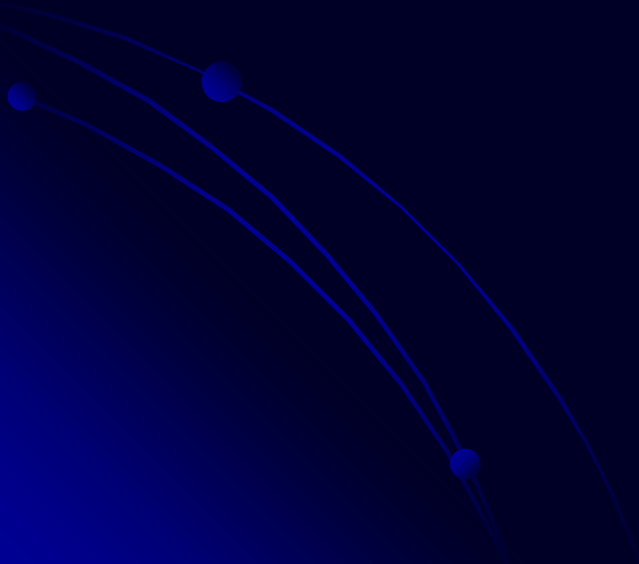


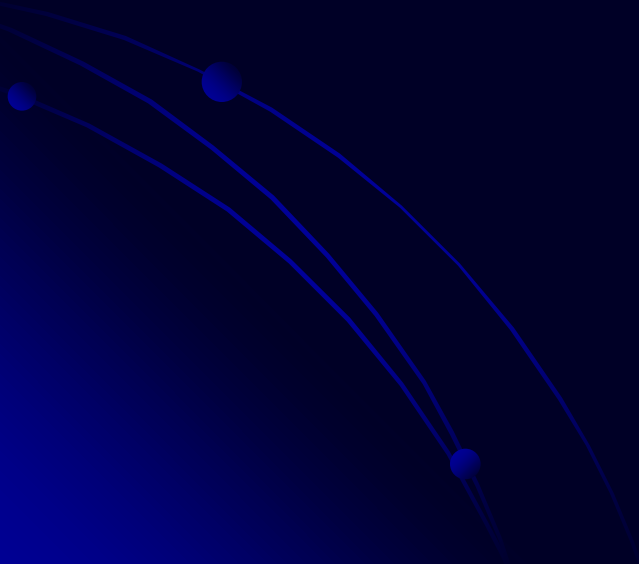
# **CIRURGIA GINECOLÓGICA POR VIA ENDOSCÓPICA**

**Prof Dr André Luis F Santos**  
**Disciplinas de IPC e Ginecologia**  
**Serviço de Endoscopia Ginecológica e Genitoscopia do HUT**  
**UNITAU / 2009**

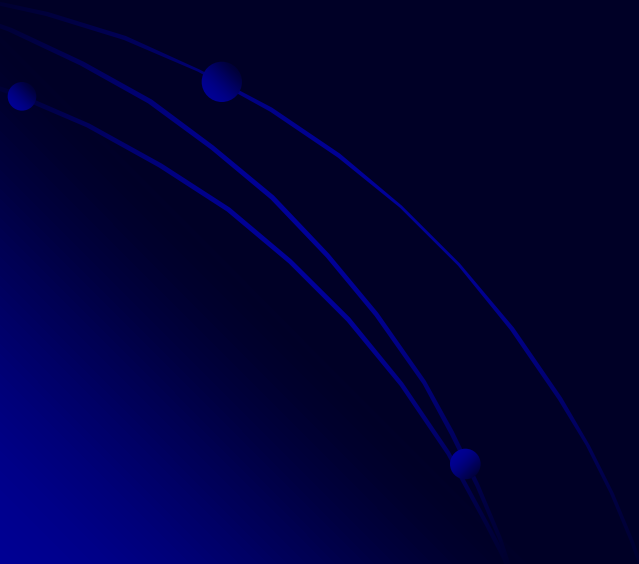
# O QUE É CIRURGIA POR VIA ENDOSCÓPICA, SUA HISTÓRIA E ATUAL APLICABILIDADE?



