REPRODUCTIVE SURGERY

ALAN H. DeCHERNEY
MARY LAKE POLAN

Reproductive Surgery

Alan H. DeCherney, M.D.
Professor of Obstetrics and Gynecology
Yale University School of Medicine
Director, Division of Reproductive Endocrinology
Yale-New Haven Hospital
New Haven, Connecticut

Mary Lake Polan, M.D., Ph.D.
Associate Professor of Obstetrics and Gynecology
Yale University School of Medicine
Yale-New Haven Hospital
New Haven, Connecticut

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Proofroom Supervisor: Shirley E. Taylor

Contributors

SANDRA A. CARSON, M.D.
Assistant Professor of Obstetrics and Gynecology, University of Tennessee, Memphis, Tennessee

BRIAN M. COHEN, M.B.Ch.B., M.D.
Clinical Associate Professor, University of Texas Health Science Center at Dallas; Director, Fertility Center of North Texas, Presbyterian Hospital of Dallas, Dallas, Texas

STEPHEN L. CORSON, M.D.
Associate Professor, Department of Obstetrics and Gynecology, University of Pennsylvania School of Medicine; Director, Philadelphia Fertility Institute, Pennsylvania Hospital, Philadelphia, Pennsylvania

JAMES F. DANIELL, M.D.
Clinical Associate Professor, Obstetrics/ Gynecology Department, Vanderbilt School of Medicine, Nashville, Tennessee

GERE S. DIZEREGA, M.D.
Department of Obstetrics and Gynecology, University of Southern California School of Medicine, Los Angeles, California

ALEXANDER M. DLUGI, M.D.
Assistant Professor of Obstetrics and Gynecology, Harvard Medical School; Assistant Director, In Vitro Fertilization Program, Beth Israel Hospital, Boston, Massachusetts

STEPHEN EVANS, M.D.
Resident, Department of Surgery, Georgetown University Hospital, Washington, D.C.

JAMES M. GOLDFARB, M.D.
Assistant Professor of Reproductive Biology, Case Western Reserve University; Head of Gynecology, Mount Sinai Medical Center, Cleveland, Ohio

FLORENCE P. HASELTINE, Ph.D., M.D.
Associate Professor of Obstetrics and Gynecology, Yale University School of Medicine, New Haven, Connecticut

NERI LAUFER, M.D.
Senior Lecturer, Hadassah Medical Center, Hadassah University, Jerusalem, Israel

CARL J. LEVINSON, M.D.
Clinical Professor of Obstetrics and Gynecology, University of California, San Francisco; Chairman, Department of Obstetrics and Gynecology, Childrens Hospital of San Francisco, San Francisco, California

RODOLPHE MAHEUX, M.D., F.R.C.S, F.A.C.O.G.
Research Associate, Department of Obstetrics and Gynecology, Laval University, Hôpital Saint-Francois d'Assise, Quebec City, Canada

JAROSLAV J. MARIK, M.D.
Clinical Assistant Professor, Department of Obstetrics and Gynecology, UCLA School of Medicine; Los Angeles, California; Attending Physician, St. John's Hospital and Health Center, Santa Monica, California

WAYNE S. MAXSON, M.D.
Director, Northwest Center for Infertility and Reproductive Endocrinology, Margate, Florida

FREDRICK J. MONTZ, M.D.
Department of Obstetrics and Gynecology, University of Southern California School of Medicine, Los Angeles, California

ROBERT S. NEUWIRTH, M.D.
Babcock Professor of Obstetrics and Gynecology, Columbia University; Director of Obstetrics and Gynecology, St. Luke's-Roosevelt Hospital Center, New York, New York

ROBERT A. NEWTON, M.D.
Assistant Clinical Professor of Urology, Harvard Medical School, Boston, Massachusetts

SHERWIN B. NULAND, M.D., F.A.C.S.
Associate Clinical Professor of Surgery, Yale School of Medicine; Attending Surgeon, Yale-New Haven Hospital, New Haven, Connecticut

