

TRANSVAGINAL NOTES CHOLECYSTECTOMY: POSTOPERATIVE GYNECOLOGICAL EVALUATION

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Background:the development of NOTES procedures raise issues regarding new ways of access to the abdominal cavity. The transvaginal access through posterior colpotomy has been widely used by gynecologists for the treatment of several conditions and has many advantages over other access (transgastric,transrectal and trans-vesical).

Objective: assessment of the postoperative gynecological impact, both anatomical and functional, after transvaginal NOTES cholecystectomy. **Patients and Method:** 22 female patients were operated between August 2007 and September 2008. All patients fulfilled the following requirements: a)symptomatic gallbladder stones, b) previous pregnancy, c) absence of common bile duct obstruction d)negative pregnancy tests, e) normal minimal test . The gynecologic screening evaluation included: interrogation, examination including colposcopy and pelvic-transvaginal ultrasound. A transvaginal NOTES cholecystectomy was attempted in the 22 patients with a hybrid technique: with laparoscopic control via a 5 mm umbilical trocar, a 2 way trocar was inserted through the right posterior vaginal cul de sac which allowed the insertion of a videogastroscope, forceps and diverse instruments. Once cholecystectomy was performed it was removed through the vagina and closure was attained with a running suture of absorbable vycril 2/0. The postoperative follow up included gynecologic assessment at postoperative days 7, 30 and 60 and included guided questionnaire (patients satisfaction with the procedure, restart of sexual activity, spontaneous pain, dyspareunia), physical examination and colposcopy to assess healing, presence of anatomical injuries, vaginal secretion and other alterations. **Results:** the operation with the NOTES hybrid technique could be completed in 21 of the 22 patients (95 %). In the remaining case the operation had to be performed laparoscopically due to pelvic adhesions (5 previous cesarean sections). One case required a minilaparotomy through a previous Pfannestiel incision for checking hemostasis of the vaginal cul de sac.The systematic assessment prove adequate healing of the vaginal access with no local complications. Two patients restarted sexual relations before the 30 days prescribed, and the rest followed compliance with the indications. None of the patients refer dyspareunia. Two patients got pregnant after the procedure and one underwent a normal birth delivery without complications. **Conclusions:** the transvaginal NOTES access proves to be safe, with excellent outcomes, no complications and void of negative impact in the gynecologic and sexual aspects.