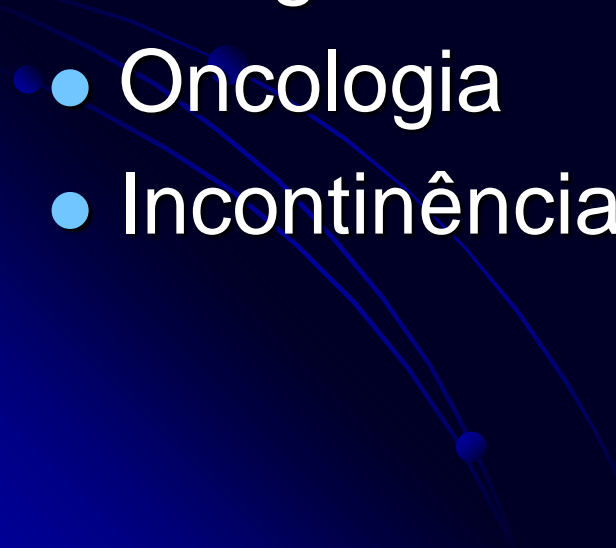
# ENDOSCOPIA GINECOLÓGICA: VIDEOLAPAROSCOPIA E HISTEROSCOPIA



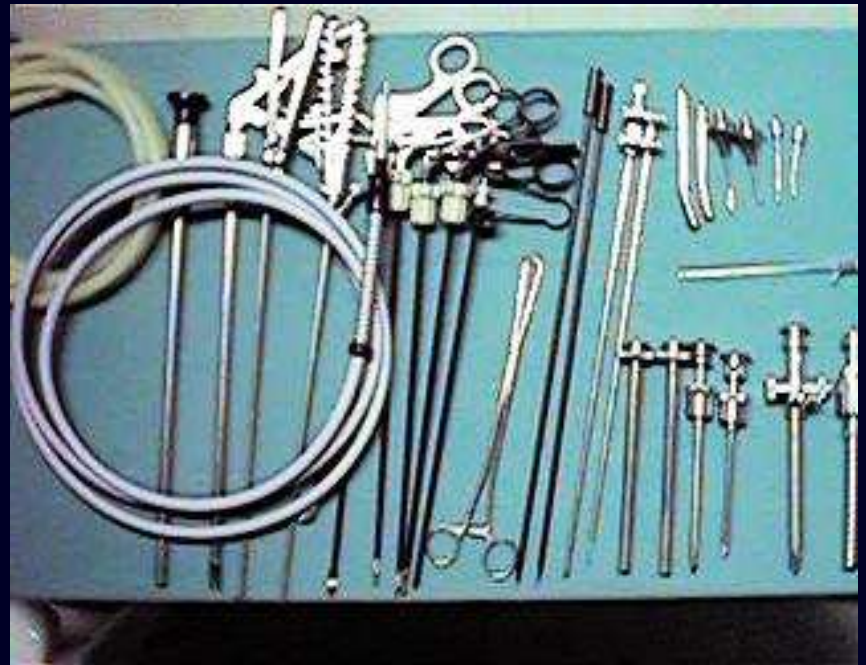
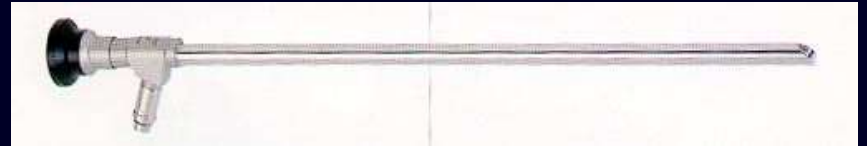
Como tudo na medicina, a  
otimização de um método  
depende de uma boa indicação e  
adequada execução



# EM GINECOLOGIA

- Dor pélvica
  - Abdome agudo
  - Tumores pélvicos
  - Infertilidade
  - Sangramento uterino anormal
  - Oncologia
  - Incontinência urinária
- 