GROESBECK PARHAM, M.D.
Clinical Fellow in Gynecologic Oncology, Department of Obstetrics and Gynecology, University of California at Irvine Medical Center, Orange, California

ISAAC SCHIFF, M.D.
Associate Professor of Obstetrics and Gynecology, Harvard Medical School; Director of Reproductive Endocrine Services, Brigham and Women's Hospital, Boston, Massachusetts

TAKAO SHIMANUKI, M.D.
Department of Obstetrics and Gynecology, University of Southern California School of Medicine, Los Angeles, California

ALVIN M. SIEGLER, M.D., D.Sc.
Clinical Professor, State University of New York Health Science Center; Attending Physician, State University Hospital, Brooklyn, New York

BASIL C. TARLATZIS, M.D.
Lalor Foundation Fellow, Yale University School of Medicine, New Haven, Connecticut

TRUDY C. M. TRIMBOS-KEMPER, M.D.
Department of Obstetrics and Gynaecology, University of Leiden University Hospital, Leiden, The Netherlands

J. BAPTIST TRIMBOS, M.D.
Chief, Division of Gynaecology, Department of Obstetrics and Gynaecology, University of Leiden University Hospital, Leiden, The Netherlands

WULF H. UTIAN, M.D., Ph.D.
Associate Professor of Reproductive Biology, Case Western University, Cleveland, Ohio

EYLARD V. VAN HALL, M.D.
Professor and Chairman, University of Leiden; Head, Department of Obstetrics and Gynaecology, University Hospital, Leiden, The Netherlands

BOBBY W. WEBSTER, M.D.
Assistant Professor, University of Kansas School of Medicine; Director, Reproductive Endocrinology and Infertility, Wesley Medical Center, Wichita, Kansas

ANNE COLSTON WENTZ, M.D.
Professor of Obstetrics and Gynecology, Director Division of Reproductive Endocrinology, Vanderbilt University School of Medicine, Nashville, Tennessee

J. BENJAMIN YOUNGER, M.D.
Professor, Department of Obstetrics and Gynecology, University of Alabama at Birmingham, Birmingham, Alabama

Preface

In preparing *Reproductive Surgery* our goal was to create a comprehensive textbook for the modern reproductive surgeon. Rather than just a surgical atlas, we hoped to create a book that outlined the major etiologies of pelvic disease so that a logical rationale for the choice of various reproductive surgical procedures and specific surgical techniques could be developed. Thus, the first part of the book is devoted to the etiology and evaluation of pelvic disease and builds on the anatomy and physiology of the fallopian tube, detailing damage that occurs as the result of genital infections and postsurgical adhesion formation. We have also included sections on the pre- and postoperative assessment of tubal surgical patients with various types of pelvic pathology and stressed the importance of methodology in the evaluation of surgical results.

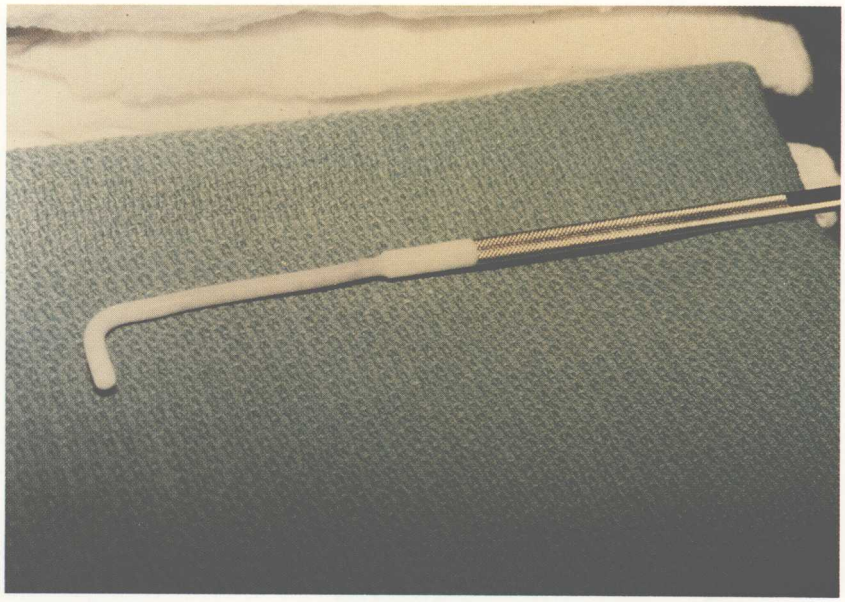
The second part is devoted to specific surgical techniques and instrumentation; ranging from adjunctive therapy to prevent adhesions, to microsurgical instrumentation and magnification systems and the use of lasers and endoscopy in infertility. This section describes the application of various specialized techniques and instruments to infertility surgery.

