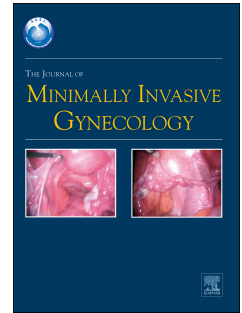


Accepted Manuscript

A Modified Technique of Temporary Suspension of the Ovary to the Anterior Abdominal Wall

Omar M. Abuzeid, MD, Rubin Raju, MD, John Hebert, MD, Mohammad Ashraf, MD, Mostafa I. Abuzeid, MD



PII: S1553-4650(17)30356-4

DOI: [10.1016/j.jmig.2017.06.011](https://doi.org/10.1016/j.jmig.2017.06.011)

Reference: JMIG 3168

To appear in: *The Journal of Minimally Invasive Gynecology*

Received Date: 6 June 2017

Accepted Date: 15 June 2017

Please cite this article as: Abuzeid OM, Raju R, Hebert J, Ashraf M, Abuzeid MI, A Modified Technique of Temporary Suspension of the Ovary to the Anterior Abdominal Wall, *The Journal of Minimally Invasive Gynecology* (2017), doi: 10.1016/j.jmig.2017.06.011.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

A Modified Technique of Temporary Suspension of the Ovary to the Anterior Abdominal Wall

Omar M. Abuzeid, MD¹, Rubin Raju MD¹, John Hebert, MD¹, Mohammad Ashraf, MD^{1,2,3},
Mostafa I. Abuzeid, MD^{1,2,3}

¹Department of OB/GYN, Hurley Medical Center, Michigan State University College of Human Medicine, Flint Campus, Flint, Michigan, United States

²Division of Reproductive Endocrinology and Infertility, Hurley Medical Center, Michigan State University College of Human Medicine, Flint Campus, Flint, Michigan, United States

³IVF Michigan Rochester Hills & Flint, Rochester Hills, Michigan, United States

Abstract presented at The AAGL Global Congress of Minimally Invasive Gynecology (AAGL), Las Vegas, Nevada, USA, November 2015

Nothing to disclose

IRB/Ethics Committee ruled that approval was not required for this study.

Key words:

Temporary ovarian suspension; Endometriosis; Adhesion prevention

Omar M. Abuzeid, MD
Resident Physician
Department Obstetrics & Gynecology
Hurley Medical Center/Michigan State University College of Human Medicine
Two Hurley Plaza, Ste 101
Flint, Michigan 48503
Phone: 810-262-6426
Fax: 810-262-6426
omabuzeid@gmail.com
USA

Abstract

Study Objective:

A previous study described a technique of temporary suspension of the ovary to the abdominal wall using nylon suture (Abuzeid et al 2002). The aim of this study is to describe a modified technique of temporary suspension of the ovary to the fascia of the anterior abdominal wall after operative laparoscopy for advanced stage endometriosis to reduce postoperative adhesion formation.

Design:

Video illustrating this modified technique of ovarian suspension

Setting:

Academic affiliated community medical center

Patients:

This patient underwent temporary suspension of the right ovary, using 3-0 plain catgut suture, after operative laparoscopy for advanced stage endometriosis (Stage III ASRM classification).

Interventions:

Temporary suspension of the right ovary to the fascia of the abdominal wall at the conclusion of operative laparoscopy using dissolvable suture (3-0 plain catgut suture).

Measurements & Main Results:

This patient was found to have stage III endometriosis. Right ovariolysis was performed. CO₂ laser was utilized to evaporate spots of endometriosis on the surface of the ovary, ovarian fossa, and the wall of a small endometrioma. A 3-0 plain catgut suture was placed in the right ovarian ligament and the needle was cut and removed from the peritoneal cavity. The ends of the sutures were brought out of the peritoneal cavity through a 3 mm skin incision using Endo Close device. The suture was tied over the fascia while allowing CO₂ gas out of the peritoneal cavity to ensure that the suture remained under tension and the ovary is well suspended without touching the abdominal wall. The suture was used to elevate the ovary away from the ovarian fossa to avoid recurrence of adhesions between it and the ovary. Postoperatively the patient did well and was discharged home on oral pain medication on the same day of surgery. No postoperative complications were reported as a result of the suspension procedure. The patient had an uneventful recovery.

Conclusion:

This modified approach of temporary ovarian suspension to the fascia of the anterior abdominal wall appears to be simple, safe, and easy to learn.

ACCEPTED MANUSCRIPT