

More data are being collected and longer follow-up is planned.

78. Cavaterm for Endometrial Ablation

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Objective. To evaluate Cavaterm for treatment of menorrhagia.

Measurements and Main Results. The Cavaterm consists of an inflatable balloon inserted into the uterine cavity and filled with glycine solution. Fluid inside the balloon is heated to 75° C and applied to the endometrium for 15 minutes. The procedure can be performed in the office under local anesthesia. With more than 3500 cases performed in Europe, Cavaterm has a success rate of 94% with no major complications so far. Unlike hysteroscopic endometrial ablation, pretreatment with danazol or GnRH analogs is not necessary.

Conclusion. Cavaterm appears to be a simple, safe, and effective instrument for treating menorrhagia.

79. Pain Management after Endometrial Ablation in a Day Care Unit

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Objective. To evaluate the efficiency of perioperative pain management with two methods of endometrial ablation (prospective study).

Measurements and Main Results. Pain perception was significantly higher with the electroballoon than with spike electrodes. Yet both groups responded well to analgesics such as opioids plus an α_2 -receptor agonist in combination with local anesthesia to the cervix uteri.

Conclusion. Pain of endometrial ablation is well controlled with analgesics plus local anesthesia.

80. Uterine Rotator for Laparoscopic Hysterectomy

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Objective. To evaluate the uterine rotator in total laparoscopic hysterectomy (prospective, open, feasibility study).

Measurements and Main Results. Laparoscopic hysterectomy using two secondary 2.5-mm ports was feasible in 45 women, including 17 with large uteri (>500 g). Mean duration of surgery was 65 minutes

(range 50–95 min). Bleeding, evaluated by a hemoglobin drop of more than 2 g/L, did not occur.

Conclusion. With the uterine rotator to manipulate the uterus, total laparoscopic hysterectomy can become standard procedure in all women, as it requires only two small secondary ports and increases safety through improved visualization.

81. Initial Multicenter Experience with a Controlled Infusion Pump for Operative Hysteroscopy

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Objective. To evaluate a new controlled infusion pump coupled to a resectoscope with a built-in sensor for real time monitoring of intrauterine pressure (Maestro; FemRx, Sunnyvale, CA).

Measurements and Main Results. More than 20 women underwent standard operative or diagnostic hysteroscopy with addition of the infusion pump. Review of intraoperative data, such as intrauterine pressure, fluid flow rate, fluid inflow, fluid absorption, operating time, and quality of uterine distention, indicates well-controlled uterine distention resulting in improved visibility and overall reduction in fluid absorption.

Conclusion. The Maestro infusion pump stabilizes the intrauterine environment, making it easier for surgeons to perform what can be a complex procedure.

82. Results of Total Laparoscopic Hysterectomy

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Objective. To determine advantages and disadvantages of laparoscopic access for hysterectomy compared with other approaches.

Measurements and Main Results. Thirty-two women (age 49.3 \pm 1.6 yrs) underwent total laparoscopic hysterectomy for uterine myoma. Uterine size ranged from 10 to 14 gestational weeks. Hysterectomy was performed with suturing of uterine vessels and ovarian ligaments, monopolar and bipolar coagulation, and uterine manipulator (Storz). Average operating time was 105 \pm 11.4 minutes. Adhesiolysis and ligament transection took 30% of operating time, dissection