

Chapter 1 : Benign Conditions | Minimally Invasive Gynecologic Surgery at Miller School of Medicine

*Pelvic pain Endometriosis and adenomyosis Benign ovarian cysts Complications and management of benign ovarian cysts Laparoscopy Hysterectomy*â€”part 1 Hysterectomyâ€”part 2 Benign disease of the cervix Benign disease of the vulva and the vagina.

Statistical analysis was used to determine the frequency of tumor localization, left or right. The breakdown of histologically confirmed lesions in women with endometriosis were: Ovarian cysts were most often "serous cysts," the next most common diagnosis was dermoid cysts. Left-sided cysts were more common compared to right-sided cysts in women with unilateral endometriomas. The overall conclusion reached in the study is that endometriosis could very possibly be associated with increased benign gynecological tumor risk. Endometriomas and ovarian cysts are predisposed to the left lateral side. Limitations of the study: This study is retrospective and relies solely on the data entered by different individuals. The data may not be complete or may be incorrectly entered. Lay Summary Matalliotaki et al. The study had two main objectives. The first goal was to understand the link between endometriosis and benign gynecologic tumors risk. The second goal of the project was to understand the distribution of endometriomas and ovarian cysts in individuals that have endometriosis. This retrospective study looked at 1, women with endometriosis that had undergone surgical treatment, either laparoscopy or laparotomy. The researchers collected a lot of data for each patient. This data could include age, symptoms, stage of endometriosis, localization, classification of the cysts, and the histological type of the benign gynecological tumor. The participants were also divided into 4 groups depending on their ailment, namely ovarian or para-ovarian cysts, uterine leiomyomas, adenomyosis, or a combination of the aforementioned. Some of the data from this project were also subject to statistical analysis. The results showed that there were cases of endometriomas, cases of adenomyosis, cases of ovarian cysts, and 89 cases of uterine leiomyomas in women with endometriosis that were included in the study. Women with ovarian cysts were most susceptible to serous cysts and dermoid cysts. Women with unilateral endometriomas were found to have more left-sided cysts than right-sided cysts. In short, this study proved that women with endometriosis are at increased risk for benign gynecological tumors. Furthermore, this study proved that endometriomas and ovarian cysts are inclined to inhabit the left lateral side. It is not designed to provide medical advice or an opinion on the best form of treatment. We highly stress the importance of not using this site as a substitute for seeking an experienced physician, which is highly recommended if you have any questions or concerns regarding your endometriosis needs. We believe in the consciousness of our reader to discriminate that research is different than "standard of care," and trust that they can keep in mind that here at Endonews, we summarize the newest peer-reviewed scientific medical literature, without bias.

The highest standards of clinical care in state-of-the-art facilities, with Consultant-led treatment, spotlessly clean rooms, and a team of dedicated and experienced nurses.

