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Title: Discoid Resection of Rectosigmoid Endometriotic Nodules

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Title: Discoid resection of rectosigmoid endometriotic nodules

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Keywords: endometriosis, rectosigmoid endometriosis, endometriotic nodule, discoid bowel resection

Prècis: Laparoscopic anterior discoid resection of rectosigmoid endometriotic nodules is feasible in many cases and should be considered in the appropriately selected candidate.

Study Objective: To demonstrate various techniques to perform laparoscopic anterior discoid resection of rectosigmoid endometriotic nodules.

Design: Step-by-step explanation of the techniques by video with narration (educational video).

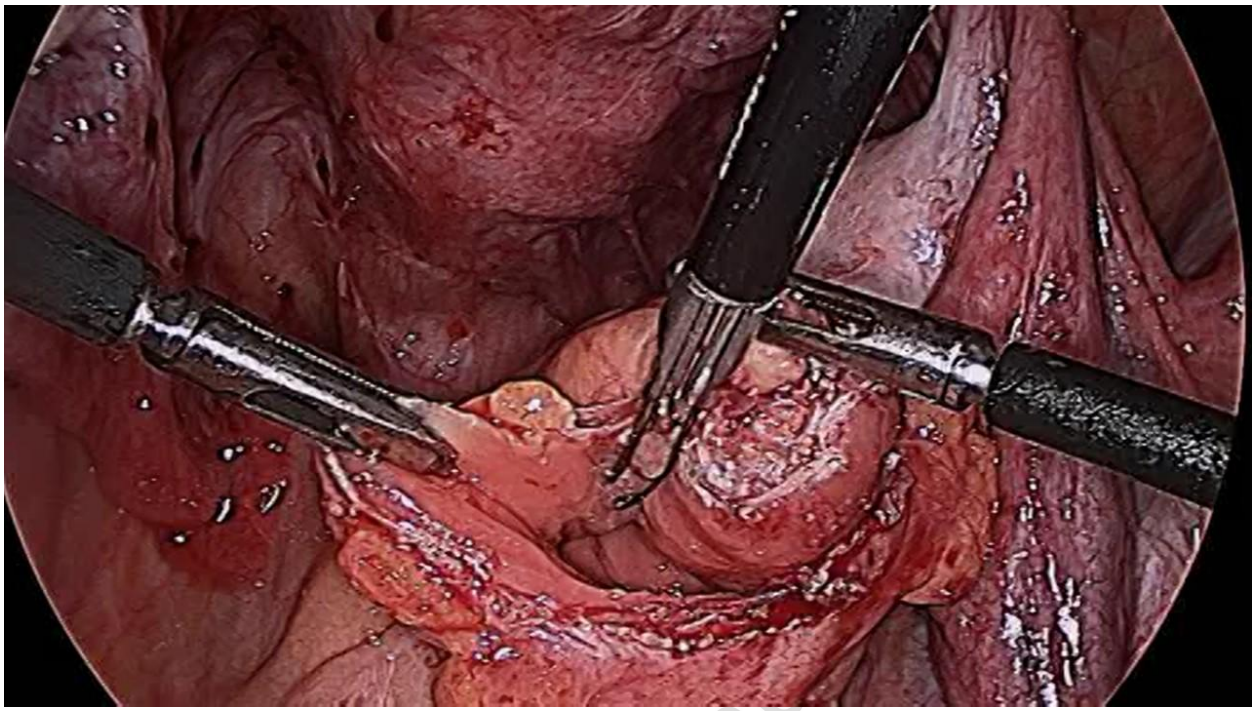
Setting: Segmental bowel resection and reanastomosis is a treatment option for larger rectosigmoid endometriotic nodules. However, laparoscopic anterior discoid resection of rectosigmoid endometriotic nodules is feasible and potentially less morbid in the appropriate candidate. Detailed knowledge of the avascular planes of the pelvis, particularly the pararectal and rectovaginal spaces, is crucial when approaching these nodules, which may initially present within an obliterated posterior cul-de-sac. Resection begins with determination of nodule size followed by enucleation of the nodule itself. A two-layer closure with barbed suture is then performed using a rectal probe as a template. An air-leak test assesses the integrity of the repair and may be completed with air insufflation or with a methylene blue or povidone-iodine enema. With larger nodules, a V-shaped closure may be necessary. The patients provided consent to use images and videos of the procedure. Institutional Review Board approval was not required for this procedure.

Intervention: Laparoscopic anterior discoid resection of a rectosigmoid endometriotic nodule.

Conclusion: Laparoscopic anterior discoid resection avoids the need for segmental bowel resection and reanastomosis. Barbed suture is a safe option for two-layer bowel closure.

Reference:

Chamsy D, King C, Lee T. The use of barbed suture for bladder and bowel repair. J Minim Invasive Gynecol 2015;22(4):648-52.



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