

稿件編號：OE1	使用傷口撐開器氣密蓋進行經陰道自然孔內視鏡子宮全切除手術之 107 例手術經驗分享
臨時稿件編號：0784	<p>A new method of transvaginal NOTES hysterectomy with Lagis - LapBase Cap (for Wound Retractor), outcome in 107 patients with benign gynecologic disease</p> <p>梁世蓓¹ 大林慈濟醫院¹</p>
論文發表方式：口頭報告	<p>Natural orifice transluminal endoscopic surgery (NOTES) had advantages such as less postoperative pain, less blood loss, shorter admission days compared to traditional laparoscope surgery. For a gynecologic surgery, including hysterectomy and adnexa surgery, vagina was an ideal approach.</p>
論文歸類：內視鏡	<p>In our hospital, more patients chose NOTES due to no abdominal scar and above benefits. During 2017 to 2022 April, 107 patients underwent transvaginal NOTES hysterectomy in our hospital. The patients were aged between 28 and 55 years old, with benign gynecologic disease, without known deep infiltrating endometriosis(DIE) and malignancy. We used “Lagis - LapBase Cap for Wound Retractor 60mm” rather than GelSeal Cap for sealing the Alexis retractor and instruments applied. It was an effective and economical way. Compared to GelSeal Cap, it cost less. Besides, this method has advantages of easily performed and well sealing function.</p> <p>In our experience, 3 patients underwent NOTES surgery at first, but we failed to apply instruments through vaginal route. Under this situation, we shifted to traditional laparoscopic surgery. We would discuss the possible problems behind that. Also, we would like to share the outcomes of 107 transvaginal NOTES hysterectomy conducting in our hospital including blood loss, operation duration, admission days, uterine size; and the experience of Lagis - LapBase Cap usage in this article. We would discuss the favor characters for NOTES surgery and preoperative evaluation based on our experience as well.</p>

稿件編號：OE2	<p style="text-align: center;">腹腔鏡子宮內膜異位瘤固化治療-----案例報告</p> <p style="text-align: center;">Laparoscopy ethanol sclerotherapy in endometrioma -----cases report</p>
臨時稿件編號： 0781	
論文發表方式： 口頭報告	吳東壁 ¹ 曾敬呈 ¹ 林育萱 ² 台南新樓醫院 ¹ 彰化基督教醫院婦產科 ²
論文歸類： 內視鏡	<p>Endometriomas are a common type of ovarian cyst associated with endometriosis, which can cause pain and infertility. Treatment options include surgical removal of the cyst (cystectomy), ablation, or sclerotherapy. Ethanol sclerotherapy (transvaginal or laparoscopic), a minimally invasive approach, has shown promise as an alternative to cystectomy for patients with endometriomas who wish to preserve fertility. In this report, we present our experience with laparoscopic ethanol sclerotherapy combined with medication as a primary treatment in large endometrioma patients. Our results demonstrate promising outcomes and a comparative and consistent effectiveness compared to cystectomy, with less risk to ovarian reserve and less demand for surgical skills.</p>

稿件編號：OE3	<p style="text-align: center;">子宮腺瘤樣瘤的術前超音波特徵分析：一項回顧性研究 Distinctive Sonographic Features of Uterine Adenomatoid Tumor: A Retrospective Review</p> <p style="text-align: center;">陳欣儀¹ 白欣玉¹ 麥迪森¹ 顏志峰¹ 林口長庚醫院¹</p>
臨時稿件編號：0950	
論文發表方式：口頭報告	<p>Objective: Uterine Adenomatoid Tumor (UAT) is a rare mesothelial neoplasm that arises from the submesothelial stroma of the uterus. It is often mistaken for other uterine tumors before a pathologic diagnosis is made. In this study, we aimed to investigate the ultrasonographic features of Uterine Adenomatoid Tumor (UAT) in its preoperative evaluation.</p>
論文歸類：內視鏡	<p>Method: Retrospective review of medical records from Linkou Chang Gung Memorial Hospital between January 2018 to December 2020. Forty-eight patients of pathologically confirmed UAT were included in the final assessment. Preoperative sonographic images of these patients were evaluated to identify any distinctive sonographic features of UAT.</p> <p>Results: Of the 5,000 patients, 48 cases were diagnosed with UAT, resulting in an incidence of 0.97%. Among the 37 cases with preoperative sonographic images, UAT generally appeared as a rounded or oval shape with a homogenous appearance and absence of vascularity. 23 cases demonstrated unique sonographic characterizations, with 16 cases displaying both a hyperechogenic center with a hypoechoic rim and 7 cases showing only one of these features. The remaining 14 cases lacked these distinctive features and resembled the sonographic impression of leiomyoma or adenomyoma.</p> <p>Conclusion: Our study suggests that UAT may be more prevalent than previously thought. The distinctive sonographic features, including a hyperechoic center circumscribed with a hypoechoic rim, absence of vascularity, homogenous appearance, and rounded or oval shape, can assist in differentiating UAT from other uterine tumors during preoperative evaluation. Accurate preoperative diagnosis of UAT can help avoid unnecessary invasive procedures and guide appropriate treatment decisions.</p>

