OVERCOMING TECHNICAL CHALLENGES IN A TOTAL LAPAROSCOPIC HYSTERECTOMY OF A LARGE GLOBULAR FIBROID UTERUS

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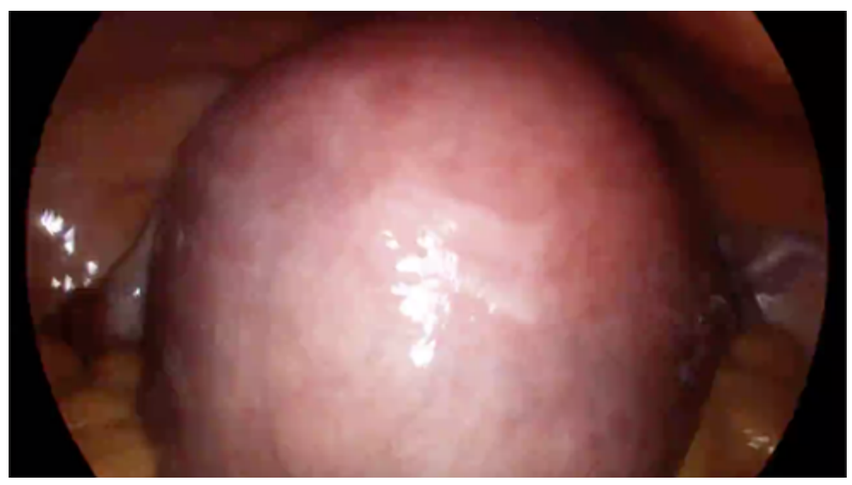
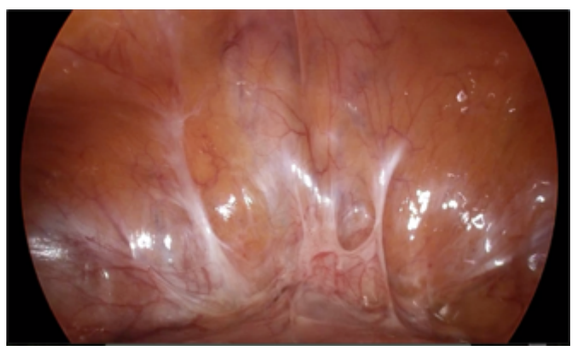
CASE

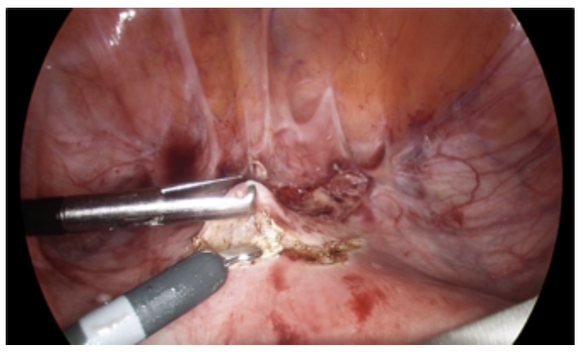
46-year-old obese woman with 2 previous caesarean sections undergoing a total laparoscopic hysterectomy of an 18/40-size uterus containing a large intramural fibroid with cavity compression, causing pelvic pain, menorrhagia and dysmenorrhoea refractory to the combined oral contraceptive pill



Adhesiolysis of a densely adherent bladder

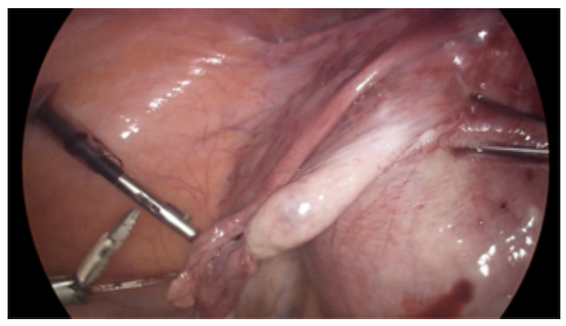
Challenging due to previous surgery, limited retroversion and bleeding from loss of tissue planes

