Laparoscopic approach to severe endometriosis

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Laparoscopy Training Course
Harare Zimbabwe 14th - 18th March 2011
Severe endometriosis (1)
Severe endometriosis (1)
Endometriose – Laparoscopic surgery
Endometriosis – surgical approach?

Laparotomy?

Laparoscopic approach!
Endometriosis - Laparoscopic surgery (1)

No symptoms
no surgery!

Laparoscopic surgery
is not a
a surgery of compromises
but
conventional surgery with a
minimal (invasiv) access!
Endometriosis - Laparoscopic surgery (2)

The greatest complication is the wrong or the missing indication!

It is the result that counts, laparoscopic surgery has not to be better then conventional surgery, but also not worse!
Endometriosis - Laparoscopic surgery (3)

The aim of laparoscopic surgery is not to improve conventional surgery, laparoscopic surgery is only an alternative.

Minimal invasive surgery is definitely not minimal surgery!
Endometriose – Laparoscopic approach (1)
Endometriose – Laparoscopic approach (2)

* Chinese cooking and eating

... become an expert!
Financial aspects – the different operative settings

abdominal hystectomy

vaginal hysterecomy

laparoscopic hysterectomy
### Endometriosis classification

#### Endoscopic Endometriosis Classification (EEC)

**I°**
- Lesion < 5 mm
- Douglas-Cavity, sacrouterine ligaments, bladder or retrouterine (fresh white or red, brown)

**II°**
- Lesion > 5 mm
- Douglas-Cavity, infiltration sacrouterine lig., ovarian cysts, adhesions fallopian tubes

**III°**
- Adenomyosis uteri, endosalpingitis nodosa, endometrioms ovaries, adnexal adhesions, rectovaginal septum, bowel and vagina

**IV°**
- Other locations:
  - bowel (sigma), abdominal wall, in the bladder, lungs or elsewhere

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### Endometriosis classification

<table>
<thead>
<tr>
<th>Peritoneum</th>
<th>Endometriosis</th>
<th>Superficial</th>
<th>1 cm</th>
<th>1-3 cm</th>
<th>&gt; 3 cm</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Deep</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ovary</th>
<th>Endometriosis</th>
<th>Superficial</th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Deep</td>
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</tbody>
</table>

| Douglas-Cavity | Obliteration | Partial | Complete | 4 | 40 |

<table>
<thead>
<tr>
<th>Ovary</th>
<th>Adhesions</th>
<th>R</th>
<th>Filmy</th>
<th>1</th>
<th>2</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dense</td>
<td>4</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Filmy</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dense</td>
<td>4</td>
<td>8</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tube</th>
<th>Adhesions</th>
<th>R</th>
<th>Filmy</th>
<th>1</th>
<th>2</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>Dense</td>
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<td></td>
<td>Dense</td>
<td>4</td>
<td>8</td>
<td>16</td>
</tr>
</tbody>
</table>

(*) If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16.

### American Fertility Society 1978 - 1985

<table>
<thead>
<tr>
<th>Stage</th>
<th>(minimal)</th>
<th>1 - 5</th>
<th>Stage</th>
<th>(moderate)</th>
<th>16 - 40</th>
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<tbody>
<tr>
<td>II</td>
<td>(mild)</td>
<td>6 - 15</td>
<td>III</td>
<td>(severe)</td>
<td>&gt; 40</td>
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<tr>
<td>IV</td>
<td>(severe)</td>
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</table>

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Endometriosis – (personal) classification I° – IV°

Based on the surgical techniques /skill

**Very easy**  I°
- Staging, chromoperturbation
- Soagulation of peritoneal endometriosis
- Coagulation of ovarian surface

**Easy**  II°
- Small ovarian cysts
- Uterine adenomyoma
- Resection of superficial endometrial plaques
- Adhesiolysis (fallopation tubes, ovaries of bowel)
- Coagulation surface of bladder or bowel

**Difficult**  III°
- Large ovarian cysts
- Adnectomy
- Hysterectomy
- Resection of superficial endometriosis on bladder, bowel or ureter
- Complicated adhesiolysis

**Very difficult**  IV°
- Partial/complete resection of the sigma or rectum
- Partial resection of infiltrating endometriosis of the Bladder
- Partial resection of the ureter (reimplantation)
Endometriosis I° – Micro-laparoscopy
Endometriosis I° – Micro-laparoscopy / coagulation
Endometriosis II° - Ovarian Cyst
Endometriosis II° - Ovarian Cyst
Endometriosis II° - Ovarian Cyst
Endometriosis II° - Bilateral cystectomy + adhesiolysis
Endometriosis III° - Adnectomy + appendectomy + adhesions
Endometriosis III° - Bilateral adnectomy + hysterectomy (1)
Endometriosis III° - Bilateral adnectomy + hysterectomy (2)
Endometriosis IV° - resection Douglas cavity (+/- rectum)
Endometriosis IV° - Endometriosis Douglas cavity
Endometriosis IV° - resection sigma or rectum (1)
Endometriosis IV° - resection sigma or rectum (2)
Endometriosis IV° - resection sigma or rectum (3)
Endometriosis IV° - resection sigma/rectum + hysterectomy
Laparoscopic hysterectomy – instruments/material
Endometriosis II°

Left ovarian cyst and adhesions
Cyst extirpation and adhesiolysis
Peritoneal mesothelioma (associated with endometriosis)
Resection and coagulation with Ultracision
Endometriosis III°

Left ovarian cyst and adhesion, single left kidney, uterus bicornis
Adnectomy left side and adhesiolysis, pre-operative ureter-stent
Severe endometriosis with dysmenorrhea, endometriosis bladder, endometriosis cyst
Hysterectomy and left adnectomy
Severe endometriosis with stenosis of sigma and infiltration of the bladder
Resection of sigma, resection of endometriosis, debulking and adhesiolysis
Endometriosis IV°

... 6 months later!
Be careful!

... it's a risky job!

Thank you very much !!!