The third part is a more classical outline of various reproductive surgical procedures. Distal and proximal disease and uterine surgery are discussed extensively, as well as procedures for transplantation and transposition of the fallopian tube. In addition, the two distressingly common entities of endometriosis and ectopic pregnancy are treated individually because of the increasing frequency with which they are encountered by both the practicing gynecologist and the reproductive surgeon.

Since other factors besides the female pelvis impinge on fertility, we have included several important chapters on the diagnosis and therapy of both male infertility and thyroid disease. Lastly, no modern text on reproductive surgery would be complete without a discussion of the role of in vitro fertilization and its place in infertility surgery. We hope that this text will provide useful and accessible information to both the practicing gynecologist and to the trained infertility surgeon; information that will directly benefit the surgical patient and help her achieve the ultimate goal of bearing a child.

ALAN H. DECHERNEY, M.D.
MARY LAKE POLAN, M.D., PH.D.

A



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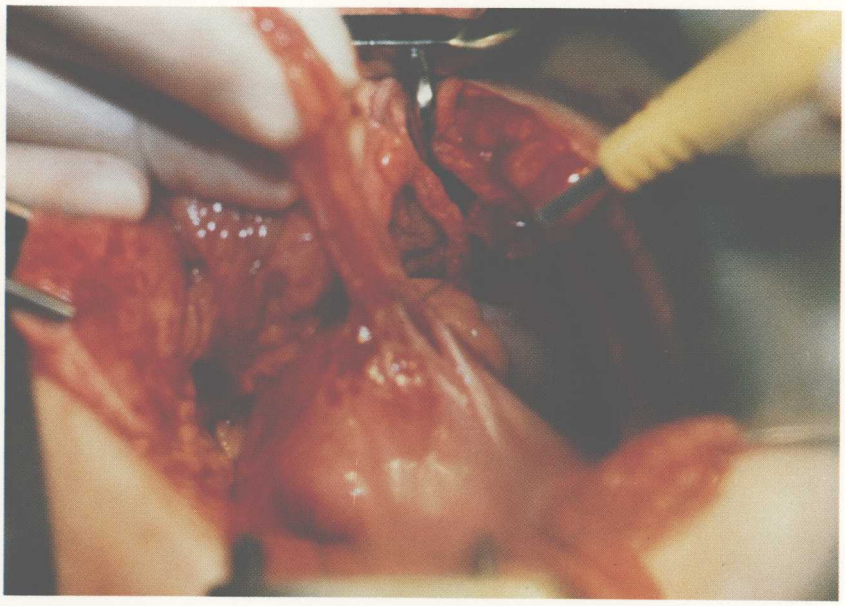
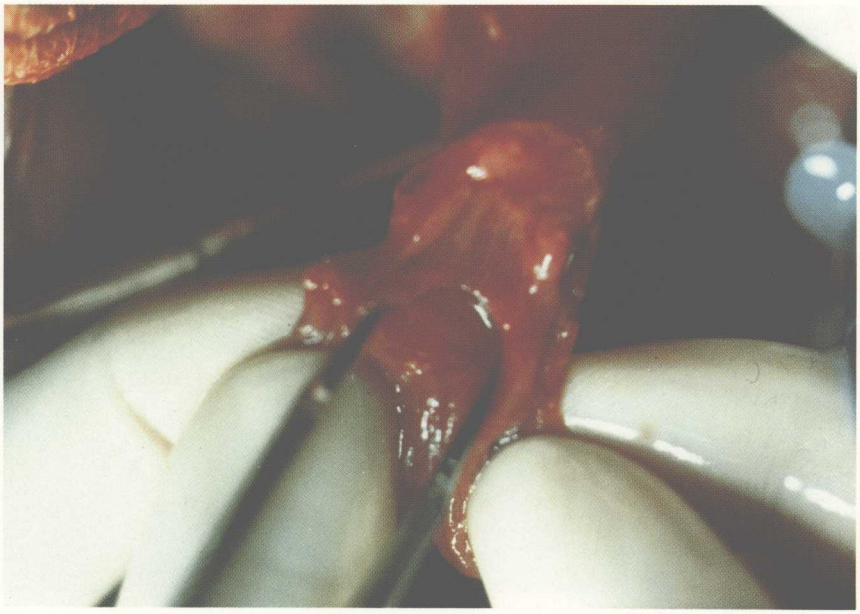