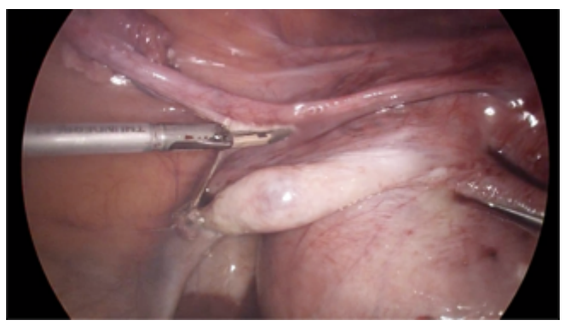


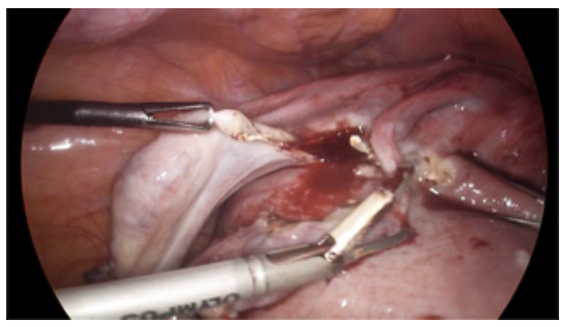


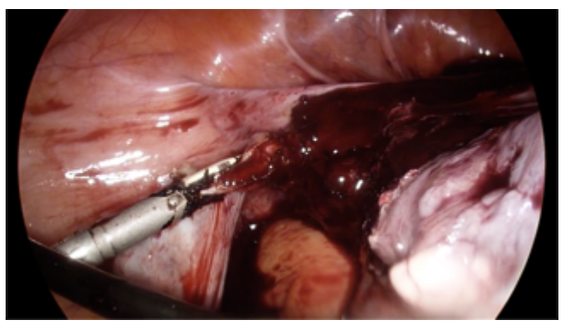
Difficult access to pelvic side walls with distorted anatomy of pedicles

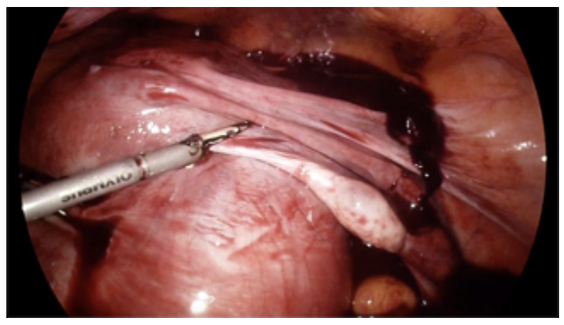
Overcome with further traction using laparoscopic tenculum, as well as prompt haemostasis and astute camera placement

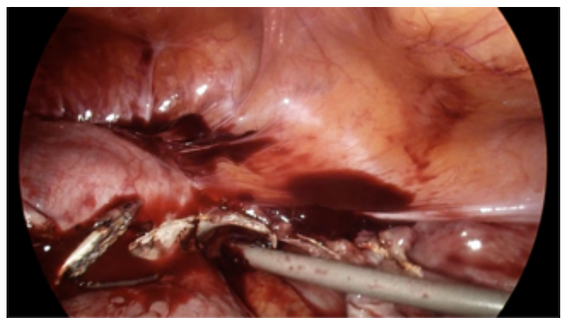


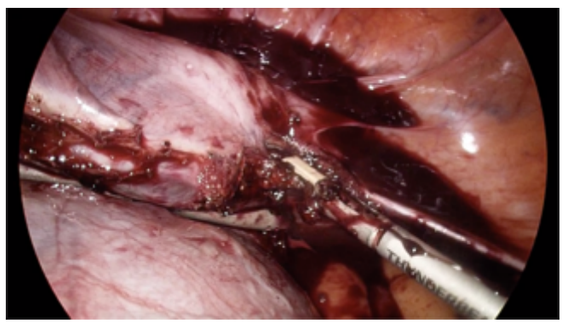










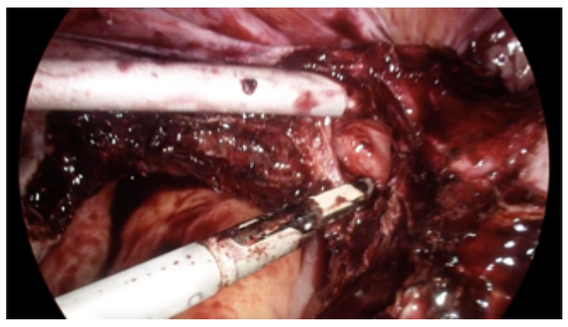


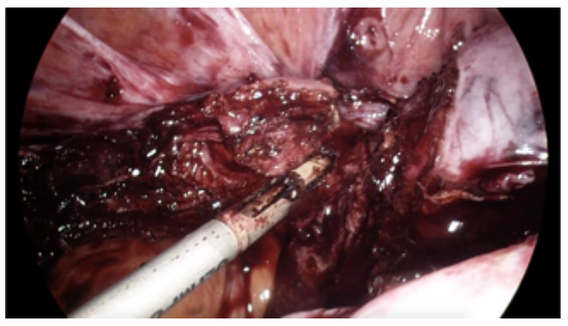
Access subtotal hysterectomy followed by colpotomy with McCartney tube