稿件編號：OE4	在腹腔鏡肌瘤切除術中使用三重止血帶的臨床結果分享：一種暫時性完全阻斷子宮血液供應的新技術
臨時稿件編號：0780	<p>Clinical outcome of laparoscopic myomectomy with application of triple tourniquet: a novel technique to fully occlude uterine blood supply temporarily</p> <p>郭信宏¹ 陸千琦¹ 林口長庚紀念醫院婦產部¹</p>
論文發表方式：口頭報告	<p>Aims and objectives: To evaluate surgical outcomes after adjustable triple tourniquets at laparoscopic myomectomy</p> <p>Design: Case-control study</p>
論文歸類：內視鏡	<p>Setting: One University teaching medical center (Linkou Chang Gung Memorial hospital)</p> <p>Patients: Five-hundred patients with symptomatic fibroids (menorrhagia, dysmenorrhea, compression symptoms) undergoing laparoscopic myomectomy during 2016/01/01-2022/07/31</p> <p>Material and methods: This method including two parts of tourniquet: Hangman's tourniquet and bilateral infundibulo-pelvic tourniquet. Hangman's tourniquet, establishing a structure mimicking a hangman's rope around the uterus isthmus by penetrating a 1-0 monocryl extracorporeally from the pubic area, which enables the suture to be tighten constantly during the laparoscopic myomectomy. Bilateral infundibulo-pelvic tourniquets were placed by using 1-0 monocryl with surgical tie. Triple tourniquets were removed after the repairment of all the uterine wounds.</p> <p>Interventions: Intervention groups undergoing laparoscopic myomectomy with triple tourniquets (30 patients) and control groups undergoing laparoscopic myomectomy alone (60 patients)</p> <p>Main outcome measures: Intra-operative blood loss.</p> <p>Results: There was significantly more number of retrieved fibroids in the tourniquet group than in the control group (difference between means 6.1, P=0.0464); however, with significantly less operative blood loss in the tourniquet group than in the control group (difference between means 76.4 mL, P=0.0476). There was no complications in all cases.</p> <p>Conclusion: Triple tourniquets are simple, safe and effective technique in reducing operative blood loss.</p> <p>Key words: Laparoscopic myomectomy, triple tourniquets, uterine tourniquet</p>

稿件編號：OE5	自然孔洞達文西子宮切除手術和傳統達文西子宮切除手術的比較: 傾向分數配對分析
臨時稿件編號： 0886	<p>Robot-assisted transvaginal nature orifice transluminal endoscopic versus robot-assisted laparoscopic hysterectomy for gynecologic benign disease: A propensity-matched study</p> <p>林偉力¹ 王錦榮¹ 林口長庚醫院¹</p>
論文發表方式： 口頭報告	Robot-assisted transvaginal nature orifice transluminal endoscopic versus robot-assisted laparoscopic hysterectomy for gynecologic benign disease: A propensity-matched study
論文歸類： 內視鏡	<p>Abstract</p> <p>Background Robotic assisted laparoscopic hysterectomy (RALH) has been developing an uprising trend for gynecologic minimal invasive surgery in the past decades. In addition with the clinical advantage provided by natural orifice transluminal endoscopic surgery (NOTES), the purpose of this study is to identify and recognize the safety parameter and surgical efficiency of transvaginal robotic assisted laparoscopic hysterectomy (tVRALH) for gynecologic benign diseases.</p> <p>Methods Total number of 154 RALH and 57 tVRALH procedures were reviewed for individual patient demographics and operative outcomes. Age, body mass index, number of vaginal delivery, previous abdominal surgery and specimen weight were stratified and evaluated based on corresponding clinical outcomes under blood loss, intraoperative blood transfusion indication, postoperative hemoglobin level, surgical complication, operation time and postoperative hospitalization length.</p> <p>Results Patients with obstetrics status of previous vaginal delivery indicated as potential candidates for tVRALH (54.5 vs. 82.5%, $p < 0.001$); whereas, body mass index and uterine weight presented as operative obstacles for transvaginal approach (BMI, 24.4 ± 3.6 vs. 23.6 ± 4.6, $p < 0.05$ and 563.8 ± 349.4(g) vs. 340.0 ± 193.9(g), $p < 0.001$, respectively). Length of operation, estimated blood loss (EBL) and requirement of blood transfusion were significantly lower in the tVRALH group than in the RALH group ($p < 0.001$, $p = 0.005$ and $p = 0.023$, respectively). Propensity score-matched pairs confirmed the statistical result for previous vaginal delivery and uterine weight as sample characteristics and total operation time as clinical outcome in comparison of tVRALH with RALH.</p> <p>Conclusion Transvaginal robotic assisted laparoscopic hysterectomy, a procedure combines the advantage of minimally invasive surgery with safety and efficiency via natural orificial approach, serves as an alternative treatment of choice for benign gynecologic disease.</p>