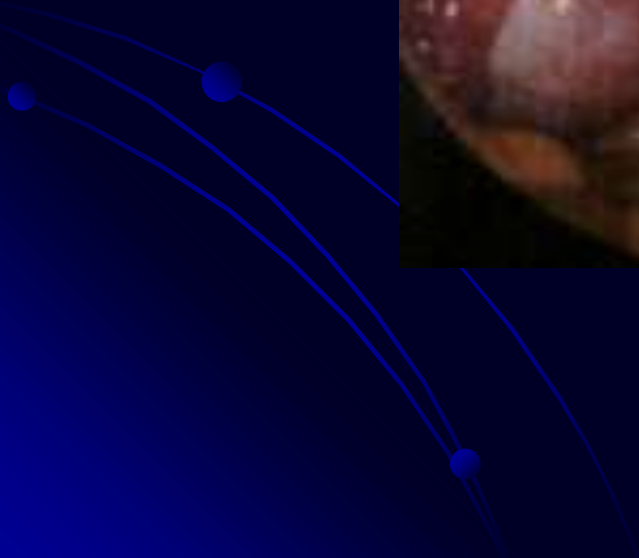
# Instrumental



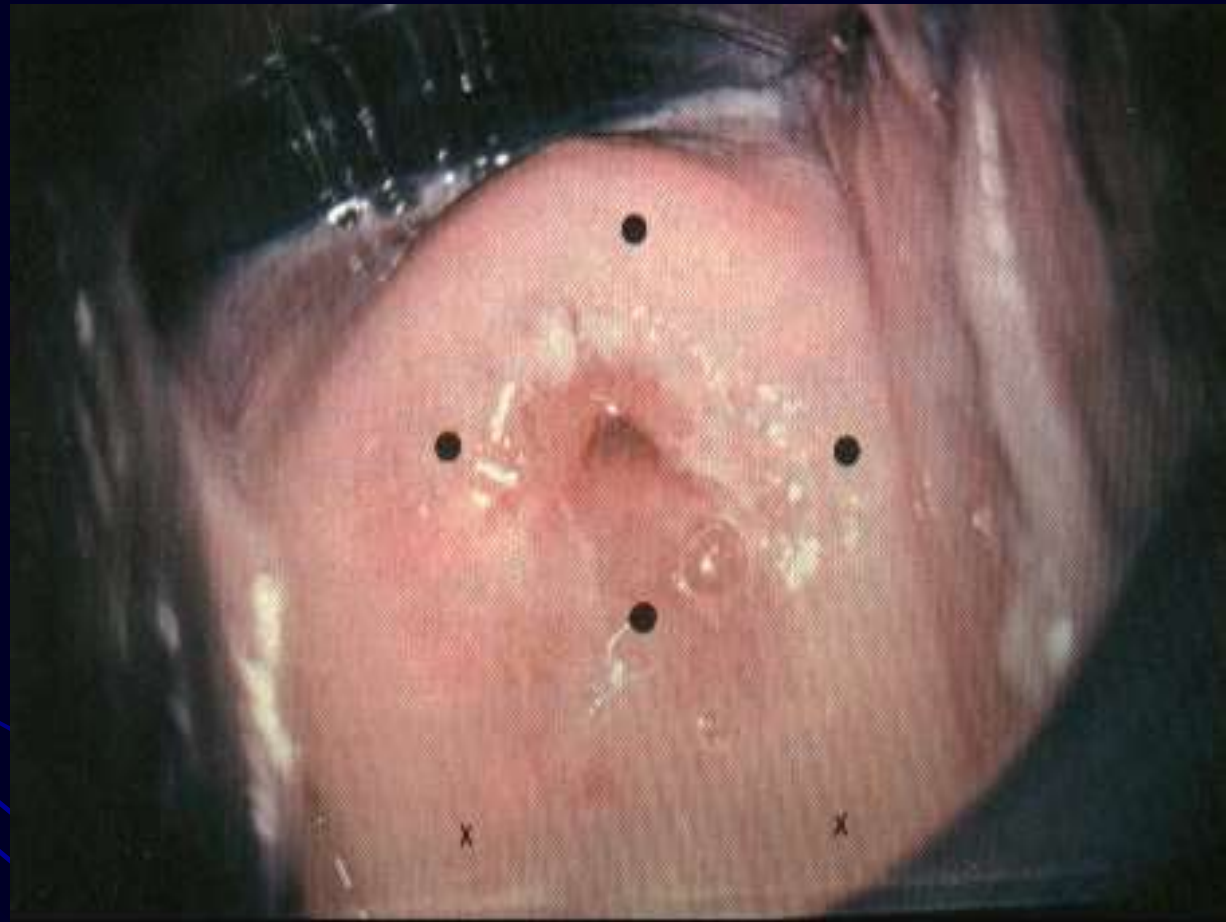