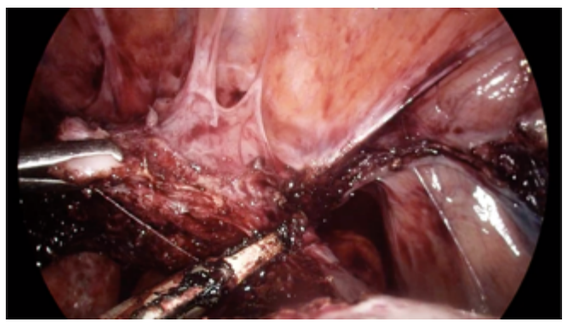
Cervix entered from left side due to lack of access to vault, uterus amputated above bladder adhesions

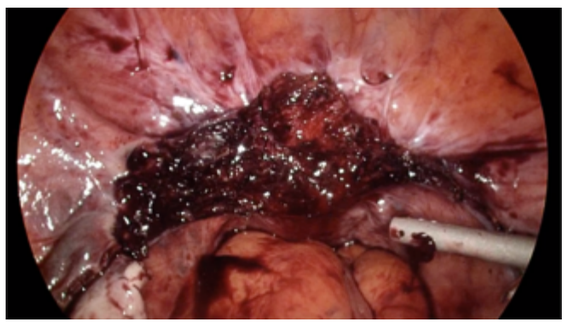
Space created for cervix to be grasped and greater counter-traction

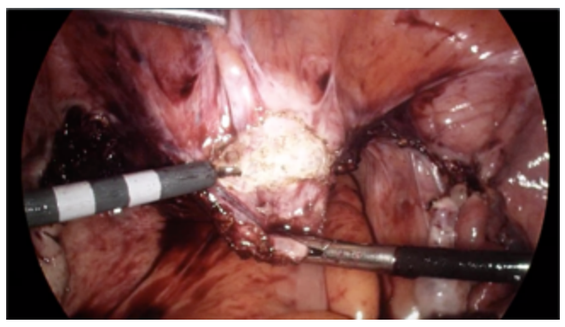
Bladder adhesioloysis completed and bladder reflected, McCartney tube inserted and colpotomy completed

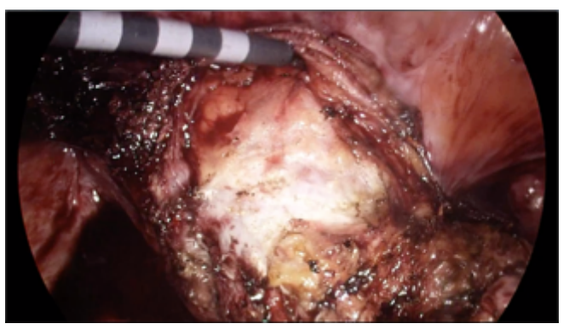


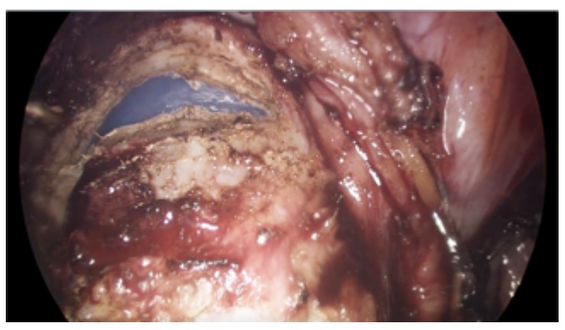


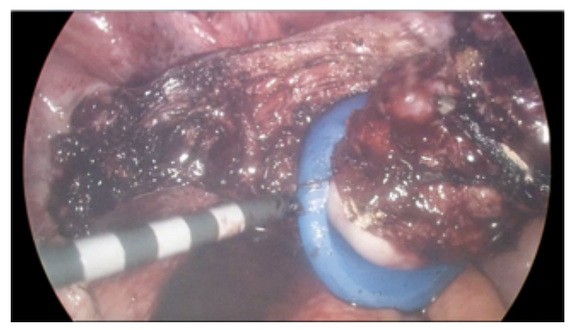












Inability to accommodate uterus in pelvis due to large globular shape

Unable to access uterus vaginally for vaginal morcellation

Decision for abdominal power morcellation