of the septum are not different from results of excision of the septum.

176. Laparoscopic-Assisted Vaginal Hysterectomy–Vaginal-Assisted Laparoscopic Hysterectomy

S Tandulwadkar. Pune, Maharashtra, India.

Objective. To assess the feasibility of converting all abdominal hysterectomies to vaginal.
Measurements and Main Results. This was a retrospective analysis of 312 cases of LAVH-vaginal-assisted laparoscopic hysterectomy. Our success rate was 97.2%
Conclusion. LAVH-VALH has secured its place in gynecologic surgery in terms of efficacy, safety, and reduced morbidity.

177. Development of an Intuitive Writing Interface for Endoscopic Robot in Endometriosis Treatment

[1]HW Tang, [2]PR Koninckx, [1]H Van Brussel, [3]J Vander Sloten. [1]Division PMA, Katholieke Universiteit Leuven, Heverlee, Flemish Brabant, Belgium; [2]Department of Obstetrics and Gynecology, Universiteit, Leuven, Belgium; [3]Division BMGO, Universiteit, Leuven, Belgium.

Objective. To modify an endoscopic robot, and implement an intuitive interface to facilitate manual skills and enhance precision in endoscopic laser ablation treatment of endometriosis.
Measurements and Main Results. A new human-machine interface with pen and tablet was installed to control the robot. Surgeons can draw on the tablet with the pen simultaneously to control the robot, handle the endoscope, and activate the laser, the trigger being put on the pen. Traditionally surgeons physically steered endoscope and laser. This new intuitive writing interface improves quality of cut by filtering vibrations and brings precision to the level of handwriting. The ratio between input and output movement is adjustable. The precision of the robot was tested by a sinusoid test. The maximum movement error was about 7%, which is acceptable. One can write on an Apple characters of 3×3-mm height, which is impossible to achieve manually. In addition, the system allows auto-focusing of the laser.
Conclusion. The human-machine interface and robot system has enhanced precision.

178. Comparison of the Long-term Histopathologic and Morphologic Changes after Thermal Endometrial Ablation and Resection

[1]O Taskin, [2]O Ahmet, [3]V Enver, [4]S Mehmet, [3]S Salih, [4]K Sinan. [1]Akdeniz University; Antalya, Turkey; [2]SSK Tepecik, Izmir, Turkey; [3]Izmir, Turkey; [4]Antalya, Turkey.

Objective. To outline and compare long-term histologic features of endometrial ablation versus resection.
Measurements and Main Results. Thermal ablation (12 women) and resection (10) was followed by second-look office hysteroscopy with endometrial biopsy. Mean follow-up to second-look hysteroscopy after rollerball ablation and loop resection was 33.4 ± 2.1 and 31.1 ± 2.6 months, respectively. Complete atrophy, partial adhesions or obliteration of the cavity, and fibrosis were observed at second-look hysteroscopy and were similar in both groups. Whereas all random biopsies were normal before the procedures, biopsies after both ablation and resection revealed diminished endometrial glands with varied necrosis and scarring. The number of endometrial glands was not correlated with amount of bleeding or menstrual pattern. No premalignant or malignant lesions were found after the procedures.
Conclusion. Although efficacy of endometrial ablation is related to initial thermal destruction and correlated with postablation hysteroscopic and histologic findings, endometrial regrowth is expected and is not a failure of ablation.

179. Hysteroscopic Endometrial Resection in Women with Abnormal Uterine Bleeding and Nonatypical Simple Endometrial Hyperplasia

[1]O Taskin, [2]M Akar, [3]A Guler, [3]A Onoglu, [3]Salih Sadik, [3]M Simsek. [1]Akdeniz University, Antalya, Turkey; [2]Antalya, Turkey; [3]Izmir, Turkey.

Objective. To evaluate the role of resectoscopic surgery in the diagnosis and treatment of women with AUB and endometrial hyperplasia without atypia
Measurements and Main Results. Thirty-two women diagnosed as having simple endometrial hyperplasia without atypia histologically underwent hysteroscopic resection and simultaneous guided endometrial biopsy. Mean operating time was 30.3 ± 10.6 minutes with mean 0.4 L fluid deficit. Hysteroscopy revealed mixed patterns of atrophy and hyperemia in most patients, and one woman had concomitant submucosal myoma that was resected before ablation. One uterine perforation