

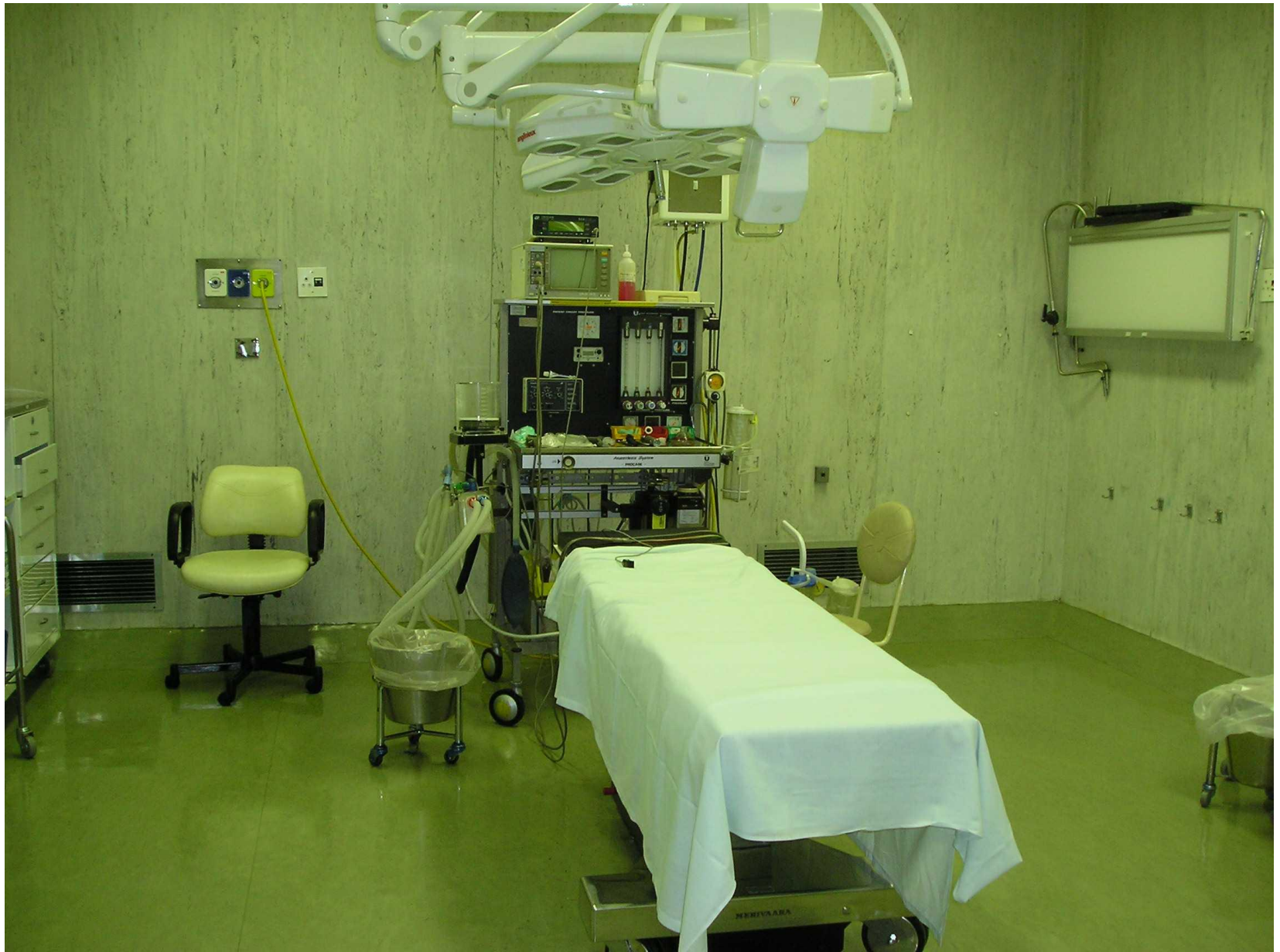


GYNCOLOGIC  
AND OBSTETRIC  
SURGERY



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# GYNAECOLOGICAL OPERATIONS



# INTRODUCTION

- Operations are many and varied
- Genital tract can be approached through the vagina or abdomen
- Endoscopical vs open abdominal surgery and major vs minor (office)
- Role of the undergraduate student
- Preoperative assessment of patients are important and postoperative responsibility