Frequency is a measure of the number of vibrations, or single wavelengths, that occur in 1 s and is measured in Hertz (Hz). Ultrasound transducers are usually in the range of 2–10 MHz, with higher-frequency transducers providing better resolution. Ultrasound is used on a daily basis and has become one of the most and image quality but at the expense of attenuation, or reduced penetration. Transvaginal ultrasound typically uses higher-frequency probes than transabdominal ultrasound, as the organs are nearer the transducer, and provides more information and improved definition as a result. Transvaginal ultrasound is used for the diagnosis and management of common gynaecological pathologies. It is of interest to consider the use of ultrasound-based procedures to evaluate the uterine cavity and test tubal patency. Gynaecologists have traditionally used the vaginal examination to exclude common, benign gynaecological pathologies. However, this article will attempt to field of view may mean that a large mass, such as an ovarian cyst demonstrate that ultrasound provides a non-invasive, simple, well-tolerated or serosal fibroid, is missed. There are two mechanisms by which ultrasound induces biological effects, both of which may result in tissue damage. Keywords ultrasound; gynaecology; benign; investigation; evidence-based. Sound waves can be directly converted into heat or lead to cavitation through the production of oscillating gas bubbles within the tissue. The British Medical Ultrasound Society most essential investigations in gynaecology, but what evidence produces guidelines on the safety of ultrasound and recommends is there for its use? Background Types of ultrasound What is ultrasound? The ultrasonographer moves and rotates the probe to provide different images, which are shown in real time on a monitor. Four-dimensional 4D ultrasound refers to the real-time display of 3D images. GYNAECOLOGY virtual real-time assessment of stored data after the woman has adenomyoma may be misdiagnosed as a fibroid, but Doppler ultrasound can be applied to differentiate these pathologies as the exception of a few notable applications discussed below. Doppler ultrasound is based on the Doppler principle straight through areas of adenomyosis (Figure 1). Pedunculated subserosal fibroids may also be misinterpreted as ovarian lesions, frequencies from those of the sound waves directed at them. The although most experienced ultrasonographers should be able to change in frequency can be used to measure the velocity of blood flow in the ovary as a separate entity. Pulsed-wave Doppler ultrasound is less useful in the delineation of submucous fibroids, however, for which the sensitivity falls to 50%. Saline infusion sonohysterography (SIS) produce indices of resistance to flow the pulsatility and increases the diagnostic accuracy as the injected saline distends resistance indices. In contrast to obstetrics, pulsed-wave Doppler the uterine cavity and provides an echo-free, negative-contrast is not frequently used in gynaecology, and users generally prefer medium and improves the sensitivity and specificity to 80%. These figures are comparable grey-scale anatomical image, which display larger areas of blood to those for hysteroscopy, which has a sensitivity of 80%. Although Doppler ultrasound does have some clinical better tolerated. Ultrasound can also provide information on uses, these are not universally practised and its use is generally whether the submucous fibroid extends into the myometrium restricted to the advanced user and research setting. Leiomyomas fibroids are the most common benign tumours of the female genital tract, affecting half of all women aged 30 or more. Fibroids are associated with menorrhagia, dysmenorrhoea and occasionally pressure symptoms. Submucosal fibroids may also reduce fertility and increase the risk of miscarriage and complications in the later pregnancy. Medical and symptomatic treatments have limited success, and surgery has been the mainstay of management. More recently, arterial embolisation vessels running perpendicular to the myometrium towards the endometrium and magnetic resonance imaging (MRI)-guided ultrasound have metrial