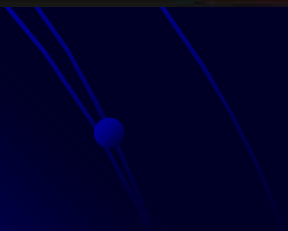
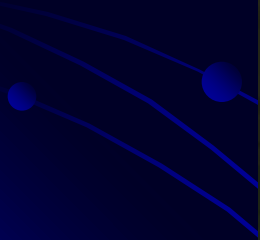
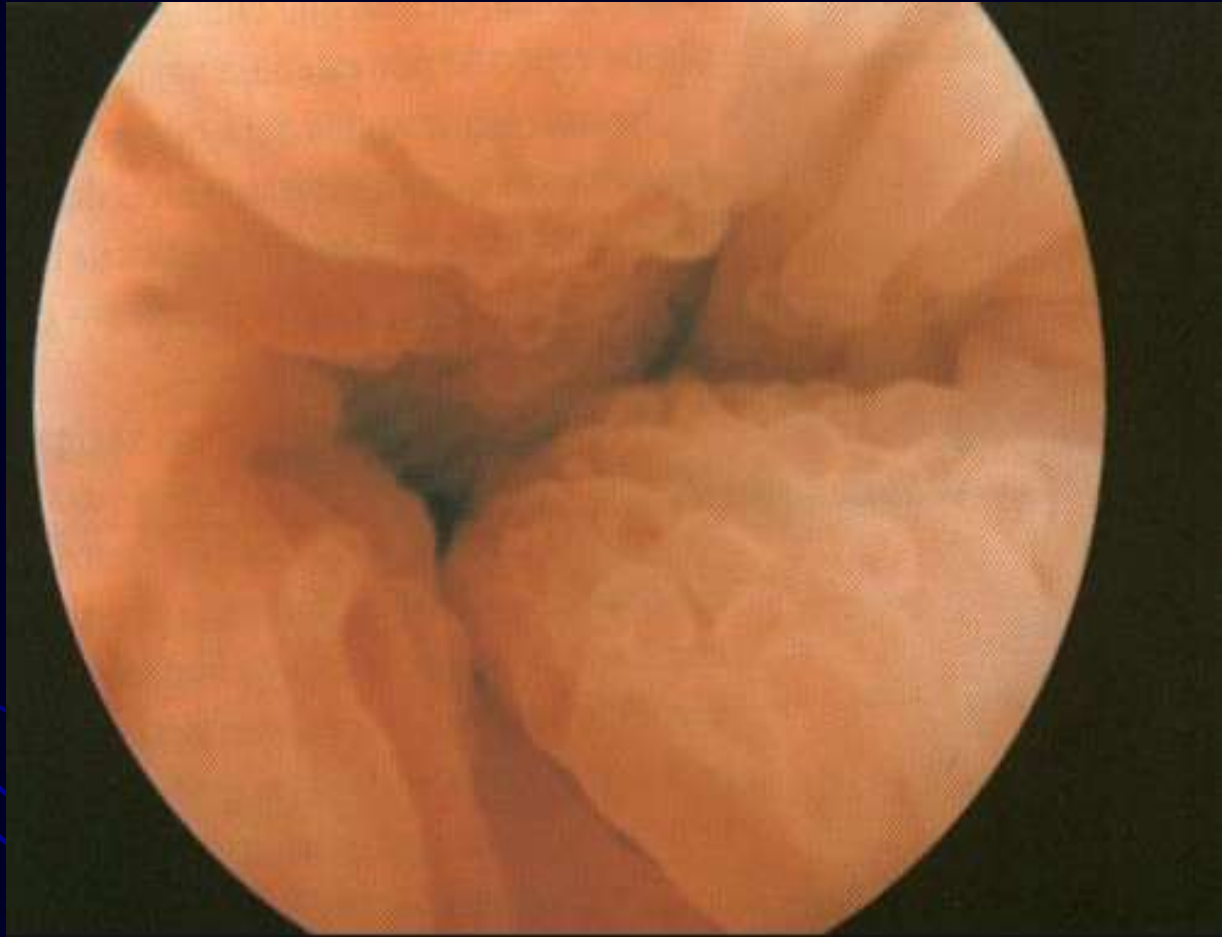