PLATE 1.
A, Teflon rod. **B,** microcautery incision of adhesions. (Courtesy of A.H. DeCherney, M.D.)

A



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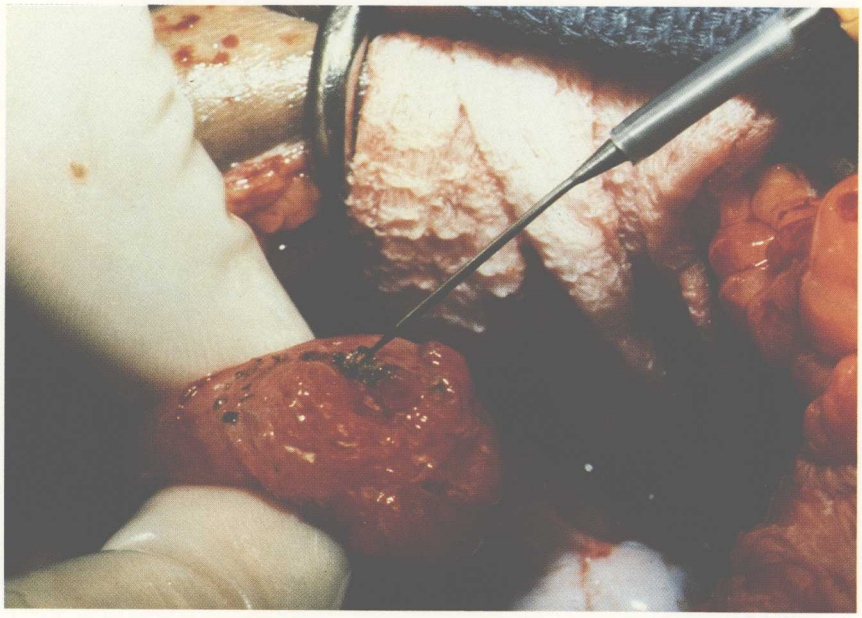
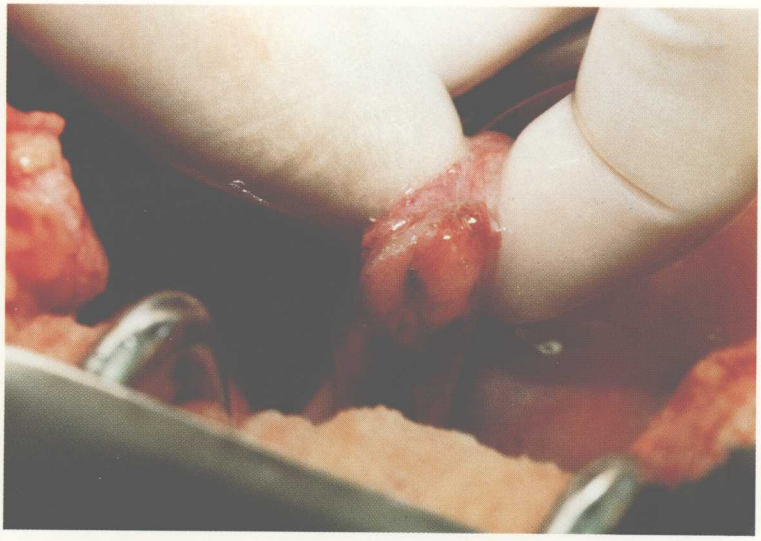


