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ELSEVIER

mini-touch endometrial ablation. Patients were followed up at 3 months either in person or by telephone to ascertain satisfaction.
Setting: UK District General Hospital gynaecology out-patient procedure clinic. Procedures performed by a physician and a specialist nurse.
Patients: Ten patients undergoing endometrial ablation for menorrhagia
Intervention: Mini-Touch endometrial ablation with either oral/rectal analgesia or local infiltration or both.
Measurements and Main Results: Preliminary results- 100% of procedures were completed as planned. Intra-procedure pain scores - mean=5.75/10. Post procedure pain score mean 1.25/10. Mean treatment time 47.5 secs.
Patient satisfaction and acceptability data awaited.
Conclusion: In a UK district General Hospital Setting, "Mini-Touch" endometrial ablation can be successfully performed in an out-patient setting with oral/rectal or local anaesthesia.

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A New Reduced-Port Laparoscopic Technique and Use of a Newly Developed 5-mm Retrieval Bag and New 2.4-mm Tapering Forceps

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Study Objective: We have devised a technique whereby we perform reduced-port gynecologic surgery using a specimen retrieval bag that is 5 mm in diameter and used with 2.4-mm tapering forceps.
Design: case reports.
Setting: University hospital.
Patients: 14 patients.
Intervention: We have performed 8 tubectomies, 1 salpingo-oophorectomy, and 5 ovarian cystectomies using this technique. For 5 of the tubectomies, we did not use a third port and operated only via the umbilical incision.
Measurements and Main Results: Surgical specimens are usually retrieved via a 10-mm trocar, but with our technique, the specimens are retrieved in a special retrieval bag that can be inserted into a 5-mm trocar.
Conclusion: Thus far, our method has proved to be feasible and to yield a good cosmetic outcome.

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Office Hysteroscopy, a 21st Century Technology Applied to a Developing Country in Latin America

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Study Objective: To describe perioperative outcomes of 290 office hysteroscopies performed of a group of patients in Bogotá, Colombia.
Design: Cross sectional study.
Setting: Private University Hospital level III.
Patients: Patients from the EPS Sanitas who had indication for office hysteroscopy performed between September 2013 and February 2015.
Intervention: Office Hysteroscopy, diagnostic or therapeutic. Endometrial biopsy, resection of endometrial polyps, removal of IUD. No cervical preparation or analgesia was used before performing the procedure.
Measurements and Main Results: 290 office hysteroscopy were performed, the median age was 46 years, 35.1% of patients were menopausal status, 11.7% were nulliparous, 80% had a history of prior vaginal delivery and 8,2% had no prior vaginal delivery. The most common preoperative diagnosis was abnormal uterine bleeding, while the most frecuent finding was an empty endometrial cavity, 53.1% of patients had an endometrial biopsy, whit the most common finding being a proliferative endometrium. Intraoperative findings were confirmed in a 77 2% by pathology, 25.8% of the procedures were diagnostic and 74.1% were therapeutic. Pain was rated mild by 83% of patients, moderate by 12.1% and sever by 4.8%. The failure rate was 14.8%. The most common cause of failure was the cervical stenosis.
Conclusion: Office hysteroscopy is a useful tool to diagnose and treat some endometrial cavity pathologies. It can be performed at any age, including menopausal patients, independently of their parity status. This procedure is well tolerated, can be done in the ambulatory setting without need of anesthetic drugs, and a very low rate of complications. Office hysteroscopy is a safe alternative for patients with endometrial pathology.