surface and a fibroid typically circumscribed vascular tree. Fibroids are composed of smooth muscle fibres and fibrous tissue arranged in concentric whorls, which accounts for the typical appearance on ultrasound. The fibroid is smooth in outline with a thin layer of connective tissue separating it from the normal myometrium. When fibroids are multiple, large, or predominantly anterior, the resolution of the ultrasound beam is considerably reduced owing to absorption and reflection, and the image quality is often poor. This lack of clarity can complicate assessment of the posterior uterine wall and endometrial cavity, and inadvertently lead to a missed diagnosis. An area of adenomyosis or a solitary submucosal fibroid. Adenomyosis is a benign disease of the impart extra information that could be used in surgical planning uterus characterised by the presence of ectopic endometrial or counselling Figure 3. It is Endometrial polyps: Benign endometrial polyps are found in specimens. They range in size and chronic pelvic pain. The relationship with infertility is from 5 to 30 mm in diameter and are usually sited at the fundus. Generalised adenomyosis typically in- another indication, typically assessment of infertility. Sympto- volves the inner two-thirds of the myometrium and is often found matic women often report intermenstrual bleeding, persistent at the fundus. A localised focus, known as an adenomyoma, may mucousy discharge or premenstrual spotting but can complain of occasionally be found. It is important to remember that outline with a normal myometrial and endometrial echo texture. Occasionally, small cystic areas are lead to miscarriage, and although retrospective studies support seen measuring 2â€”4 mm; these represent distended endometrial their surgical removal, many women with polyps conceive glands containing menstrual blood. The myometrium is divided without complication. Polyps are small, well-defined masses subendometrial layer or junctional zone. Adenomyosis causes within the endometrial cavity Figure 4. They typically assume a disruption of the myometrialâ€”endometrial border and an slightly higher echogenicity than the endometrium itself. Doppler irregular, thickened junctional zone. This can be demonstrated ultrasound can be used to visualise feeding vessels to the polyp with MRI or 3D ultrasound Figure 6. Figure 5 Saline infusion sonohysterography used to demonstrate an endometrial polyp. The typical ultrasound appearance of a Clinical importance: Congenital uterine abnormalities are septate uterus is a flat, minimally indented fundal contour with an associated with infertility, recurrent miscarriage, preterm labour echogenic mass dividing the cavity Figure 7. Proximally, the and malpresentations. The septate uterus is the most common septum has the echogenic appearance of myometrium; type of uterine abnormality and is associated with the poorest distally, the mass consists of hypoechoic fibrous tissue. The fibromuscular septum may protrude uteri are less obvious and have a subtle indentation at the fundus minimally from the fundus or may extend all the way to the Figure 8 , whereas a bicornuate uterus is usually readily apparent cervical os, dividing the uterine cavity in two. The syndrome encompasses a wide Hysteroscopy is considered to be the gold standard in the spectrum of clinical presentations, biochemical abnormalities diagnosis of uterine abnormalities; however, transvaginal ultra- and ultrasound findings, and has traditionally been difficult to sound allows accurate differentiation between a bicornuate diagnose and define accurately or in a reproducible manner. To uterus and a septate uterus, which is not always possible with address this, an international consensus on the definition was hysteroscopy, with which the serosal surface of the uterus cannot agreed in that required two of the following three criteria to be examined. A further advantage of ultrasound is that it allows be present: Adnexa Polycystic ovarian syndrome: In the short term, women Figure 6 Disruption of the junctional zone as a result of adenomyosis, seen using 3D ultrasound. Figure 8 Arcuate uterus. Figure 7 Partial septate uterus left and total septate uterus right. Functional or simple ovarian cysts are usually 6 cm or less in The role of ultrasound: The ultrasonographic features sug- diameter. They are usually follicular cysts, unilocular with a thin, gested in the Rotterdam consensus include the presence of either smooth outer and inner wall and a sonolucent appearance 12 or more follicles measuring 2â€”9 mm in diameter or an Figure They usually decrease in size with conservative increased ovarian volume of 10 cm³ or more in one or both management and resolve spontaneously. Haemorrhage into a ovaries Figure 9. Although there are limitations may result in a corpus luteal cyst. These usually have a thicker in these parameters, the consensus agreement recognises the wall than follicular cysts and can grown to 5â€”10 cm in diameter. Blood clots may be seen and can be confused with papillary projections. There is a continued production of progesterone, resulting in Clinical importance: Ovarian cysts are common. They may be menstrual irregularities. Corpus luteum cysts

