PREOPERATIVE DIAGNOSES:, Menorrhagia and dysmenorrhea.,POSTOPERATIVE DIAGNOSES: , Menorrhagia and dysmenorrhea.,PROCEDURE: , Laparoscopic supracervical hysterectomy.,ANESTHESIA: , General endotracheal.,ESTIMATED BLOOD LOSS: , 100 mL.,FINDINGS: , An 8-10 cm anteverted uterus, right ovary with a 2 cm x 2 cm x 2 cm simple cyst containing straw colored fluid, a normal-appearing left ovary, and normal-appearing tubes bilaterally.,SPECIMENS: ,Uterine fragments.,COMPLICATIONS:, None.,PROCEDURE IN DETAIL: , The patient was brought to the OR where general endotracheal anesthesia was obtained without difficulty. The patient was placed in dorsal lithotomy position. Examination under anesthesia revealed an anteverted uterus and no adnexal masses. The patient was prepped and draped in normal sterile fashion. A Foley catheter was placed in the patient's bladder. The patient's cervix was visualized with speculum. A single-tooth tenaculum was placed on the anterior lip of the cervix. A HUMI uterine manipulator was placed through the internal os of the cervix and the balloon was inflated. The tenaculum and speculum were then removed from the vagina. Attention was then turned to the patient's abdomen where a small infraumbilical incision was made with scalpel. Veress needle was placed through this incision and the patient's abdomen was inflated to a pressure of 15 mmHg. Veress needle was removed and then 5-mm trocar was placed through the umbilical incision. Laparoscope was placed through this incision and the patient's abdominal

contents were visualized. A 2nd trocar incision was placed in the midline 2 cm above the symphysis pubis and a 5-mm trocar was placed through this incision on direct visualization for laparoscope. A trocar incision was made in the right lower quadrant. A 10-mm trocar was placed through this incision under direct visualization with the laparoscope. A ___ trocar incision was made in the left lower quadrant and a 2nd 10-mm trocar was placed through this incision under direct visualization with the laparoscope. The patient's abdominal and pelvic anatomy were again visualized with the assistance of a blunt probe. The Gyrus cautery was used to cauterize and cut the right and left round ligaments. The anterior leaf of the broad ligament was bluntly dissected and cauterized and cut in an inferior fashion towards lower uterine segment. The right uteroovarian ligament was cauterized and cut using the Gyrus. The uterine vessels were then bluntly dissected. The Gyrus was then used to cauterize the right uterine vessels. Gyrus was then used on the left side to cauterize and cut the left round ligament. The anterior leaf of the broad ligament on the left side was bluntly dissected, cauterized, and cut. Using the Gyrus, the left uteroovarian ligament was cauterized and cut and the left uterine vessels were then bluntly dissected. The left uterine vessels were then cauterized and cut using the Gyrus. At this point, as the uterine vessels had been cauterized on both sides, the uterine body exhibited blanching. At this point, the Harmonic scalpel hook was used to amputate the uterine body from the cervix at the level just below the uterine vessels. The HUMI manipulator was

removed prior to amputation of the uterine body. After the uterine body was detached from the cervical stump, morcellation of the uterine body was performed using the uterine morcellator. The uterus was removed in a piecemeal fashion through the right lower quadrant trocar incision. Once, all fragments of the uterus were removed from the abdominal cavity, the pelvis was irrigated. The Harmonic scalpel was used to cauterize the remaining endocervical canal. The cervical stump was also cauterized with the Harmonic scalpel and good hemostasis was noted at the cervical stump and also at the sites of all pedicles. The Harmonic scalpel was then used to incise the right ovarian simple cyst. The right ovarian cyst was then drained yielding straw-colored fluid. The site of right ovarian cystotomy was noted to be hemostatic. The pelvis was again inspected and noted to be hemostatic. The ureters were identified on both sides and noted to be intact throughout the visualized course. All instruments were then removed from the patient's abdomen and the abdomen was deflated. The fascial defects at the 10-mm trocar sites were closed using figure-of-8 sutures of 0-Vicryl and skin incisions were closed with a 4-0 Vicryl in subcuticular fashion. The cervix was then visualized with the speculum. Good hemostasis at the site of tenaculum insertion was obtained using silver nitrate sticks. All instruments were removed from the patient's vagina and the patient was placed in normal supine position.,Sponge, lap, needle, and instrument counts were correct x2. The patient was awoken from anesthesia and then transferred to the recovery room in

stable condition.