楊政憲

台大醫學院婦產科專任教授
台大醫院婦產部生殖內分泌科主任

SY1

Diagnostic hysteroscopy for abnormal uterine bleeding: Efficacy and safety

Jehn-Hsiahn Yang
台大醫院婦產部生殖內分泌科主任

Abnormal uterine bleeding is a common complaint among women, and the differential diagnosis is broad. It may have various presentations, including excessive flow, prolonged duration and intermenstrual bleeding. It is estimated that 25 percent of gynecologic surgeries involve the diagnosis of abnormal uterine bleeding.

The diagnosis of abnormal uterine bleeding is important. After a detailed history taking and physical exam, the etiology can often be narrowed. Using the reproductive age as a guide, the diagnostic evaluation should be conducted starting with a pregnancy test and several appropriate diagnostic tools. Transvaginal ultrasound, sonohysterography, hysteroscopy and endometrial biopsy are useful in the evaluation of abnormal uterine bleeding when the history and physical examination suggest an intracavitary lesion.

Among various intracavitary lesions, endometrial polyps are localized overgrowths of the endometrium that project into the uterine cavity. Such polyps may be sessile or pedunculated. The most frequent symptom of women with endometrial polyps is metrorrhagia, post-menopausal bleeding, or breakthrough bleeding during hormonal therapy. Overall, endometrial polyps account for 25% of abnormal bleeding in both premenopausal and postmenopausal women.

Leiomyomas are classified according to anatomic location. Although only 5-10% of myomas are submucous type, clinically they are the most troublesome. Submucous myomas may be associated with abnormal uterine bleeding and distortion of the uterine cavity that may subsequently result in infertility or abortion. Abnormal uterine bleeding in women with submucous myomas is believed to be caused by the interference by the myoma on the vasospasms and rhythmic contractions of the spiral arterioles at endometrium, which results in necrosis and sloughing of the upper endometrial layers during menstruation.

The risk of developing endometrial carcinoma increases with age. The incidence increases significantly from 2.8 and 6.1 cases per 100,000 in the 30-34 and 35-39 year age group to 36.5 cases per 100,000 in those aged 40-49. The American College of Obstetricians and Gynecologists recommends endometrial sampling in women 35 years and over with abnormal uterine bleeding.

現職：台東馬偕紀念醫院院長
馬偕醫學院婦產科部定教授
亞洲婦癌醫學會(ASGO)理事
亞洲婦科機器手術醫學會理事
經歷：台灣婦產科內視鏡暨微創醫學會理事長
臺灣婦癌醫學會理事長
中華民國婦癌醫學會理事長

王功亮
SY2

What Are the Strengths of Robotic Assistance in Gynecologic Surgeries? Reflections of an Experienced Laparoscopist

Kung-Liahng Wang, MD
Superintendent, Taitung Mackay Memorial Hospital, Taitung, Taiwan
Professor, Dept of OBS and GYN, Mackay Medical College, Taipei, Taiwan
Past president, Taiwan Association for Minimally Invasive Gynecology (TAMIG)
Past president, Taiwan Association of Gynecologic Oncologists (TAGO)

Today, laparoscopic surgery refers to a minimally invasive procedure of the abdomen that gains access to a very focal area without a large incision and renders a minimal formation of scar tissue. The intraoperative benefits of the laparoscopic technique include minimal blood loss, less adhesion formation and better visual perspective. It is clear that gynecologists can manage gynecologic diseases after more than thirty-five years of experience with laparoscopic procedures. Many patients with either benign or malignant diseases may benefit from laparoscopic myomectomy, laparoscopic simple or radical hysterectomy, laparoscopic staging, evaluation, or a combination of them. However, some complicated techniques have not seen widespread adoption in Taiwan because of technical difficulties, long surgeons' learning curve and long operative time. In addition, counterintuitive hand movements, two-dimension visualization, and limited degrees of instrument motion within the body as well as ergonomic difficulty and tremor amplification constitute other obstacles for acceptance and wide application of minimally invasive surgery.