稿件編號：OE6	<p style="text-align: center;">腹腔鏡深部子宮內膜異位症手術分離雙套輸尿管 Deep Endometriosis With Double Ureter</p>
臨時稿件編號： 0932	
論文發表方式： 口頭報告	莊乙真 ¹ 陳曦 ¹ 李大成 ¹ 胡安忻 ¹ 亞東醫院婦產部 ¹
論文歸類： 內視鏡	<p>Duplicated ureter is the most common congenital anomaly of the urinary system, which occurs in nearly 1% of the population. Due to the adhesion of the pelvic cavity during surgery for deep endometriosis chocolate cysts, the operator may identify a certain segment of ureter but ignores the congenital abnormality of double ureters and causes damage. We publish a case report showing the ureter being carefully dissected during laparoscopic surgery, and a potential ureteral injury was thus avoided.</p> <p>In this case of severe deeply infiltrative endometriosis with intraoperatively found double ureter, we consulted the urologist for cystoscopy, which confirmed that there were two ureters above the uterine artery and fused into one ureter below the uterine artery.</p>

稿件編號：OE7	達文西機械手臂輔助肌瘤切除術與腹腔鏡子宮肌瘤切除術之回溯性比較 Comparison of Robotic and Laparoscopic Myomectomy: A Retrospective Study
臨時稿件編號： 0824	張路得 ¹ 溫國璋 ¹ 莊雯琇 ¹ 雙和醫院婦產部 ¹
論文發表方式： 口頭報告	Study Objective Uterine myoma is the most common benign gynecological disease of the uterus. In past literature comparing robotic or laparoscopic myomectomy, the reports showed controversial findings: operative time of robotic myomectomy may be longer, and the short clinical outcome is similar. Moreover, no myoma stratification scoring correlates with myoma all characteristics for clinical physicians to select these two procedures.
論文歸類： 內視鏡	Design Single-center retrospective study. Setting A tertiary university hospital. Patients We conducted 240 cases undergoing myomectomy by minimal invasive procedure: 118 cases by laparoscopic myomectomy (LM) and 122 cases by robotic myomectomy (RM). Interventions Data was studied using age, BMI, myoma characteristics (size, type, location, number, weight), pathologic findings, operative time, docking time, console time, blood loss, complications, and hospitalization length. Measurements and Main Results Patients with infertility and compression symptoms performed more in RM with a statistically significant difference. There are more myoma numbers and a larger size in RM than in LM (3.2 vs. 2.0; 8.0 vs. 7.2, both $P < 0.05$). A higher percentage of intramural type was noted in RM (59.3%), and subserosal type was dominant in LM (62.2%). More myoma of LM is located in the anterior, fundal, or broad ligament; more myoma of RM is located in the posterior site. By combining the important factors, including number, size, intramural type, and location, we contributed to a complicated myoma score higher in RM than that of LM. Although with more complicated parameters, a significant short operative time was noted in RM compared to LM (163.2 vs. 184.7 mins). Conclusion Except to prove similar findings to previous studies, RM may be a new choice for patients with infertility. Robotic platforms tend to perform the more complicated myomectomy with a shorter operative time. It is a retrospective study, and a randomized control trial was needed in the future.