# GENERAL PRINCIPLES

- Guided basic principles
- Knowledge and understand anatomy
- Pre-operative preparation of patient/surgeon
- Handling of tissues
- Identification and dissection of structures
- Haemostasis, dead spaces, ligatures, large pedicles
- Protection of staff, needle prick injuries!

# SUTURE MATERIAL AND NEEDLES

- Thinnest appropriate suturing
- Absorbable vs non-absorbable (old vs new)
- Improved tensile strength and knot holding
- Non-absorbable for skin or fascial closure
- Stainless steel clips and staplers for small blood vessels and skin
- Needles: curved, J-shaped, sharp, blunt

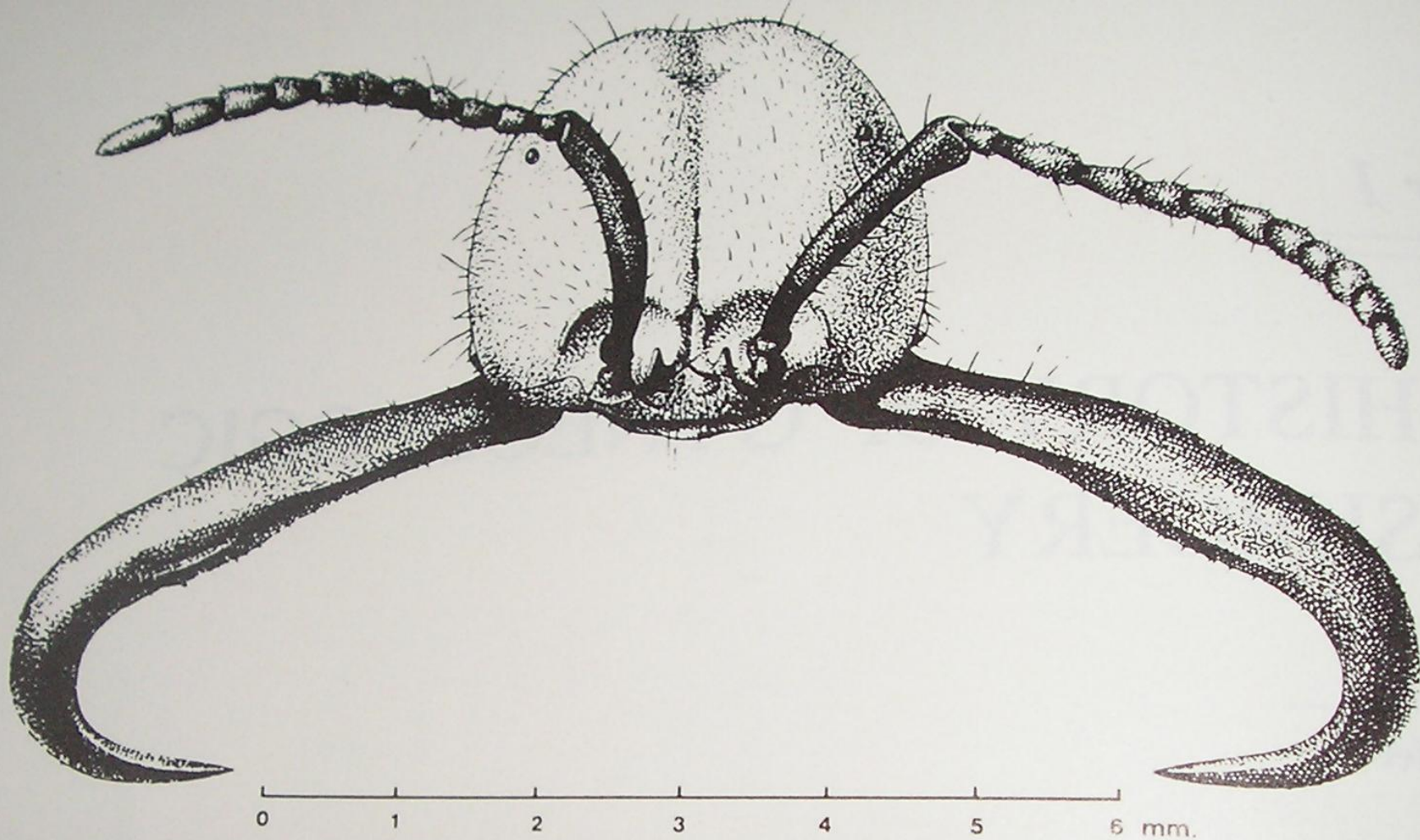
# PREPARATION OF PATIENT

- Pre-medication, cleaning of surgical area
- Identified patient in theater
- Positioning of patient is responsibility of surgeon
- Surgical area thoroughly cleaned (alcohol)
- Draping of non-sterile areas

# INCISING AND CLOSING

- Types: subumbilical midline, paramedian, Pfannenstiel, Maylard
- When?
- Peritoneal incision
- Inspection, retaining retractors, packing
- Closing: ALL the swabs should be returned  
3-layers vs 2-layer closing
- Skin: interrupted, subcuticular
- Drains





**Fig. 1-1.** The ant—the first surgical wound clip. (From the *Sushruta*, in Topoff HR: The social behaviour of army ants, *Scientific American*, Nov., 1972, Scientific American Inc., New York.)

# How did we improve the leading topical skin adhesive?

- The new 2 layer application allows you to go further whilst retaining the strength and security of 3 layers.