Ever since the approval of DaVinci robotic surgical system for gynecologic surgery by FDA in 2005, the rapid adoption of robotic assisted surgery among gynecologists is attributed to the advantages of 3D vision, wristed instruments and improved ergonomics. More and more gynecological surgeons employed robotic-assisted procedure for the management of gynecological diseases. In my experience, when compared to laparoscopic surgery, robotic surgery can perform more complex surgeries such as lysis of severe adhesions, and are particularly suitable for obese patients or those with large uteri. Evidences have also suggested the benefits of robotic surgeries for endometrial cancer, multiple leiomyomas, and severe endometriosis. I believe, in the future, robotic surgery will become a popular and widespread alternative to laparoscopic surgery in the management of patients with gynecologic diseases by gynecologists in Taiwan.

李奇龍
SY3

林口長庚紀念醫院 教授級主治醫師
亞太婦產科內視鏡暨微創治療醫學會 董事會主席
婦科暨微創治療醫學雜誌 GMIT 總編輯
台灣婦產科內視鏡暨微創醫學會 TAMIG 常務理事
台灣生殖醫學會 監事
台灣子宮內膜異位症學會 理事

How to Make It Feasibility in Laparoscopic Oncologic Surgery?

Chyi-Long Lee, Kuan-Gen Huang
a Department of Obstetrics & Gynaecology, Chang Gung Memorial Hospital,
Chang Gung University, Linkou, Taiwan

Minimally invasive approach to endometrial cancer which was associated with reduced surgical morbidity and good oncologic outcome had been an accepted treatment for the past two decades. This held true in Early Stage Cervical Cancer until findings from LACC study. It was shown in the trial that minimally invasive surgery (MIS) was associated with poorer disease-free survival and overall survival. Since year 1993, Laparoscopic Radical Hysterectomy was started in our institution. Subsequently in Year 2012, We performed surgical outcome analysis of 139 patients operated and findings showed the disease-free survival (DFS) was 91.01% and overall survival (OS) 92.78%. The eventual inferior outcomes for Minimally Invasive Surgery for cervical cancer in the LACC study were shocking. Due to this, a detailed analysis of patients who under- went Laparoscopic Radical Hysterectomy from Year 2009 to 2014 was carried out to ascertain the safety and efficiency of Minimally Invasive Therapy in Radical Hysterectomy. Total Survival (100%) in Laparoscopic Radical Hysterectomy for cervical cancer is an achievable task, provided adequate radicality is adhered to during procedure of parametrium and paracolpium dissection. The 100 percent 5 Year Disease Free Survival Rate for Cervical Cancer is achievable provided the following criteria is followed:

1. Early detection of Cervical Cancer
2. Using effective instruments
3. Standardization of “Radicality technique” in Radical Hysterectomy
4. Adhere to “Tumor- Free” Concept
5. Administration of Adjuvant Therapy in Timely and Appropriate Manner
6. Performance of surgery by qualified Surgeons in Minimally Invasive Surgery Centers

黃寬慧

SY4

高雄長庚紀念醫院婦產科 學術組副教授級主治醫師
台灣福爾摩莎婦女泌尿醫學會(FUGA)創會理事長
台灣婦產科內視鏡暨微創醫學會(TAMIG)第十三屆理事長
高雄長庚婦產部 婦科主任(2007-2014)

Recent advances in laparoscopic pelvic reconstructive surgery

Pelvic Organ (POP) is a worldwide health problem affecting about one third of women, especially on aging, parity and conditions increasing abdominal pressure are risk factors of POP. Apical prolapse of POP is the most troublesome reported in 5 to 15% women needed management.

