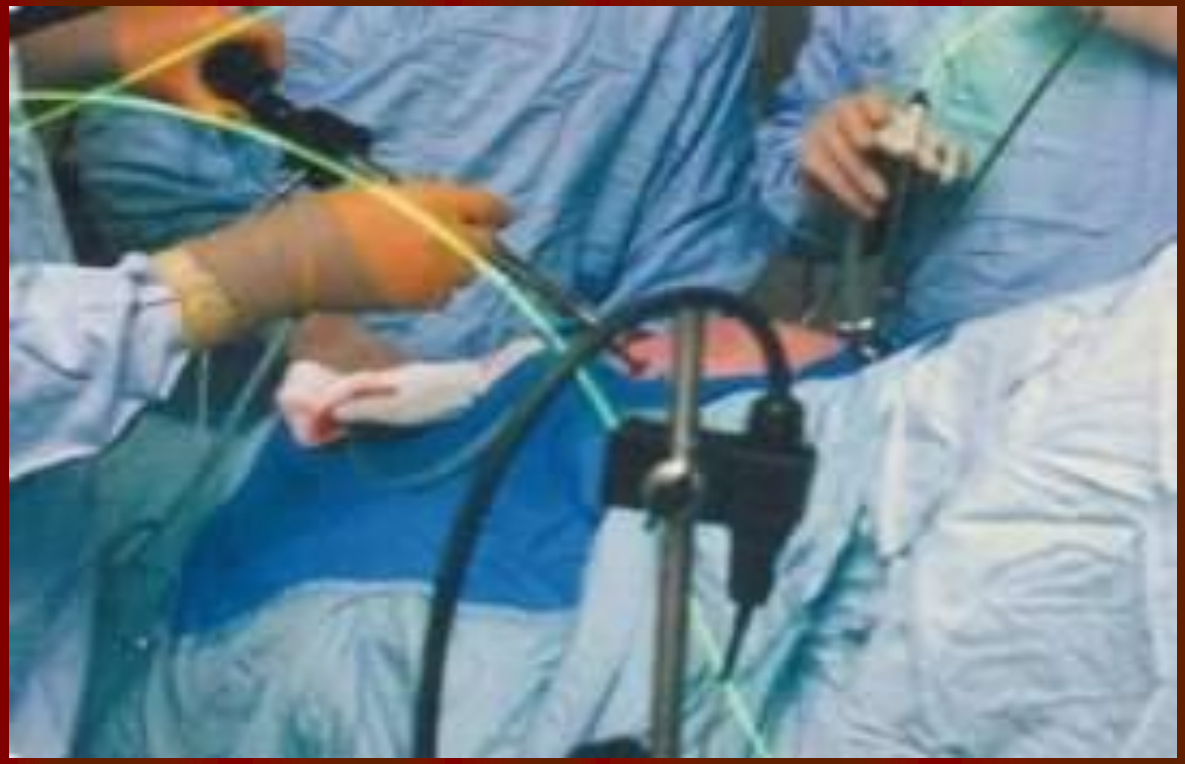
- Production of Pneumoperitoneum
- Introduction of trocar and cannunula
- Intro. Of Laparoscope
- Surgical technique employed
- Deflation of peritoneal gas
- Closure of parietal wound

Contraindications to L'scopy

- Sev. Cardiopulm disease
- Unstable hemodynamic
- Generalised peritonitis
- Significant hemoperitoneum
- Intenstinal obstruction

