Total Vaginal Hysterectomy

PREOPERATIVE DIAGNOSES: 1. Dysfunctional uterine bleeding. 2. Acute blood loss anemia.
POSTOPERATIVE DIAGNOSES: 1. Dysfunctional uterine bleeding. 2. Acute blood loss anemia.
PROCEDURES: Total vaginal hysterectomy.
SURGEON:
ASSISTANT:
ANESTHESIA:
INTRAVENOUS FLUIDS:
ESTIMATED BLOOD LOSS:
URINE OUTPUT:
COMPLICATIONS:
SPECIMENS: Uterus and cervix
DISPOSITION: Stable to recovery room

FINDINGS: Exam under anesthesia revealed an approximately eight-week size anteverted uterus with a large amount of blood clot in the vaginal vault. Normal fallopian tubes and ovaries bilaterally. Intraoperative pathology consult showed no evidence of endometrial hyperplasia or malignancy.

DESCRIPTION OF PROCEDURE:
The patient was taken to the operating room where general anesthesia was administered. An exam under anesthesia was performed with the above-noted findings. She was then prepped and draped in the usual sterile fashion in the dorsal lithotomy position with the Allen stirrups.

A weighted speculum was placed in the vagina and a Deaver placed anteriorly. The cervix was grasped with two single-tooth tenaculums. Next, the cervical vaginal epithelium was incised anteriorly with the scalpel. The pubovesical cervical fascia was incised with the Mayo scissors and the bladder mobilized cephalad. The peritoneum was identified and entered sharply with Metzenbaum scissors and the retractor placed into the peritoneal space to retract the bladder anteriorly. A posterior colpotomy incision was made with Mayo scissors and the rectovaginal space was entered. The weighted speculum was then replaced. In a sequential fashion the uterosacral ligaments, the cardinal ligaments and the uterine arteries were clamped, transected, and suture ligated with 0 Vicryl. The anterior and posterior broad ligaments on either side of the uterus were serially clamped, transected, and suture ligated with 0 vicryl until the utero-ovarian ligaments were encountered bilaterally. These were cross-clamped, transected, and doubly suture ligated with a transfixion stitch of 0 Vicryl bilaterally. Excellent hemostasis was noted.

The ovaries and fallopian tubes were inspected with the above-noted findings. Next, a modified culdoplasty stitch, which included the cardinal ligaments bilaterally, was placed using 0 Vicryl as well as the uterosacral ligaments. The vaginal cuff was then closed using 0 Vicryl in a running locking fashion. Excellent hemostasis was noted. The vagina was then packed with Kerlix soaked in Premarin cream.

The patient tolerated the procedure well. All sponge, lap, needle, and instrument counts were correct x2. She was taken to the recovery room in stable condition.

Dr. ____was present and scrubbed for the entire case.