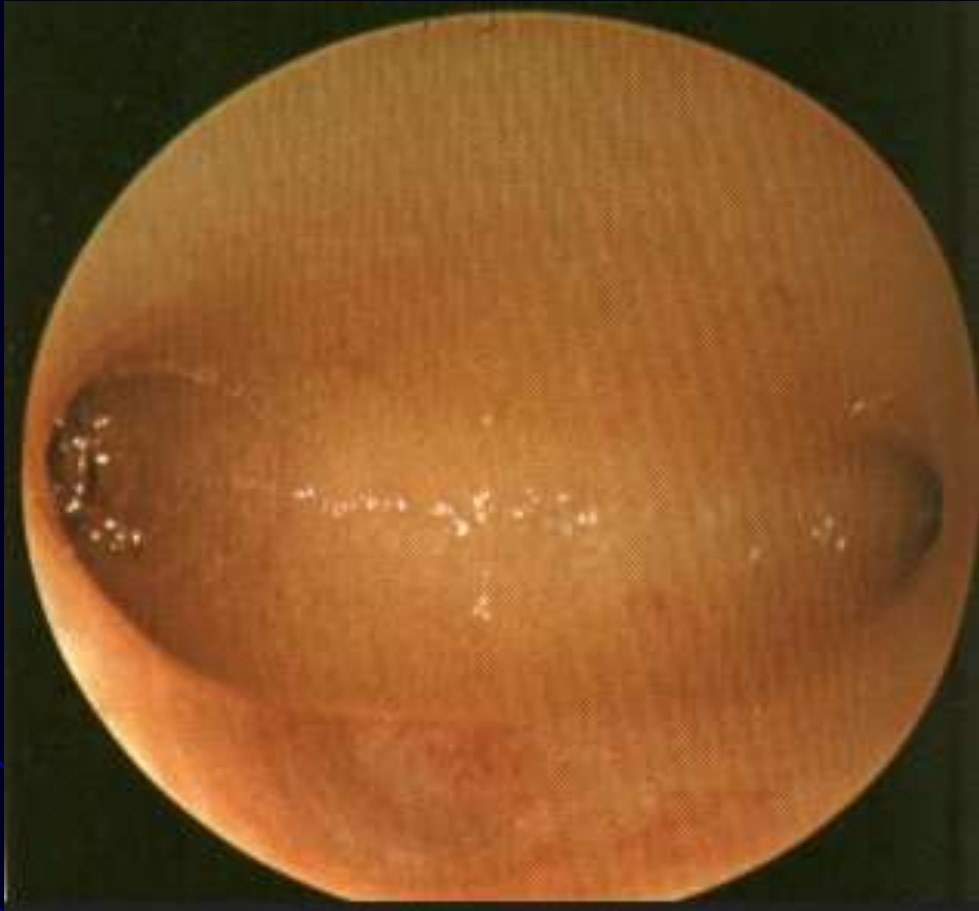




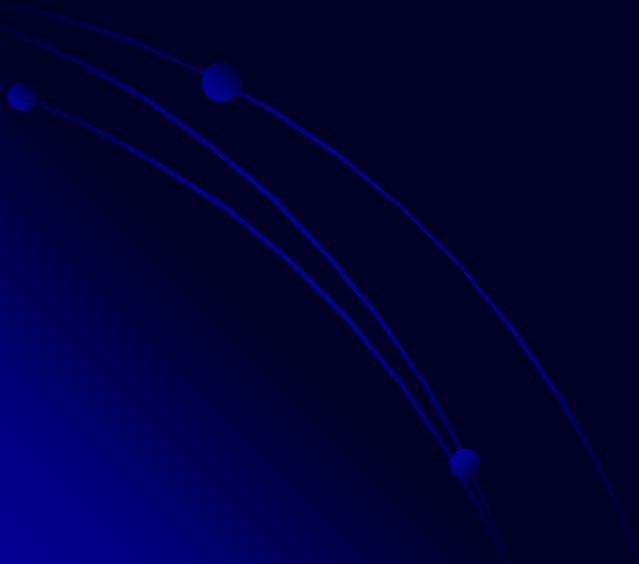




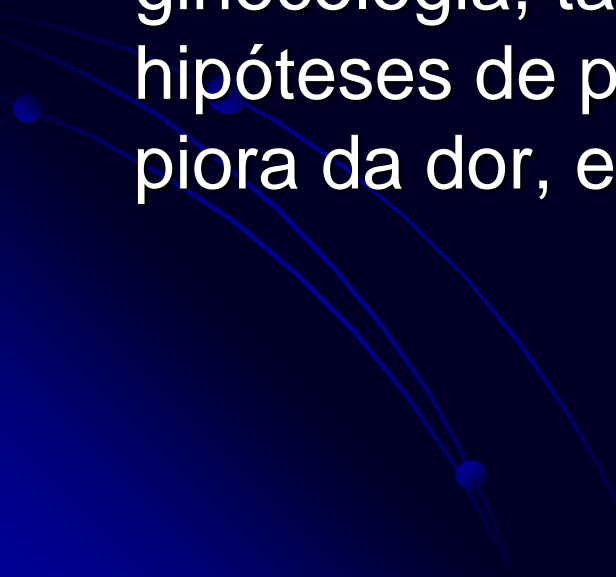




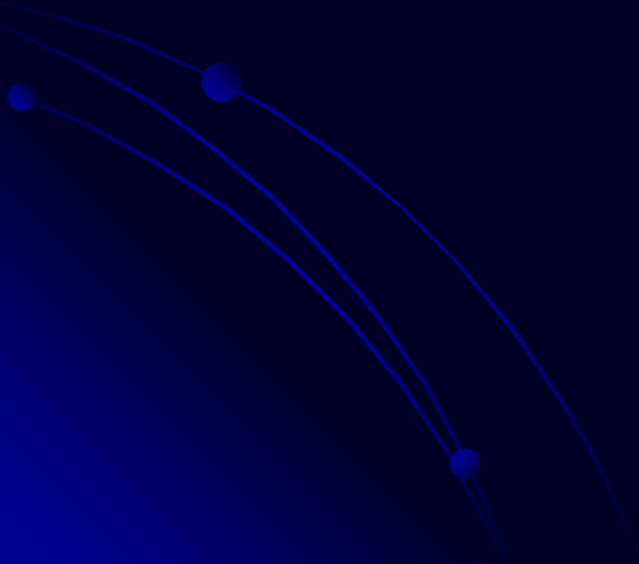
Diagnóstico ecográfico de cisto anexial  
medindo 5 cm. Exames de sangue e urina  
normais.



Paciente, 16 anos, internada na clínica cirúrgica há 1 semana com quadro de dor abdominal. Exames iniciais de investigação normais, exceto leve leucocitose. Foi solicitado parecer