Apical prolapse of POP can be corrected by abdominal or transvaginal approach. For advanced POP, higher recurrence rates between 6% and 40% in native tissue repair have raised the need of other treatment opinions. Lower recurrence rate was reported with transvaginal mesh(TVM) repair as compared with native tissue repair in cochrane review. However, high complications of mesh erosion, pain, vaginal infection and dyspareunia after TVM procedures. On April 16,2019, The U.S.A. FDA ordered all manufactures of surgical mesh products intended for TVM of anterior compartment prolapse to stop selling and distributing their products immediately. Since then, Laparoscopic Abdominal sacrocolpopexy (ASC) became the trends in advanced POP surgical treatment in minimal invasive surgeons. But, there are still some difficulty of ASC procedures in longer learning cure, time-consuming, and procedure-related morbidity needed to be overcome. LSC ASC is a well-known technique in POP management and considered as the gold standard procedure for apical prolapse of POP repair. However, due to the difficulty of LSC ASC and the morbidity of GI tract, let surgical physicians are hesitant to proceed.So, we proposed a different surgical method, which is to approach from anterior of pelvic cavity. Using artificial mesh to fix the apex of pelvis and bilateral mesh is fixed to bilateral iliopectineal gament. This approach method can prevent surgical complication of GI tract and more easier to perform procedures for obesity patients. This new LSC technique for apical prolapse repair was developed and called “pectopexy” was presented in 2011 by Bannerjee and Noe. LSC pectopexy offered more simple surgical procedure, reduced surgical difficulty, shortened the learning curve and operative time. In recently literature, LSC pectopexy has been used as an alternative method in patients having difficult to perform LSC ASC.

吳珮如

現職：中山附醫婦產部 婦科主任
台灣婦產科內視鏡暨微創醫學會理事
台灣子宮鏡醫學會 秘書長
經歷：中山附醫婦產部 顯微內視鏡科主任
林口長庚醫院婦產部內視鏡科主治醫師

SY5

Integration of different modalities for the management of benign uterine tumor

Pei-ju Wu, MD
Department of OBS&GYN, Chung Shan medical University Hospital, Taichung, Taiwan

The treatment for benign uterine tumor, including myoma and adenomyosis, has been a common issue in our daily practice as a gynecologist. The prevalence of benign uterine tumor in women has been proposed around 40-50 %. Although most of the women are asymptomatic and only require regular follow up. These benign uterine tumor could cause heavy menstrual bleeding, severe dysmenorrhea, compression symptoms and infertility, depend on the size, numbers and location of these lesions. Traditional treatments include hysterectomy for those completed their family programs or myomectomy/adenomyomectomy for those wish to preserve uterus. However, we noted that there is a trend that patients required treatment are relatively younger and more complex in nowadays. Evenmore, women are seeking for minimally invasive treatment even non-invasive treatments for their problems, due to all kinds of concerns.

Currently, as gynecologists, we have lots of weapons in hands. Laparoscopic surgery, robotic surgery, and hysteroscopic surgery are relatively matured with different commercialized instruments. HIFU and microwave treatment are on the rise. It depends on doctor’s expertise to choose either one or even multiple treatments for suitable patients. In this talk, I will discuss these strategies and concept of integration of different modalities.

張穎宜
SY6

學歷：國醫藥大學公共衛生研究所博士
美國密西根大學職業環境醫學暨公共衛生基因研究所碩士
中國醫藥大學醫學士
經歷：中國醫藥大學附設醫院婦產部 微創內視鏡科主任
中國醫藥大學醫學院副教授
台灣婦產科內視鏡暨微創醫學會監事

Morbidities associated with laparoscopic surgeries in gynecology: clinical pearls and evidence reviews

張穎宜醫師
中國醫藥大學附設醫院婦產部

Laparoscopic surgery is a common and important procedure in treating gynecologic disease. In general, this procedure is safe and effective but there are still some complications reported. These morbidities could be related to the underline disease of patients or procedures. It' s crucial to have complete preoperative evaluation, preparation and safe procedure to decrease the morbidity. Today, we will report what are the common morbidities and how to prevent it from patient preparation to laparoscopic procedure, including, trocar placement, tissue dissection, hemostasis and suture from the view of evidence of medicine to clinical practice.