PLATE 2.

A, microsurgical forceps inserted into agglutinated fimbrial ostium demonstrating fimbrial adhesions. **B,** microcautery cutting along an avascular plane to open the fimbria. **C,** extravasation of indigo carmen dye demonstrating tubal punctum. **D,** demonstration of fimbrial adhesions prior to lysis. **E,** use of 6–0 Vicryl sutures to tack back the edges of a newly opened tube. Note the extensive degree of fimbrial destruction. (Courtesy of A.H. DeCherney, M.D.)

C



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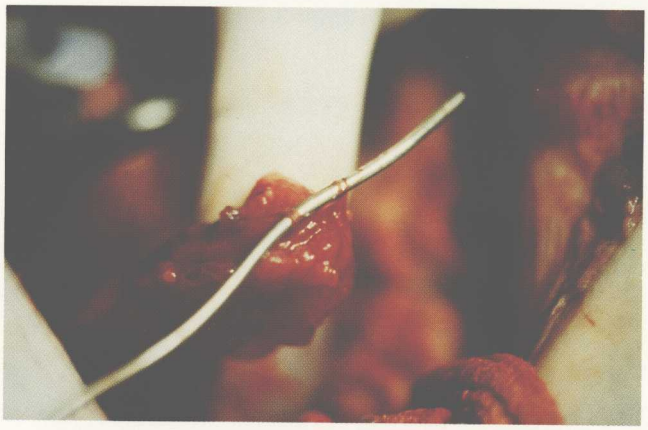

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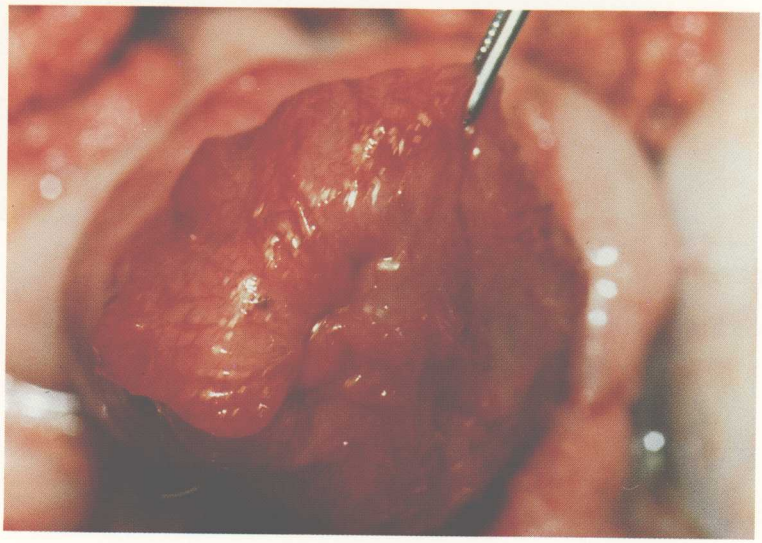