tend to resolve detected incidentally during pelvic or abdominal ultrasound spontaneously by 2 months but may need to be removed if they or present with acute or chronic pelvic pain, abdominal swelling cause symptoms or are persistent. Ovarian cysts may owing to their fat and hair content. Characteristic features remain asymptomatic and regress or increase in size and Figure 12 are the presence of: Persistent ovarian masses have traditionally been managed surgically, but little is 1. A prospective study of women 2. Figure 9 Multiplanar view of polycystic ovaries. Figure 11 Multiplanar view of a haemorrhagic corpus luteum cyst. They have thick walls, and some show septations. Paraovarian cysts are usually located between the fallopian tube and the ovary. They arise from embryonic ducts and may therefore be mesothelial, mesonephric or paramesonephric in origin. They may interfere with tubal motility. Paraovarian cysts are seen as simple, smooth-walled cysts arising separately from a normal ovary Figures. They typically change place readily in the pelvis. They contain fluid, which may be anechoic or echogenic, and may also contain papillary projections and septa. They do not change with the menstrual cycle. Very rarely, malignancy develops in a paraovarian cyst, most often in a cyst of over 5 cm with papillary projections. Figure 14 Rendered view of a paraovarian cyst, with the ovary seen separately. A hydrosalpinx is a collection of The typical appearance of a hydrosalpinx is inflammatory fluid in the fallopian tube. It usually follows an a fluid-filled, sausage-shaped, cystic structure with incomplete episode of pelvic infection that results in distal tubal occlusion hyperechoic septa. The infection progresses occasionally such presence of hyperechoic mural nodules measuring about 2â€”3 mm that the tube fills with pus a pyosalpinx; Figure 16 , and this that are seen on cross-section of the fluid-filled distended may lead to a tubo-ovarian abscess. They may be mistaken as a collapsing ovarian cyst or Chronic hydrosalpinges may cause acute or chronic pelvic pain a para-ovarian cyst. The recently introduced technique of 3D and are often associated with a chronic vaginal discharge. Salpingectomy, ideally performed laparoscopically, prior to in vitro fertilisation has been shown Tubo-ovarian abscess: There are no studies to demonstrate an advantage of the latter, but the Saline Infusion Sonohysterography images are impressive Figure 19 and the ability to capture a SISH is a simple technique that provides additional information volume of information with 3D ultrasound means that less over conventional transvaginal ultrasound when evaluating the contrast is needed and the data set can be reanalysed after the uterine cavity.