da ginecologia, também negativo quanto as hipóteses de patologias ginecológicas. Houve piora da dor, e indicado laparotomia.

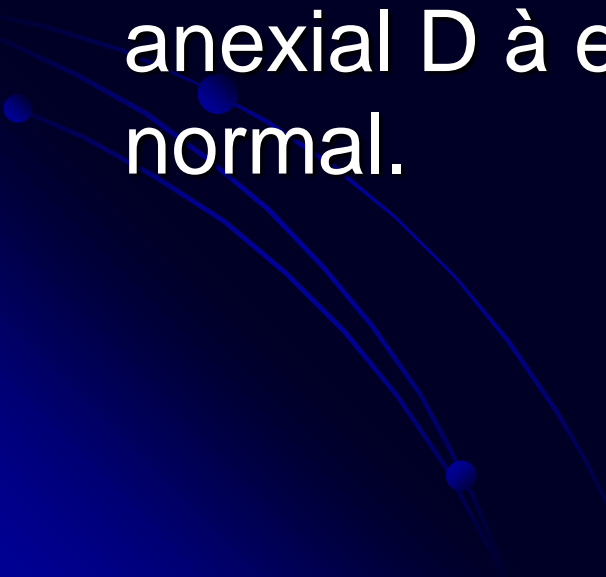


Diagnóstico de apendicite retrocecal  
perfurada e múltiplas aderências.





Grávida de 18 semanas com dor abdominal aguda, localizada em FID e irritação peritoneal. Hemograma com leucocitose e desvio. Urina normal. US com imagem anexial D à esclarecer. Exame obstétrico normal.