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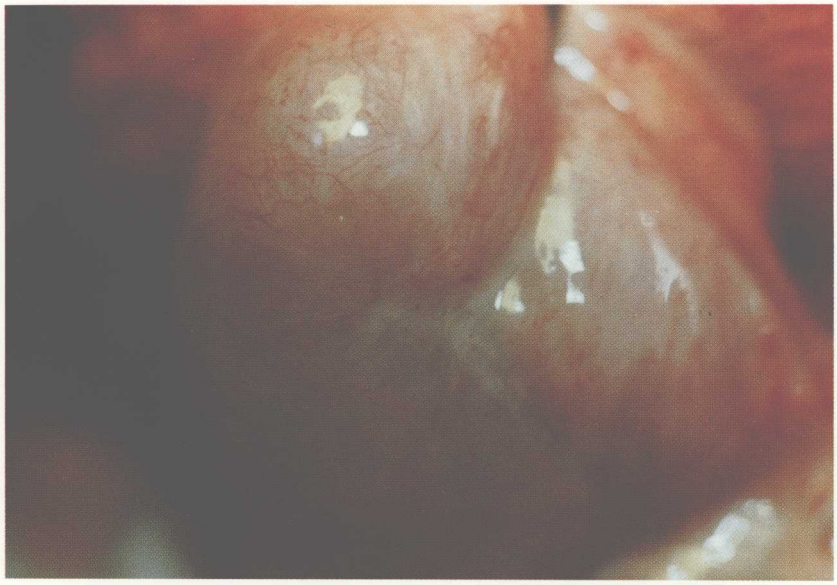

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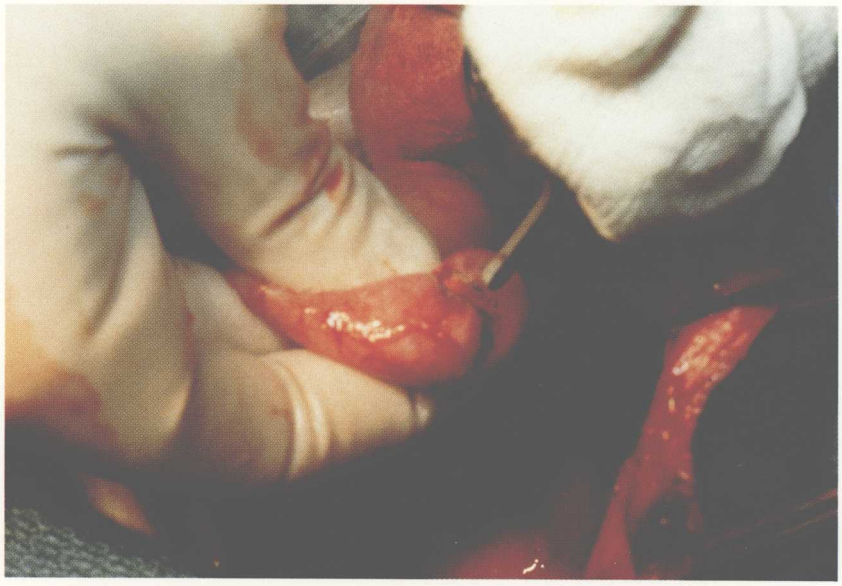

PLATE 3

A, central dimple of a totally occluded tube. **B,** CO_2 laser opening a totally occluded distal tube. (Courtesy of A.H. DeCherney, M.D.)

PLATE 4.
Ovarian pregnancy.