- Strong, flexible bond seals out the most common infection-causing bacteria, including *Staphylococcus epidermidis*, *Staphylococcus aureus*, *Escherichia coli*, *Pseudomonas aeruginosa*, and *Enterococcus faecium*.

by  
**33%<sup>†</sup>**  
extra usage

Introducing **New Advanced** DERMABOND



High Viscosity  
**DERMABOND**

TOPICAL SKIN ADHESIVE

2.5% (w/v) Cyanoacrylate  
Seals securely. Heals beautifully.

# OPERATIONS AND PROCEDURES

- OFFICE PROCEDURES
  - cervical smear
  - cervical punch biopsy
  - endometrial tissue sampling
  - LLETZ
  - laser, cryotherapy
  - vulva biopsy
  - cauterization of condylomata acuminata
  - hysteroscopy

# PROCEDURES (2)

- MINOR GYNECOLOGICAL
  - drainage of Bartholin's abscess
  - D + C
  - hysteroscopy
  - evacuation
  - conization
  - colpotomy
  - drainage of hematocolpos

# PROCEDURES (3)

- MAJOR GYNAECOLOGICAL
  - laparoscopy
    - endoscopic procedure to evaluate peritoneal cavity
    - some surgical procedures can be done
    - general anesthesia with endotracheal intubation
    - position
    - insufflator equipment (1.5-2L of CO<sub>2</sub>)
    - incision and introduction
    - panoramic view and upper abdomen
    - additional incisions/instruments
    - completion
    - SKILLED SPECIALIST PROCEDURE!!