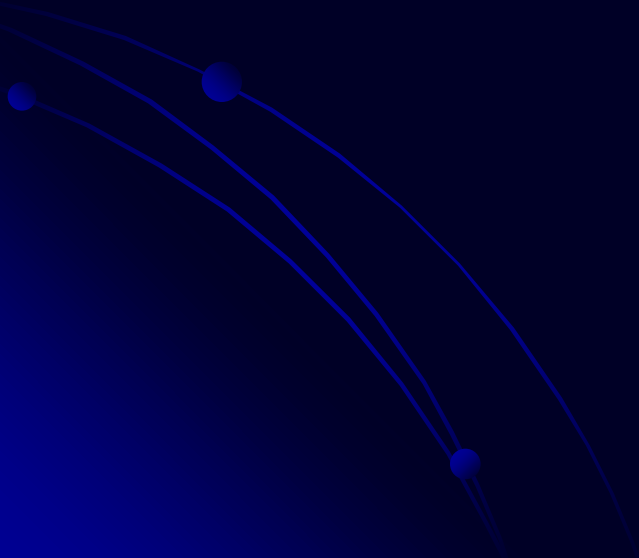


# DOR PÉLVICA AGUDA

## Indicação de videolaparoscopia:

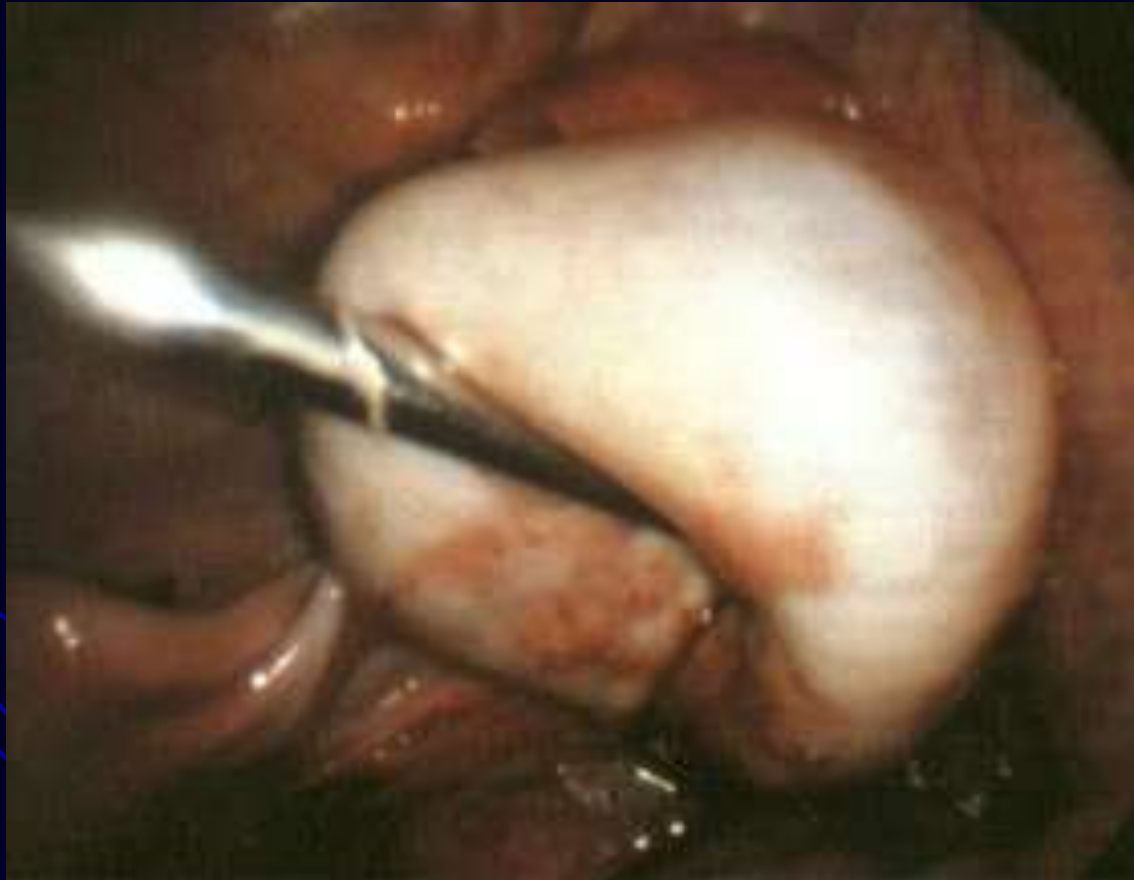
- Abdome agudo
- DIP (estágio 2 ou mais)
- Torção ou ruptura de cisto ovariano
- Prenhez tubária
- Degeneração miomatosa
- Apendicite
- **Dúvida diagnóstica**