Chapter 3 : Benign Gynaecology | Gynaecology at the Mill, Brisbane

The General Gynecology Program at the Massachusetts General Hospital Department of Obstetrics & Gynecology delivers compassionate, expert care for the full range of gynecologic issues.

Medline Plus; A Service of the U. National Library of Medicine. Robotic versus open radical hysterectomy: Epub Oct Robot-assisted gynecological surgery in a community setting. Journal of Robotic Surgery, Robotically assisted laparoscopic hysterectomy versus total abdominal hysterectomy and lymphadenectomy for endometrial cancer. A comparison of total laparoscopic hysterectomy to robotically assisted hysterectomy: J Minim Invasive Gynecol, ;15 3: A comparative study of 3 surgical methods for hysterectomy with staging for endometrial cancer: Am J Obstet Gynecol. Comparison of outcomes and cost for endometrial cancer staging via traditional laparotomy, standard laparoscopy and robotic techniques. Epub Oct 1. Understanding Outcomes As with any surgery, these benefits cannot be guaranteed since surgery is specific to each patient, condition and procedure. It is important to talk to your doctor about all treatment options, including the risks and benefits. This information can help you to make the best decision for your situation. While clinical studies support the effectiveness of the da Vinci Surgical System when used in minimally invasive surgery, individual results may vary. There are no guarantees of outcome. All surgeries involve the risk of major complications. Before you decide on surgery, discuss treatment options with your doctor. Understanding the risks of each treatment can help you make the best decision for your individual situation. Surgery with the da Vinci Surgical System may not be appropriate for every individual; it may not be applicable to your condition. Always ask your doctor about all treatment options, as well as their risks and benefits. Only your doctor can determine whether da Vinci Surgery is appropriate for your situation. The clinical information and opinions, including any inaccuracies expressed in this material by patients or doctors about da Vinci Surgery, are not necessarily those of Suburban Gynecology. To learn more about da Vinci Robotic Surgery please take a moment to view our educational library.

Chapter 4 : Robotic Benign Gynaecology | Orsi Academy

The Benign Gynaecology Division has gathered a dedicated team of doctors to provide excellent patient care on a wide range of gynaecological issues such as contraception, abnormal bleeding, pelvic pain, hysterectomy, and all other diseases associated with women.

Menu Benign Gynecologic Conditions of the Uterus In this article, the authors review the anatomy, pathophysiology, MR imaging features, and diagnostic criteria for benign uterine conditions, including adenomyosis, uterine leiomyomas, retained products of conception, and uterine arteriovenous malformations. Pearls, pitfalls, and variants are discussed for each entity as well as important imaging features that can affect management decisions. Key points Adenomyosis is a common, frequently debilitating condition affecting women in their later reproductive years. Background Relevant Uterine Anatomy The anatomy of the normal, premenopausal uterus is traditionally divided into 2 distinct components: MR imaging has the advantage of further stratifying the anatomic layers into 3 well-depicted zones on T2-weighted imaging T2WI , as follows Fig. It has high signal on T2WI due to the presence of secretions and abundant cytoplasm. This superficial myometrial layer consists of myocytes with a high nuclear-to-cytoplasmic ratio and reduced water content, relative to the deeper myometrial myocytes. This unique morphology results in an intrinsic, lower signal on T2WI. The concentric orientation of smooth muscle fibers, in contrast to the longitudinal arrangement in the outer myometrium, also contributes to the lower signal of the JZ. The JZ is the presumed site of origin of uterine contractions and peristalsis. The outer myometrium consists of myocytes with a lower nuclear-to-cytoplasmic ratio. The relative increase in water content and the longitudinal orientation of smooth muscle fibers results in a higher T2 signal than the JZ. Endometrial-subendometrial unit of uterus. In postmenopausal patients, there is progressive dehydration of the outer myometrium, which lowers the T2 signal and, therefore, the distinction between the JZ and outer myometrium. With increasing age, the smooth muscle of the myometrium undergoes progressive atrophy. Patient Preparation Bladder emptying is recommended immediately before the examination in order to reduce artifacts related to bladder filling and patient discomfort. Routine use of antiperistaltic agents in pelvic MR imaging has been shown to significantly improve image quality. MR Imaging Protocol Uterine evaluation is optimized using high-resolution, thin-section MR imaging with images acquired at 1. Optimal signal-to-noise ratio may be achieved using a phased-array surface coil. High-resolution, 3-dimensional [3D], T2WI with multi-planar reformatting may also be used. Sagittal T2WI best depicts the zonal anatomy of the uterus. T2WI acquisitions in more than one plane are helpful to avoid misinterpretation of transient uterine contractions. Most affected women are multiparous. Occasionally, dyspareunia may be a presenting complaint. Pathophysiology Adenomyosis is characterized by the ectopic, intramyometrial location of endometrial glands and stroma. The ectopic glands are surrounded by reactive hypertrophy of the myometrium, often leading to globular enlargement of the myometrium and uterus. Occasionally, extravasated blood products may accumulate within cystic intramyometrial spaces. At surgery, foci of ectopic endometrial tissue may be macroscopically visible on the serosal surface of a hysterectomy specimen Fig. Pathology and physiopathology of adenomyosis. The pathogenesis of adenomyosis is unclear, but several mechanisms have been proposed: This widely accepted theory suggests that chronic uterine peristaltic activity and hyperperistalsis induce microtraumatizations at the endometrial-myometrial interface. This autotraumatization by peristaltic activity, in turn, activates a cycle of tissue injury and repair, resulting in local production of estrogen. The relative increase in local estrogen production by the uterus, which increases uterine peristalsis, competes with a function normally controlled by the ovaries. These interactions lead to a state of perpetual hyperperistalsis and a cyclical disease process. This theory is supported by evidence indicating that estradiol levels are elevated in the menstrual blood of women with adenomyosis. Impairment of repair mechanisms normally involving the basal endometrial layer: Endometrial stroma invaginates into the myometrium at structural points of weakness along the basal endometrial layer. This invagination may be due to focal disruption; however, absence of enzymatic activity required specifically to maintain the contiguity of the basal layer is also a possible cause. Invagination of the

