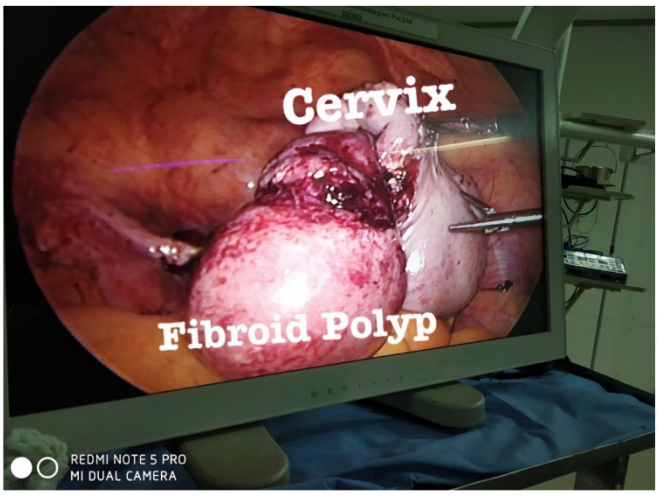
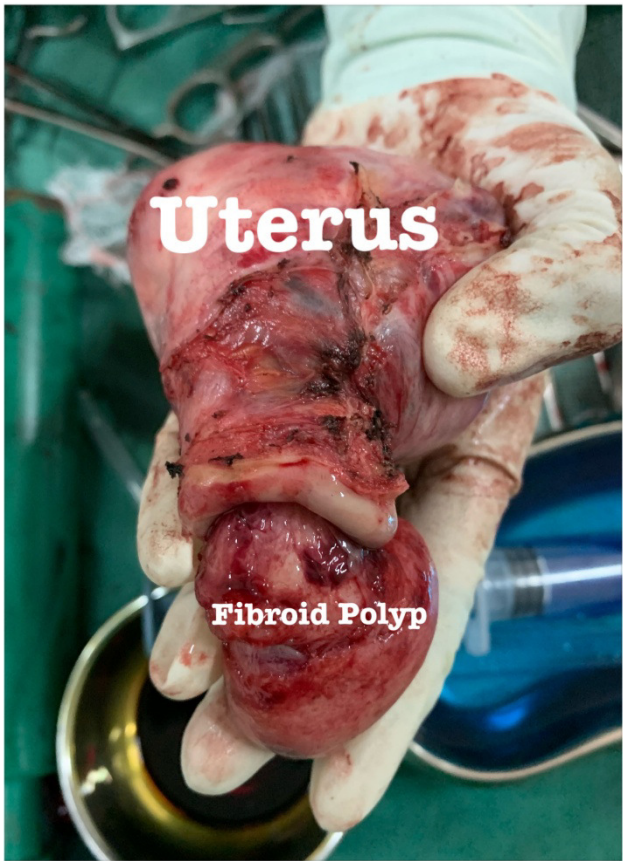
B.K.L. Walawalkar Rural Medical College

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

CASE REPORT – 1

A 50-year-old female with severe anemia (Hb- 5.2) presented to Walawalkar hospital with severe fatigue, excessive bleeding per vaginum, and was diagnosed with huge Submucous Fibroid protruding out from the cervix. Her USG report showed Normal-sized uterus, 2 x 3 cm sized subserosal fibroid on the anterior wall. She was transfused 3 PCVs and was posted to operation theatre and her Total Laparoscopic Hysterectomy was done only using three 5 mm ports. The patient was allowed oral sips immediately 6 hours after the OT procedure. The catheter was out after 12 hours and the patient went home walking on the very next day of the procedure.





HIGHLIGHTS:

*** Large fibroid polyp protruding from cervix leading to excessive bleeding per vaginum (severe anemia, Hb 5.2 gm/dL**

*** Operating time 45 minutes**

*** Patient discharged after 24 Hrs**

Dr. Rakesh Hasabe
MBBS, DNB, MNAMS, FMAS, Fellow of ICOG (Gold Medalist)
Assistant Professor, Dept of Obstetrics &Gynaecology,
B. K. L. Walawalkar Rural Medical College & Hospital

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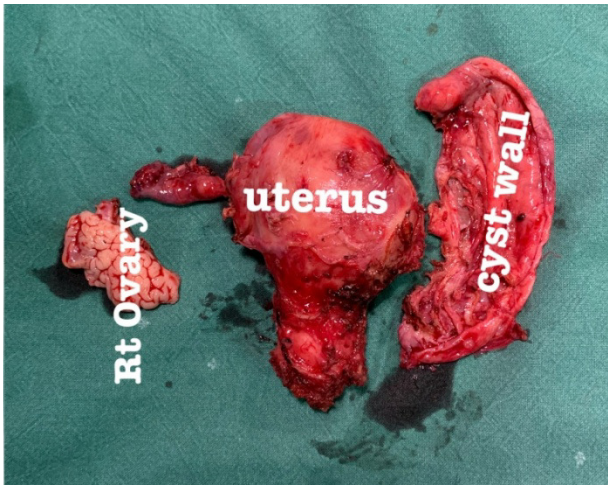
CASE REPORT – 2

A 52-year-old female came to Walawalkar hospital with pain in the abdomen. She was investigated further and was diagnosed with a huge cystic lesion around 12x10 cm in the left adnexa. It looked liked ovarian cystadenoma on USG. She was posted for Total Laparoscopic Hysterectomy. USG findings were confirmed on laparoscopy. There were immense adhesions on the left side. The sigmoid colon was found adherent to the Cyst wall as well as to the left posterolateral surface of the uterus. Rectum was pulled up and puckering was seen more on the left side. Cystectomy was done and normal anatomy was restored by doing adhesiolysis. The procedure was continued and Total Laparoscopic Hysterectomy was performed with B/L salpingo-oophorectomy. The patient was allowed oral sips immediately after 6 hrs and a normal diet the very next day. The catheter was removed after 12 hrs. and the patient was discharged within 24 hrs of the procedure.