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Utility of PKS Omni® Electrosurgical Device in Laparoscopic Hysterectomy

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Study Objective: The aim of this study is to evaluate the efficacy and safety of PKS Omni® sealing device in laparoscopic hysterectomy.
Design: Retrospective, non-randomized observational cohort.
Setting: University hospital and academic affiliated private hospital.
Patients: Patients with benign diseases undergoing multi-port laparoscopic hysterectomy between 2014 and 2015.
Intervention: PKS Omni® (Gyrus ACMI Inc..,USA) is bipolar electrosurgical device takes the energy from Plasmakinetic generator workstation G400, and this pulsed wave system involves two different modes; cutting (HC 1,2,3) and coagulation (VP1,2,3). We choosed VP3-power level 110 for coagulation and for cutting HC2-power level 50 according to tissue empedance. All the cases in this study were performed with a plasma kinetic energy system, and its electosurgical device PKS Omni® The surgical operations were carried out by two surgeons who are experienced in gynecologic oncology and advance endoscopic surgery.
Measurements and Main Results: Fifty-nine patients were evaluated, and all of the operations were completed by laparoscopy, but one is needed conversion to laparotomy because of severe adhesions between bowel and pelvic viscera. The median operating time was 100 minutes (60-185 min), and estimated blood loss was 20 ml (10-50 ml). Transfusion was not required. Recovery of gastrointestinal activity is occurred at post-operative 16 hour (12-24 houtr). Urinary catheter was not placed pre-or post operative, and spontaneous urinary activity started at 6 hour after operation (4-8 hour). Post-operative abdominal pain at rest was noted due to VAS (visual analog scale) score 0 to 10; 0 referring to no pain and 10 to unbearable pain. VAS score was 2 (0-6), and signified mild pain.
Conclusion: PKS Omni is a novel, underused energy modality that promotes quick recovery and acceptable operation time with minimal blood loss and excellent post-operative pain scores.

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Transcutaneous Temperature Controlled Radiofrequency for Atrophic Vaginitis and Dyspareunia

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Study Objective: To evaluate the safety, tolerability and clinical efficacy of transcutaneous temperature controlled radiofrequency (TTCRF) for dyspareunia secondary to atrophic vulvovaginitis.
Design: Patients complaining of painful sex due to vulvovaginal dryness were included. Hormone replacement therapy status was not a consideration.
Setting: All procedures were performed in the office without prep or anesthesia.
Patients: Patients 16; average age 43; menopausal 6, perimenopausal 10. Patients presented with painful intercourse related to vulvovaginal dryness. All patients were treated twice and 11 received three treatments at an interval of 4 to 6 weeks.
Intervention: The entire vulva is shaved and ultrasound gel is placed for contact and easy gliding. The labia majora and minora are treated for 10 minutes. The internal vagina is treated all the way to the apex for 15 minutes. A shaped wand (figure 1), about 15 inches long, looking like a Hegar dilator, with an active metal surface the size of a postage stamp

placed near the tip of the handpiece is slowly stroked to warm the skin and mucosal surfaces.

Temperature controlled radiofrequency brings tissue temperatures from approximately 28 degrees Celsius to between 40-45 degrees Celsius without pain. These temperatures are maintained for 3-5 minutes for every surface treated. Total treatment time is 25 minutes.

Measurements and Main Results: No complications were encountered. All 16 patients reported improved vaginal moisture starting at two weeks post treatment with gradual improvement over the following month with maintenance of effect lasting 9-12 months. Single touch up treatments yearly maintained comfort.

Conclusion: TTCRF is safe, extremely comfortable, and effective for non-drug, non-laser treatment of atrophic vulvovaginitis. Both external and internal treatments give maximum comfort and durable results lasting 9-12 months after only two to three sessions. Larger randomized trials are warranted.

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Haptic Feedback in Laparoscopic Surgery: The Surgeons' Perspective

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Study Objective: Haptic feedback is highly deficient in laparoscopic surgery compared to open abdominal surgery. This is mainly caused by the friction within instruments and dynamic properties of the laparoscopic surgical setup. Enhancing haptic feedback is an unmet need. Surgeons are becoming increasingly aware of the negative impact on their performance. The aim of this study was to generate an up-to-date document regarding haptic feedback and to evaluate surgeons' expectations about haptic feedback instruments.