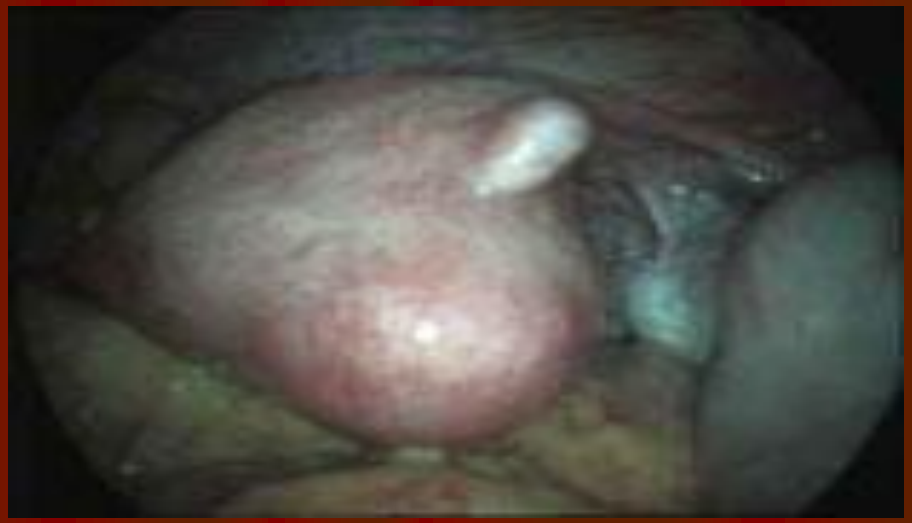
Contraindications to L'scopy

- Extensive peritoneal adhesions
- Large pelvic tumor
- Pregnancy more than 16 week
- Relative: previous periumbilica surgery
- Extreme obesity



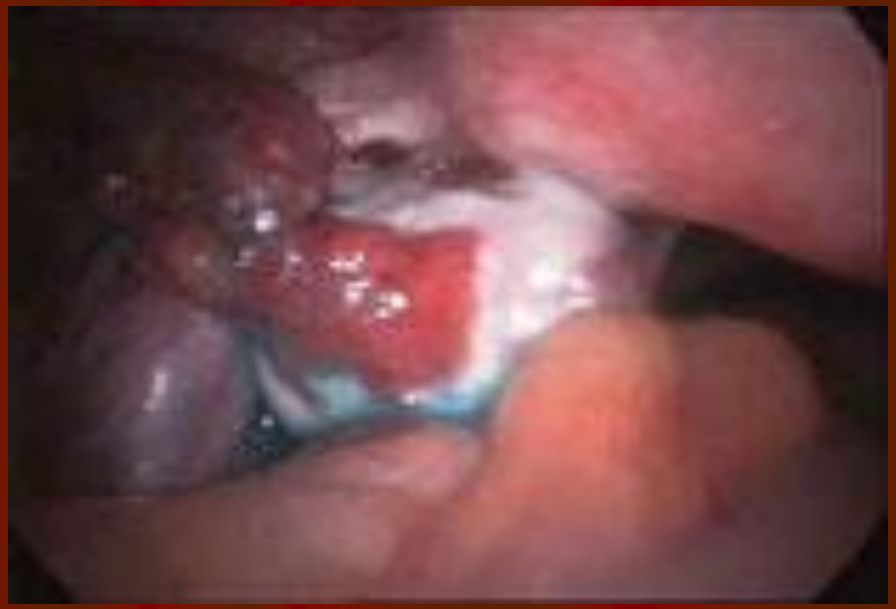
Ovarian cysts and tumours

Removal of fibroids (Myomectomy).or destroying them (Myolysis)



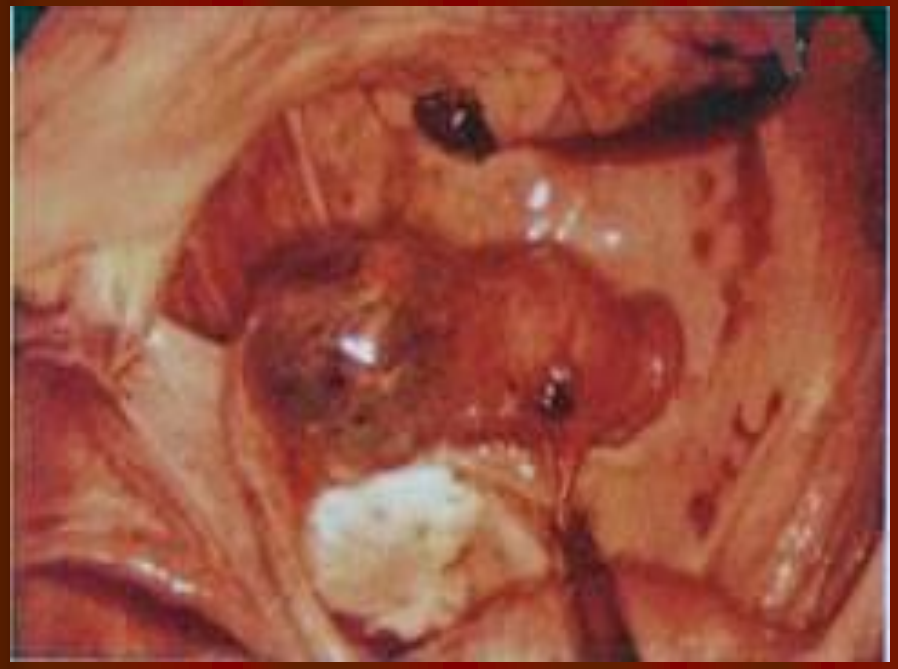
Lysis of adhesions.