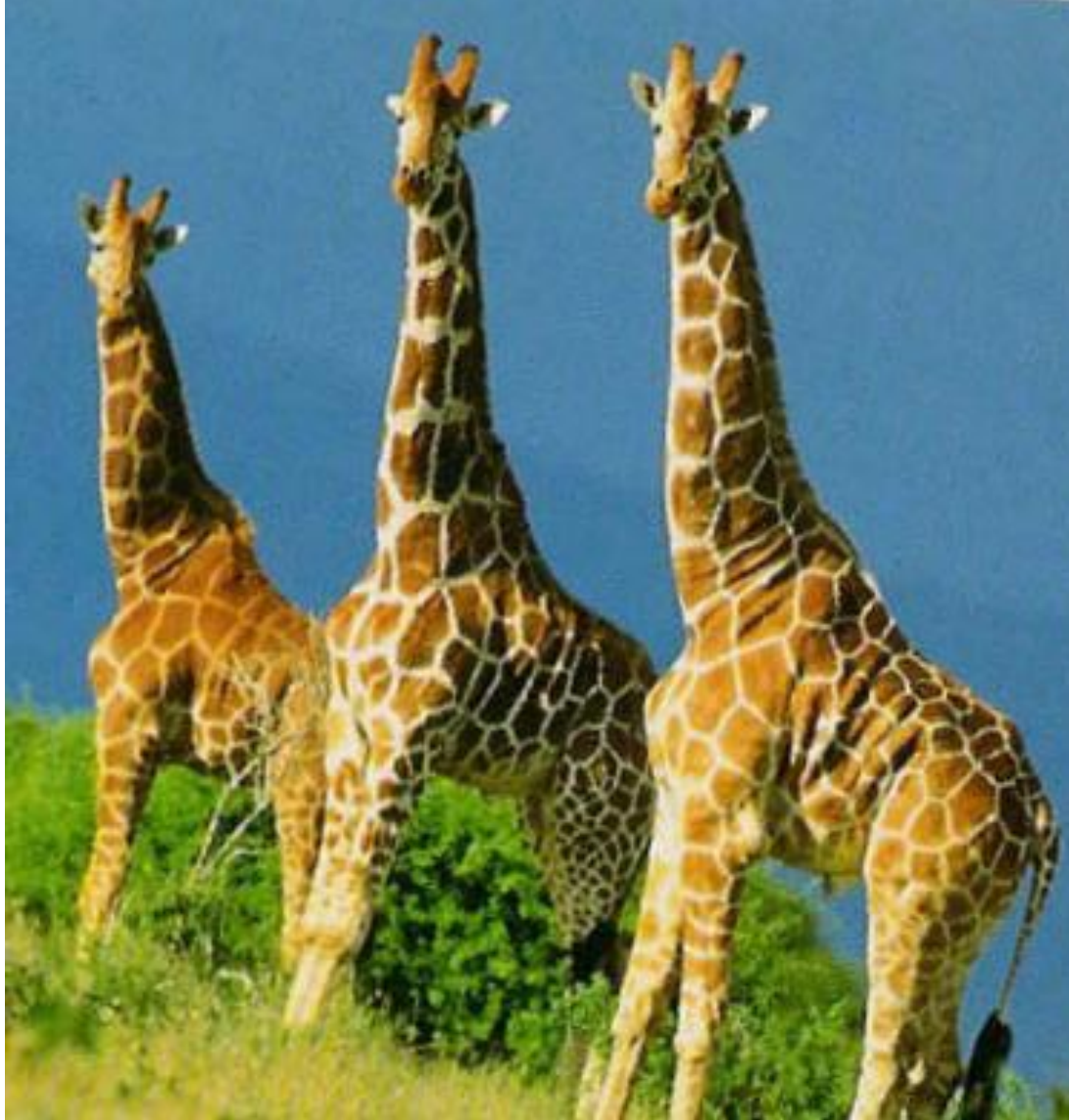
# PROCEDURES (4)

- MAJOR GYNAECOLOGICAL
  - tubal ligation
  - salpingectomy
  - adnexectomy
  - ovarian cystectomy
    - remove as little as possible
    - microsurgical principles
    - anti-mesenteric incision, repair from base, obliterate dead space, surface repaired by small atraumatic sutures

# PROCEDURES (5)

- MAJOR GYNAECOLOGY
  - total abdominal hysterectomy (+/- BSO)
    - uterus and cervix
    - steps (open abdomen, hold uterus with long forceps, cut round ligament, identified IFP ligament, dissect parietal layer from Ux, dissect bladder down, clamp and cut uterine art. then uterosacral and transverse cervical lig., close vagina.
  - sub-total hysterectomy
  - radical hysterectomy
  - myomectomy
  - vaginal hysterectomy
  - anterior/posterior colporrhaphy





**Questions ?**