

Patients. Two thousand six hundred eight women (25–45 years) who underwent sterilization. Data were obtainable through chart review.

Measurements and Main Results. The diagnostic procedure and sterilization were performed under local anesthesia and conscious sedation in the operating room. We used 10-mm laparoscopes in all cases in the infranombrical area. The uterus manipulators used were inserted at the cervix. We documented pathologic findings in 20.76% of cases. The pathologic entities found were endometriosis (53%), adhesions (26%), uterine tumors (20%), and tubal pathologies (1%).

Conclusion. Our results demonstrate the importance of exploring the pelvis during a simple tubal sterilization.

176. Pilot Randomized Study of Distance Training for Simulated Operative Hysteroscopy

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Study Objective. To determine if a remote proctor can educate and improve simulated operative hysteroscopic performance by residents and medical students.

Design. Randomized study evaluating student and resident performance over consecutive attempts on an operative hysteroscopic trainer.

Setting. Urban teaching hospital.

Patients. Three volunteering medical students from the University of Arizona and six postgraduate year PGY 1 or PGY 2 residents. Residents and medical students were selected based on availability to participate in the study.

Measurements and Main Results. Baseline data obtained included number of hysteroscopic procedures performed and examined. Participants underwent the hysteroscopic simulation of a myomectomy with or without the assistance of a remote proctor via an Internet link. All participants had the opportunity to run through the simulated program twice. Data collected included: Time to identify specific areas of the uterus, time to resect a submucosal myoma, total myoma volume resected, and complications encountered. An evaluation of the project was given to seek feedback about the experience and recommendations for improvement. Preliminary data indicated a significant improvement of all skills with the assistance of a remote proctor. Medical Students and PGY1 participants without a proctor were 50% more likely to perforate the simulated uterus, resected 24% less myoma tissue and took more time to complete the given tasks.

Conclusion. Remote telecommunication instruction is possible and can be used to teach complex tasks to relatively inexperienced endoscopists. Past studies have shown that endoscopic trainers can improve a trainee’s skills. With further evaluation it may be determined that skills can be further enhanced using a remote instructor. With improved endoscopic trainers, it is foreseeable that remote instructors may aid in the evaluation and promotion of future residents.

177. Use of TachoComb in Laparoscopic Myomectomy

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Study Objective. We used TachoComb in laparoscopic myomectomy because of recent reports that TachoComb is effective in preventing adhesions. In the conventional method where forceps are used for compression and fixation, applying TachoComb is difficult and time consuming. Here, we present a technique that allows TachoComb to be applied with ease.

Methods. At our institution, laparoscopic myomectomy is performed as follows: After extirpating a myoma, suturing is conducted using absorbable sutures, and TachoComb is fixed to an area where the adhesion is likely to occur using a sponge that was previously inserted into the abdominal cavity. TachoComb is inserted into the abdominal cavity as follows: TachoComb is rolled such that its active surface faces inward, and is placed in a 10-mm applicator. The applicator is placed in a 12-mm trocar, and TachoComb is inserted into the abdominal cavity by pushing it out of the applicator using forceps. TachoComb is then spread and fixed at a surgical wound on the uterine wall using forceps, and with another pair, a sponge soaked in physiologic saline is used to compress TachoComb directly against the uterine wall.

Conclusion. With this technique, it is possible to apply TachoComb quickly.

178. The Use of Bipolar Current (Versapoint) in Surgical Hysteroscopy

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Study Objective. To evaluate the feasibility of use of the Versapoint system in routine use in a teaching hospital.

Design. Multicentric prospective nonrandomized study.

Setting. Eight different public teaching hospitals.

Patients. We analyzed data from 141 patients who underwent surgical hysteroscopy with resectoscope and bipolar electrical current generated by the Versapoint system.

Intervention. The patients underwent various surgical procedures including removal of endometrial polyps (82%), myomas (15%) and endometrial ablation (14%).

Measurements and Main Results. We evaluated the feasibility of this system, the distension media consumed (saline solution 0.9%) and the negative balance. Surgical procedures were completed in an adequate manner in all patients. None of them related any kind of respiratory discomfort during the surgery or immediately after. The operating theater received the "new" instruments without any problems and after a short training, all the nurses were able to set the equipment for surgery. The disposable electrodes were used in all surgeries without any damage or need for change during the surgery. In all myomectomies and endometrial ablations we used also a vaporizing electrode (shaver). Mean saline solution use was 1659 mL (SD = 1392...