basal endometrial layer into the myometrium may occur via the local lymphatic channels, resulting in ectopic endometrial tissue. Histologic examination of the myometrium in patients with and without adenomyosis suggests that a chronic state of hyperperistalsis may alter the myometrial ultrastructure, causing distortion of the myocytes, nuclear enlargement, and reduced prominence of collagen fibrils due to expansion of the extracellular space. Intracellular calcium is also increased in myocytes harboring adenomyosis, which has been shown to affect contractility. This dysfunctional contractility may manifest clinically as dysmenorrhea. In contrast, accuracy of clinical diagnosis alone ranges from 2. Features of adenomyosis on MR imaging may be stratified into direct and indirect signs. MR imaging features of direct and indirect signs Direct Signs.

Chapter 5 : General Gynecology Program - Massachusetts General Hospital, Boston, MA

In , an interdisciplinary project team was formed to identify risk points for infection during the perioperative period. Action steps were implemented to reduce these risks, resulting in lower surgical site infection rates in hysterectomy cases.

Rupa Find articles by B. This article has been cited by other articles in PMC. It has been rapidly adopted and it has already assumed an important position at various centers where this is available. It comprises of three components: In this review we have discussed various robotic-assisted laparoscopic benign gynecological procedures like myomectomy, hysterectomy, endometriosis, tubal anastomosis and sacrocolpopexy. A PubMed search was done and relevant published studies were reviewed. Surgeries that can have future applications are also mentioned. At present most studies do not give significant advantage over conventional laparoscopic surgery in benign gynecological disease. However robotics do give an edge in more complex surgeries. The conversion rate to open surgery is lesser with robotic assistance when compared to laparoscopy. For myomectomy surgery, Endo wrist movement of robotic instrument allows better and precise suturing than conventional straight stick laparoscopy. The robotic platform is a logical step forward to laparoscopy and if cost considerations are addressed may become popular among gynecological surgeons world over. The Stanford Research Institute along with defense department developed Da Vinci System initially so that surgeons sitting remotely from the battlefield could perform tele-surgery on wounded soldiers. However, today robotic surgery is done by the surgeon sitting close to the patient usually in the same operating room on a ergonomically designed console, viewing the surgical field in a 3D vision and manipulating the wristed laparoscopic instruments through the masters and foot pedals. Da Vinci Surgical System comprises of three components: Articulating surgical instruments are mounted on the robotic arms, which are introduced into the body through cannula. The adoption of robot-assisted laparoscopic surgery into gynecologic practice in the past 6 years has been remarkable. The US FDA approved the system for gynecological conditions in based on preliminary evidence of safety and efficacy from their early experience with myomectomy and hysterectomy at the University of Michigan. The advantages of this robotic technique are smaller incisions, leading to lower morbidity, less postoperative pain and shorter hospital stays which are similar to any minimally invasive surgery. However, robotics do seem to have an edge in highly complicated procedures when extensive dissection and proper anatomy reestablishment is required. The Endo Wrist technology allows surgical maneuvers that are similar to open surgical techniques, thus making it easy for surgeons with less advanced laparoscopic skills to learn and perform difficult tasks like intra corporeal suturing and knot-tying. It poses a relatively short learning curve, even though the case number required to reach proficiency may be actually closer to cases. The use of robotic assistance in laparoscopy is slowly becoming popular because this technology has enabled surgeons to overcome difficulties of conventional laparoscopy while allowing patients to benefit from minimally invasive surgery. The purpose of this article is to highlight the acceptance of robotic surgeries in various gynecological procedures and review the current literature. Recent peer-reviewed literature describing robotic-assisted laparoscopic procedures are included in this review like myomectomy, hysterectomy, endometriosis, tubal anastomosis, and sacrocolpopexy. Some other emerging areas of robotic surgery are also briefly reviewed. In [4] demonstrated that the same operation could be done via laparoscopic techniques. Robotic myomectomy was developed and embraced by surgeons based on the success endoscopic surgery had already achieved. Since robotic platform provides various advantages, especially to those surgeons with limited or with no laparoscopic experience especially in suturing techniques. The reason for the popularity and acceptance of robotic myomectomy is due to the fact that myomectomy is a suture-intensive surgery and assistance with robotic arms makes suturing simple and easy. Robotic myomectomy guarantees a procedure that is as effective as a classic open myomectomy. Robotic assisted surgery is as safe and acceptable as a laparoscopic operation. The mean diameter of fibroids was 7. The conversion rate from robotic to laparotomy was 8. However when compared with conventional laparoscopies, although there is less blood loss and a shorter hospital stay, the operative time is longer vs min. Additionally with large myomas there is inadequate counter traction due to insufficient torque during enucleation and this can be a significant challenge

during myomectomy. In such cases hybrid robotic myomectomy is useful in completing the surgery in a minimally invasive way. Myomas that are more than 10 cms and are beyond pelvis, deep intramural myomas or highly vascular myomas are best approached by hybrid method. The advantage of this technique is that it preserves tactile sensation as large myomas are heavy and surrounded by delicate tubes and every attempt should be made to preserve the tubal function. Rigid not articulated myoma screw and suction cannula exerts significant pull at every angle with the benefit of haptic feedback without risk of equipment damage. It is also effective in manipulation outside the pelvis and into the upper abdominal quadrants. The pregnancy outcomes following robotic assisted myomectomies are similar to the open surgery. The pseudo capsule surrounding the fibroid is a fibro-neurovascular structure composed of a neurovascular network rich in neurofibers separating it from normal peripheral myometrium [Figure 1]. The fibroid pseudo capsule is similar to the neurovascular bundle surrounding a prostate. Intra capsular myomectomy preserves the neurovascular bundle and neurotransmitters surrounding fibroids. This helps in better healing of myometrium, minimal adhesion and good postoperative scar integrity. The authors propose that intra capsular myomectomy should always be recommended to maximize the potential for future fertility and to minimize the risk of labor dystocia or uterine rupture during subsequent pregnancy.

Chapter 6 : Benign Gynecologic Conditions | Suburban Gynecology | New Lenox

Benign ovarian tumors usually grow slowly and rarely become malignant. They include the following: Benign cystic teratomas: These tumors are also called dermoid cysts because although derived from all 3 germ cell layers, they consist mainly of ectodermal tissue.

Chapter 7 : Benign Gynaecology - Department of Obstetrics and Gynaecology, NUS Yong Loo Lin School

Gynecology consults from the Emergency Dept. and general medical floors Gynecology clinic Opportunity to practice laparoscopic skills in the MIS simulation laboratory.

Chapter 8 : Benign Gynecologic Conditions of the Uterus | Radiology Key

The benign gynecology service at Illinois Masonic provides comprehensive inpatient and outpatient evaluation and management for all gynecologic conditions. Residents spend 3 months as an intern and 4 months each additional year on the gynecology rotation.

Chapter 9 : Enhanced Recovery After Surgery (ERAS) - Benign Gyn

da Vinci Hysterectomy for Benign Conditions About da Vinci Robotic Surgery da Vinci Hysterectomy for Benign Conditions. Many benign (non-cancerous) conditions can affect a woman's reproductive system to the extent where a hysterectomy is advised.