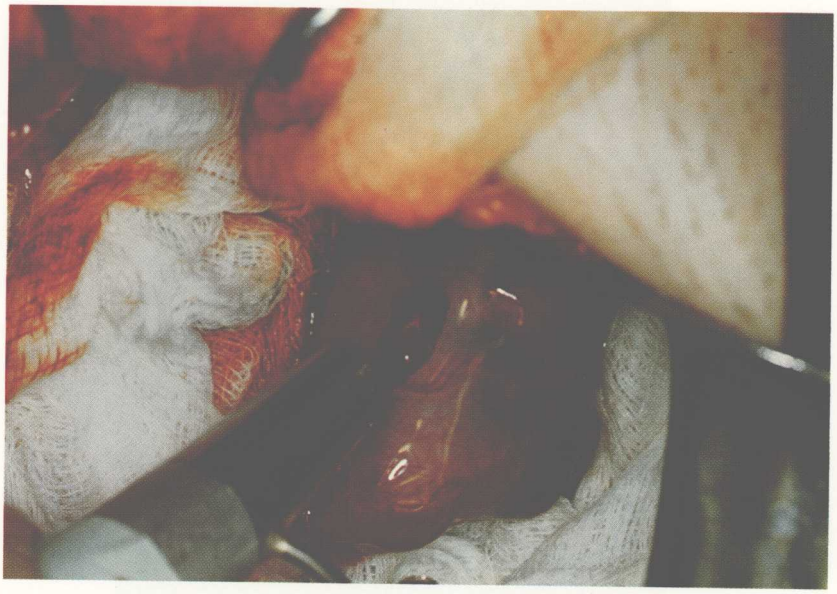

PLATE 5.
Tubal pregnancy treated by linear salpingostomy. Antimesenteric incision is made with CO_2 laser beam.

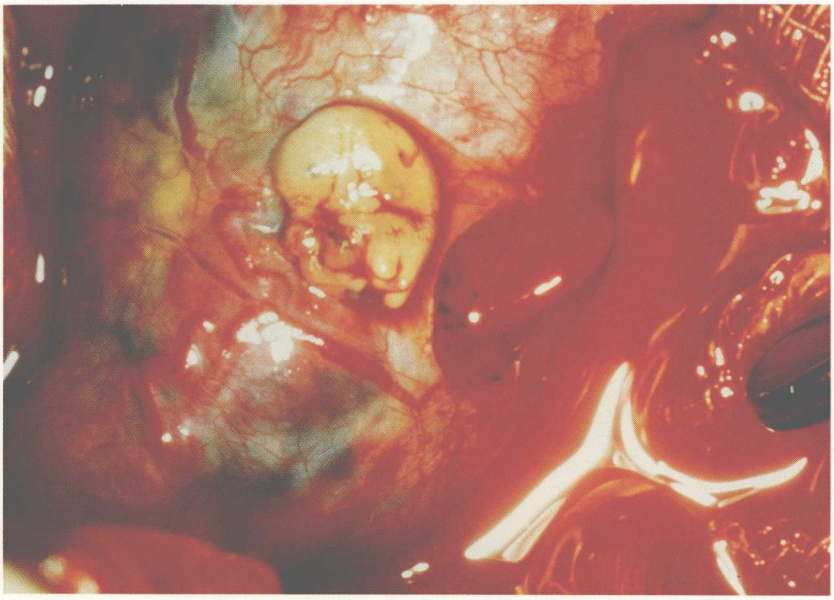

PLATE 6.
Tubal pregnancy treated by linear salpingostomy. Spontaneous extrusion of the embryo following the incision.