HIGHLIGHTS:

*** Huge Lt. Ovarian Cyst measuring 10 x 12 cm causing severe abdominal pain and discomfort**

*** Total Laparoscopic Hysterectomy with Lt ovarian cystectomy and B/L Salpingo oophorectomy was done. (Operating time 1.5 Hrs)**

*** Patient discharged after 24 Hrs**

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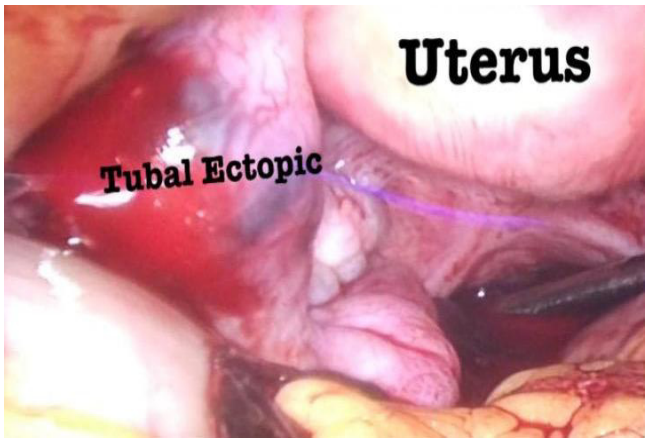
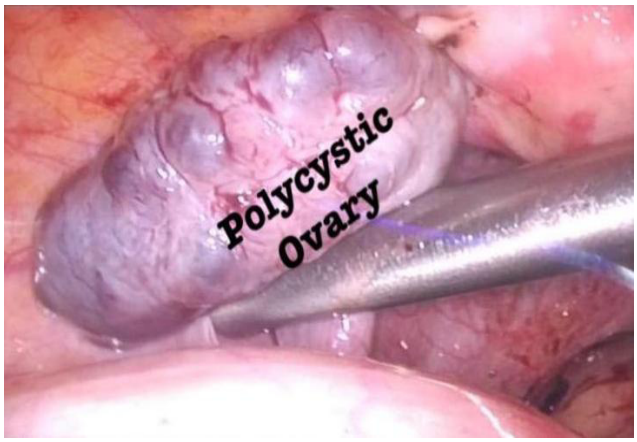
CASE REPORT – 3

A 32-year-old female patient was referred through a private practitioner from Dapoli with massive intraperitoneal hemorrhage. Her hemoglobin had dropped down to **6.2 g/dL**. **Culdocentesis** was done in the emergency room and blood collection was seen in **the Pouch of Douglas (POD)**. Findings were further confirmed on USG.

The patient was counseled about the advantages of **laparoscopic keyhole surgery** and was shifted to the OT. **Left Ampullary Tubal Ectopic Rupture** was confirmed and a massive intraperitoneal collection of blood was seen. **Left Salpingectomy** was done using bipolar electrocautery and scissors. The drain was inserted.



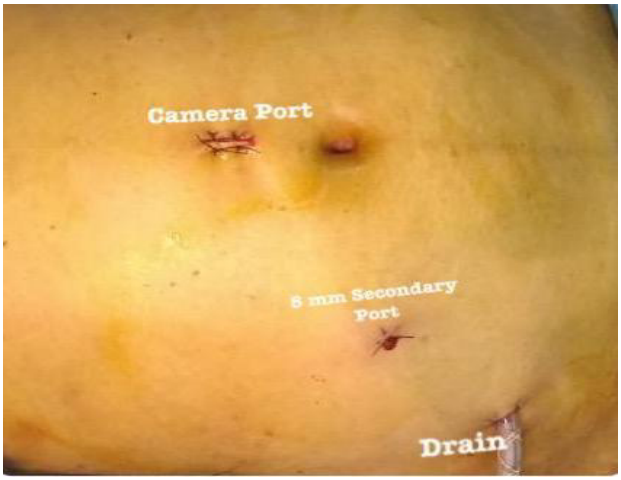
Left Ampullary Tubal Ectopic Rupture



Left Polycystic Ovary

Left Tubal Ectopic Pregnancy

The entire procedure and specimen withdrawal were done using only **three tiny keyholes**. Assuming postoperative recovery goes as planned, the patient is expected to be discharged in about 48 hours from the time of admission.



In this modern-day era, operating on ectopic pregnancies using open techniques is cruelty.

From the patients' perspective, laparoscopic surgery has the advantage of avoiding large open wounds or incisions, and thus decreasing blood loss, pain, and discomfort. Since less analgesia is required for this procedure, patients experience fewer unwanted side effects. The fine laparoscopic instruments are less likely to cause tissue trauma and blood loss. The rate of postoperative complications is generally lower, especially those related to the wound, such as dehiscence, infection, cellulitis, and incisional hernia. Performance of the operation within the body cavity avoids the cooling, drying, excessive handling, and retraction of internal organs associated with conventional ‘open’ techniques, possibly reducing postoperative peritoneal adhesions associated with the hazard of later bowel obstruction.

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