Design: A systematic review of literature was performed using Pubmed. Additionally, a questionnaire was designed to determine the surgeons' requirements and preferences for laparoscopic instruments and to identify their expectations regarding haptics in future instrument developments. The survey was distributed among a subgroup of attendees of the annual ESGE congress in 2014, the annual meeting of the Dutch Working Group Gynaecological Endoscopy and an online version was distributed among the members of the Dutch Society of endoscopic surgeons.

Patients:

Measurements and Main Results: It was found that integrating force feedback into laparoscopic instruments might well be beneficial for surgical safety and efficiency. According to surgeons, the added value of haptic feedback could be of particular use in feeling differences in tissue consistencies, feeling how much pressure is being applied, locating a tumour or enlarged lymph node, limiting the force on the surgeon's hand and consequently reducing physical complaints.

Conclusion: This study highlights the clinical importance of haptic feedback in laparoscopic surgery indicated by surgeons of different disciplines. Both patients and surgeons may well benefit from enhanced haptic feedback in laparoscopic instruments.

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Comparing Safety and Efficacy of Zip-Stitch™ Versus Absorbable Suture in Closing the Vaginal Cuff after Laparoscopic Hysterectomy in the Porcine Model

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Study Objective: To evaluate a novel closure device in comparison to suture for laparoscopic vaginal cuff closure in a porcine model.

Design: Pilot Study.

Setting: Uniformed Services University of Health Sciences.

Patients: Six pigs (Sus scrofa domestica) of the Yucatan breed.

Intervention: A laparoscopic hysterectomy was performed on each animal. Vaginal cuff closure was then completed laparoscopically either with the novel closure device (Zip-Stitch™) or with absorbable suture. The pigs were divided evenly into the two groups.

Measurements and Main Results: Six weeks after surgery a second-look laparoscopy was performed to assess for adhesions. A mini-laparotomy was performed and the vaginal cuff was dissected away from the pelvic floor. The distal portion of the cuff was transected. The initial intention was to have a portion of cuff for histologic review as well as a portion for evaluation of tensile strength. However, due to the small size of the vaginal cuff, not enough tissue was available for both tests. All tissue samples were sent to a blinded veterinarian pathologist for histologic evaluation.

Conclusion: The initial evaluation of histology from vaginal cuff closures showed no significant difference in the chronic-active granulomatous inflammation tissue associated with initial tissue healing. There was also no significant difference in adhesion formation. It was determined during the pilot study that the porcine model is not ideal for evaluation of the Zip-Stitch™ device due to the small size of the vaginal cuff. Also, it will be helpful to harvest tissue further from initial surgery to better evaluate differences in formation of fibrosis, which is a better determinate of healing and scar formation than initial granulation tissue. Further study with a sheep or goat model is planned.

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Laparoscopic Myomectomy After Uterine Artery Clipping at the Origin in Selected Cases Reduces Blood Loss – A Case Series

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Study Objective: To demonstrate efficacy of Direct uterine artery clipping at the origin in Laparoscopic myomectomy in order to reduce blood loss.

Design: We present a case series of 20 cases of Laparoscopic myomectomy in which the uterine artery was clipped at the origin near anterior branch of Internal iliac artery. The resultant minimal blood loss and ease of suturing in a bloodless field was noted. post completion of suturing the clips were removed and hemostasis confirmed. Time taken for surgery, post operative pain was noted.

Setting: Study was conducted in an International institutional referral centre for Gynaecological endoscopy over a period of 18 months.

Patients: 20 patients needing myomectomy were included. the size of fibroids ranged from 5 to 18 cm and number ranged from 1 to 15 number removed at the same time.

Intervention: All patients underwent Laparoscopic myomectomy wherein as a measure to reduce blood loss uterine artery was clipped at the origin and later removed post completion of the procedure.

Measurements and Main Results: There was no major complications in all the cases. Blood loss was notably reduced. Time taken for surgery was more than routine cases. Post operative pain was comparable.

Conclusion: We advocate direct uterine artery clipping at the origin to reduce blood loss during Laparoscopic myomectomy.