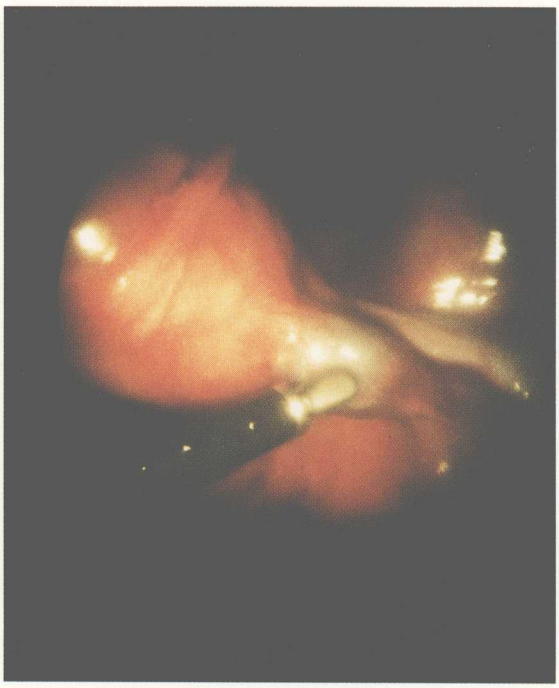

PLATE 7.
Salpingostomy via laparoscopy (performed in this case with concomitant bilateral tubal fulguration). Incision with cutting current.

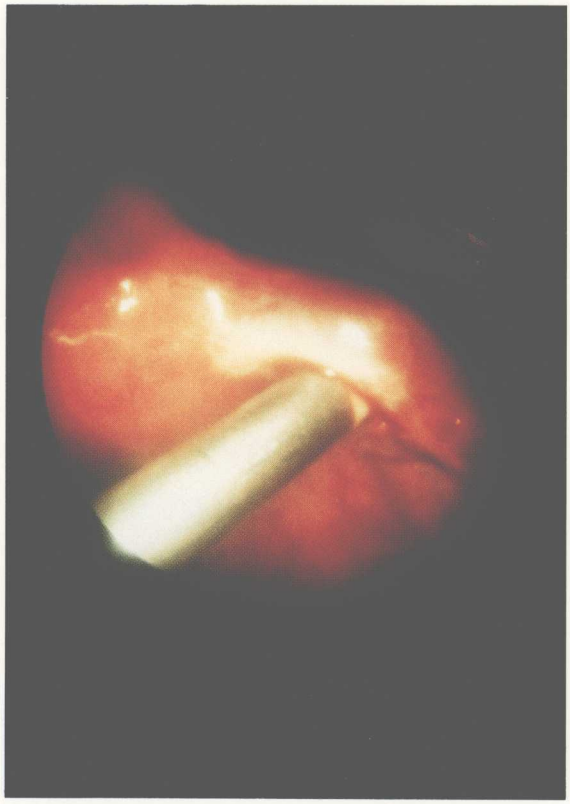

PLATE 8.
Salpingostomy via laparoscopy. Incision is completed.

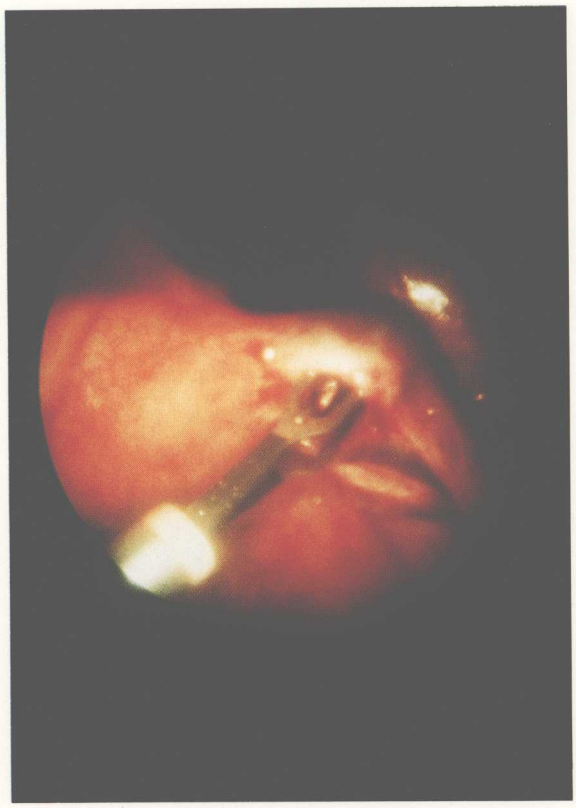

PLATE 9.
Salpingostomy via laparoscopy. Removal of products of conception.

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PART I

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