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Inside this Issue: President's Letter Editor's Corner ISGE Training Report Update on Women's Healthcare in Nepal An Homage to János Veres Laparoscopic Creation of a Neo-Vagina with Dr. Yap Lip Kee Interview with Dr. Chuck Miller
We have dealt with laparoscopic myomectomy for patient's interested in fertility since 1989, and we've never had a case of uterine rupture. We've reported our pregnancy rates, which are at 75% with delivery rates at 70%.

Thank you Dr. Miller.

So we have to look at the European experience where they are reporting ruptures of 1 in a 100 after laparoscopic myomectomy. Perhaps it's energy source, unipolar cautery or bipolar cautery as the primary source, and perhaps closure techniques?

At 847-593-1040.

And it's my understanding that you have never had a case of uterine rupture with pregnancy.

Well, Jim, I think that are certain concepts that have to be understood. Number one, you have to take the time to make sure that the myometrium is intact. Second, you are dealing with a oral cavity, because remember you don't have the tactile sensation when you're dealing with a laparoscopic case.

One last question, how do patients reach you if they want to have a myomectomy performed by you?

I average approximately 150 laparoscopic myomectomies a year.

And of course, patients can call, if they're in the Chicago area directly, for an appointment or any place in the United States. What is the phone number?

Dr. Miller, thank you for joining us here in Australia at the ISGE meeting and giving us your tips on how to do safe and effective myomectomies, even for those patients, especially for those patients who wish to preserve fertility.

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Satisfactory vaginal length of 7 cm is achieved and after three weeks, successful coitus is allowed. Our technique involved external fixation of the bladder using 2-0 Vicryl suture. The traction device is also our own innovation. Patients of Mayer Rokitansky Kuster-Hauser syndrome suffer from Mullerian agenesis and absent vagina. Several modes of introital reconstruction have been reported in the past. Vaginal lengthening with the flap technique is the most popular technique, and is not just confined to the vaginal region. Our technique involved external fixation of the bladder using 2-0 Vicryl suture, and a straight needle rather than any other special devices. The traction device is also our own innovation.

We, in fact, used our own innovations to get excellent results, according to the infrastructural facilities we have.

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