

Strangulated Hernia After Laparoscopic Assisted Vaginal Hysterectomy

Sezer Güreler, MD¹, Ayse Kafkaslı, MD², Mehmet Gürel, MD¹, Ahmet E. Demirkıran, MD¹

We report a case of intestinal perforation caused by herniation and strangulation of an intestinal loop from a trocar site after laparoscopically assisted vaginal hysterectomy. The patient was managed by enlarging the trocar incision to a mini laparotomy and bowel resection with anastomosis. We conclude that trocar entry sites, especially those larger than 10 mm should always be sutured at the fascial level. [Journal of Turgut Özal Medical Center 1996;3(2):116-117]

Key Words: Laparoscopic surgery, trocar ports, herniation

Laparoskopi destekli vajinal histerektomi sonrasında strangüle herni

Bu makalede, laparoskopik destekli vajinal histerektomi sonrasında trokar yerinden herniye olan ve daha sonra da strangüle olarak perforasyon gelişen bir olgu sunulmaktadır. Hastaya, trokar yeri bir insizyon haline getirilerek yapılan mini laparotomi ile barsak rezeksiyonu ve primer anastomoz yapılmıştır. Trokar giriş yerlerinin, özellikle 10 mm ve daha geniş olanların, mutlaka fasyalarının dikkatle kapatılması gerekmektedir. [Turgut Özal Tıp Merkezi Dergisi 1996;3(2):116-117]

Anahtar Kelimeler: Laparoskopik cerrahi, trokar giriş yeri, herniasyon

Parallel to the spread of laparoscopic interventions, complications are also being reported, related to the technique and nursing instrumentation. Complications due to trocar placement were reported to occur with a frequency of less than 1% (1). Most of these were reported to occur during the insertion of the trocars. A few reports dealing with hernia from trocar ports have also been reported (2-5).

In this paper our complication of strangulated herniation of intestine from a trocar site and subsequent perforation is being reported.

CASE REPORT: A 49-year-old woman was admitted to our Gynecology outpatient clinic with complaints of vaginal prolapsus and urinary

incontinence. In her history there was a laparotomy due to uterine perforation during dilatation and curettage and an umbilical hernia repair 12 and 10 years ago.

Her physical examination revealed multiple myomas and total vaginal prolapsus, and a laparoscopic assisted vaginal hysterectomy was planned.

At the operation one 10 mm trocar was inserted from umbilicus and two 12 mm trocars at the level of umbilicus in the anterior axillary line on both the right and the left sides. One 5 mm trocar was inserted in the mid-line suprapubically. After the adhesions due to previous operations were taken down, the uterus and the adnexes were mobilized

¹ Department of Surgery İnönü University Medical School, Malatya

² Department of Gynecology and Obstetrics İnönü University Medical School, Malatya

laparoscopically and vaginal hysterectomy was performed without any complications.

On the third postoperative day, an enduration and swelling were located on the right side where the 12mm trocar was inserted and the lesion was diagnosed as hematoma. There was some serohaemorrhagic discharge from the wound. On the eighth postoperative day, after spontaneous drainage of fecaloid material, the trocar site was enlarged under local anesthesia and digital examination revealed a strangulated loop of intestine. The patient underwent emergent minilaparotomy through the enlarged trocar entry port. The intestine was grossly necrotic and contained a 5 mm perforation. The abdominal cavity was free of spillage. A 15 cm necrotic jejunal segment was resected and end-to-end anastomosis was performed. No complications were seen after the operation and the patient was discharged on the twelfth postoperative day.

DISCUSSION

Although special care is taken in suturing the facial defects of large trocar ports, this complication suggests that one should be more diligent in closing these wounds. Emphasis should be placed on approximating the facial planes. When a swelling or hematoma occurs in a trocar site, it should also be

kept in mind that this may be the initial manifestation of an intestinal herniation. We believe that such swelling should be promptly explored by opening and if necessary enlarging the trocar incision to allow visual or digital examination of the wound.

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Correspondence address:
Yrd.Doç.Dr. Sezer GÜRER
P.K. 14, Karakas PTT si
44020 MALATYA
Telefax: 090 (422) 321 1751