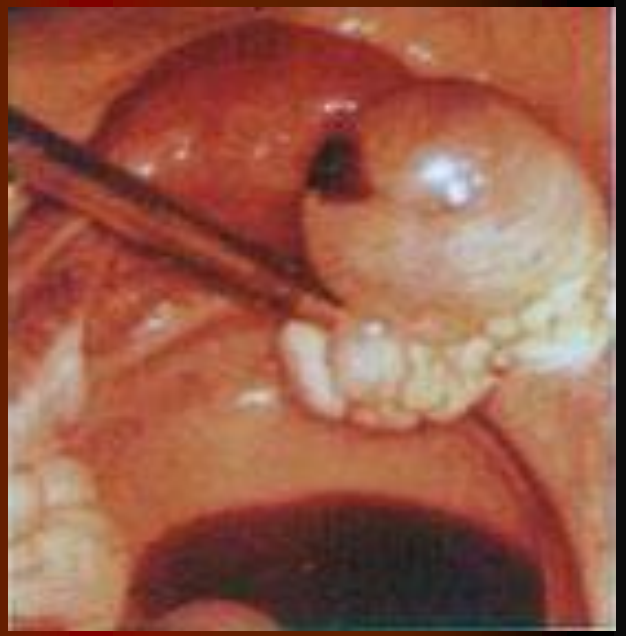
Infertility, checking the condition and patency of the fallopian tubes



Endometriosis

Intraperitoneal Haemorrhage





HYSTEROSCOPY

- VISUALISATION OF INSIDE OF THE UTERUS.
- BASIC INSTRUMENTS :

TELESCOPE

TELESCOPIC SHEATH

DISNTENDING MEDIA: GAS- CO2 / LIQUID NS/GLYCINE (1.5%)DEXTRAN 70

INDICATIONS

DIAGNOSTIC:

- ABNORMAL UTERINE BLEEDING
- INFERTILITY
- RECURRANT SPONTANEOUS ABORTION
- MISPLACED IUCD

INDICATIONS

- OPERATIVE :

- POLYPECTOMY AND MYOMECTOMY
- SYNAECHEOLYSIS
- ENDOMETRIAL ABLATION LASER/ROLLER BALL FOR DUB

INDICATIONS

OPERATIVE:

- METROPLASTY
- REMOVAL OF IUD
- FALLOPIAN TUBE CANULATION
- STERILISATION

TIMING

- POSTMENSTRUAL PHASE/MIDPROLIFERATIVE PHASE: ENDOMETRIUM IS THIN AND WHICH FACILITATES INTRACAVITATORY VISION
- BLEEDING IS ABSENT/LESS
- NO CHANCE OF CONCEPTION

CONTRAINDICATIONS

- PELVIC INFECTION
- PREGNANCY
- PRESENCE OF UTERINE BLEEDING CAUSING POOR VISIBILITY

COMPLICATIONS OF H'SCOPY

A DUE TO DISTENTION MEDIA :

- FLUID OVERLOAD
- PULM OEDEMA, CEREBRAL OEDEMA
- HYPONATRAEMIA
- NEUROLOGICAL SYMPTOMS
- GAS EMBOLISM

COMPLICATIONS OF H'SCOPY

B: RELATED TO OPERATIVE
UTERINE PERFORATION
HAEMORRHAGE
INJURY TO INTRA-ABD. ORGANS

C: ELECTROSURGICAL
THERMAL INJURY TO INTRA
- ABDOMINAL ORGANS