稿件編號：OE8	<p style="text-align: center;">腹腔鏡微波消融之應用於子宮肌瘤及肌腺症</p> <p style="text-align: center;">Laparoscopic microwave myolysis for the treatment of leiomyoma and adenomyosis</p>
臨時稿件編號： 0927	<p>葉建麟¹ 盧紫曦¹ 劉奕吟² 林冠伶¹ 龍震宇¹ 高雄醫學大學附設醫院¹ 聖功醫院²</p>
論文發表方式： 口頭報告	<p>Aims and objectives : To evaluate the clinical effects and safety of microwave ablation (MWA) for the treatment of symptomatic uterine myomas and adenomyosis Settings and Design : Single center and self-controlled study</p>
論文歸類： 內視鏡	<p>Materials, setting and methods : We had included 13 patients with symptomatic uterine myomas and 7 patients with symptomatic adenomyosis. All patients underwent laparoscopic assistantly ultrasound-guided MWA. Contrast-enhanced magnetic resonance imaging was performed before and 3 months after operation. Myoma volume, hemoglobin concentration, visual analog scale (VAS), scores on the UFS-QOL (Uterine Fibroid Symptom and Quality of Life) questionnaire and PBAC (Pictorial Blood Loss Assessment Chart) were recorded before and at 3 months after ablation.</p> <p>Results : Total 20 patients were included in our study and mean age was 39.33±6.33. The mean volume of myoma and adenomyosis was 118.15±104.14 cm³. There were 1 myoma patient and 1 adenomyosis patient loss follow up. Post treatment 3 months regression rate was 33.4±20.5% in myoma group and 36.0±22.1% in adenomyosis group. Our data demonstrated that both group had significantly improved on PBAC. Besides, Uterine Fibroid Symptom and Quality of Life had significantly decreased in myoma group. 2 severe anemia case of adenomyosis had improved from Hb 5.6 to 10.2g/dl 3 months after treatment. Moreover, there 2 patients of dysmenorrhea cured after MWA.</p> <p>Conclusion : MWA seems to be effective and safe for treatment of uterine myomas and adenomyosis without severe adverse events.</p>

稿件編號：OE9	婦科微創手術同時使用傷口撐開保護器(wound retractor)術後發生切口性疝氣之統計分析：五年回溯性世代研究
臨時稿件編號：0960	<p style="text-align: center;">Incisional hernia after minimally invasive gynecologic surgery with wound retractor use at the beginning of surgery: A 5-year retrospective cohort study</p> <p>停寧萱¹ 龐浸醛¹ 花蓮慈濟醫院¹</p>
論文發表方式：口頭報告	<p>Introduction</p> <p>With the advancement of surgical devices and the cosmetic benefit, minimally invasive gynecologic surgery (MIGS) is more and more popular. For reduced port and removal of specimen, transumbilical incision and wound retractor use with or with additional trocar insertion at bilateral abdomen was developed in our center. Previous studies have reported the incisional hernia after laparoendoscopic single site surgery (LESS) ranges from 1.5% to 25.9%. Here, we conducted a retrospective cohort study to calculate the incidence rate of incisional hernia after MIGS with wound retractor use at the beginning of surgery, and the risk factor was also analyzed.</p>
論文歸類：內視鏡	<p>Method</p> <p>All patients who received MIGS with use of wound retractor between 2015-1-1 and 2020-12-31 in Hualien Tzu Chi hospital were reviewed. Patient data recorded included age, body mass index (BMI), chronic diseases history, previous abdominal surgery, total operation time and estimated blood loss. Incisional hernia was defined as any hernia that was detected clinically during postoperative surveillance via physical examination. Surgical outcomes including the incidence of postoperative incisional hernia were analyzed.</p> <p>Result</p> <p>A total of 749 patients received MIGS with use of wound retractor for various gynecologic diseases. Two patients were excluded due to previous ventral hernia history and finally 747 patients were included in analysis. The median age of the patients was 47.54 ± 13.8 years old and the mean BMI was 25.22 ± 5.6. Mean operation time was 126.57 ± 71 minutes and the mean blood loss amount was 185.67 ± 302cc. A total of 5 incisional hernia were found after MIGS, and the incidence rate was 0.6%. Age, BMI and operation time were associated with increased risk of incisional hernia. The closure method of incision wounds were also considered to be related to the postoperative incisional hernia.</p> <p>Conclusion</p> <p>Although MIGS with wound retractor use can reduce port number and provide a good exit for specimen removal, incision hernia may occur afterwards especially in advanced age and overweight patients and long operation time were also the risk factors.</p>