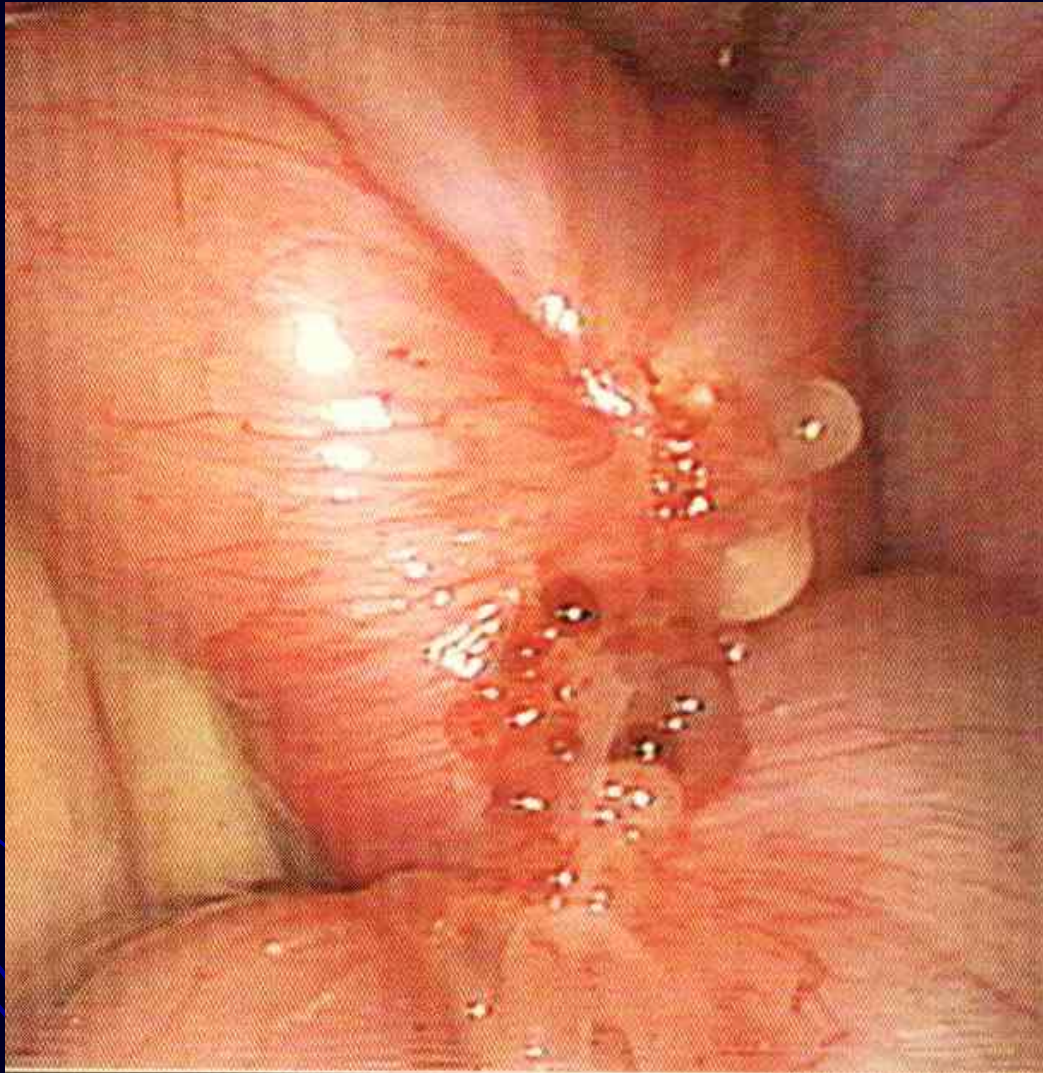
DOR PÉLVICA CRÔNICA  
MAL FORMAÇÃO UTERINA  
INFERTILIDADE

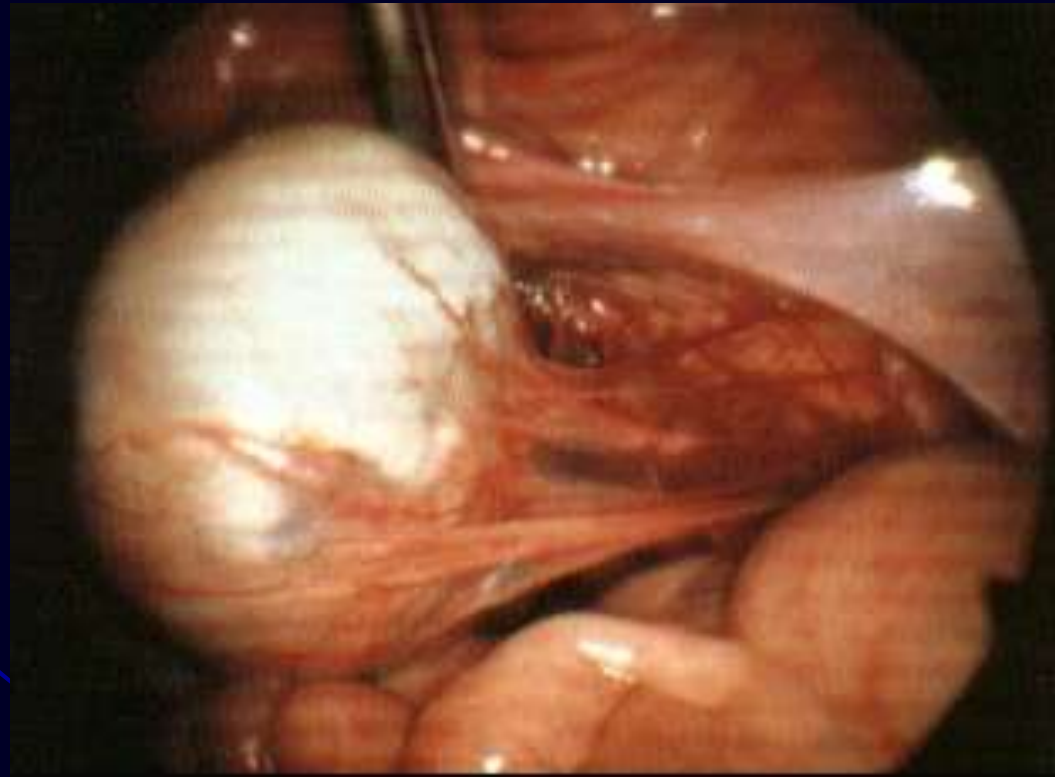


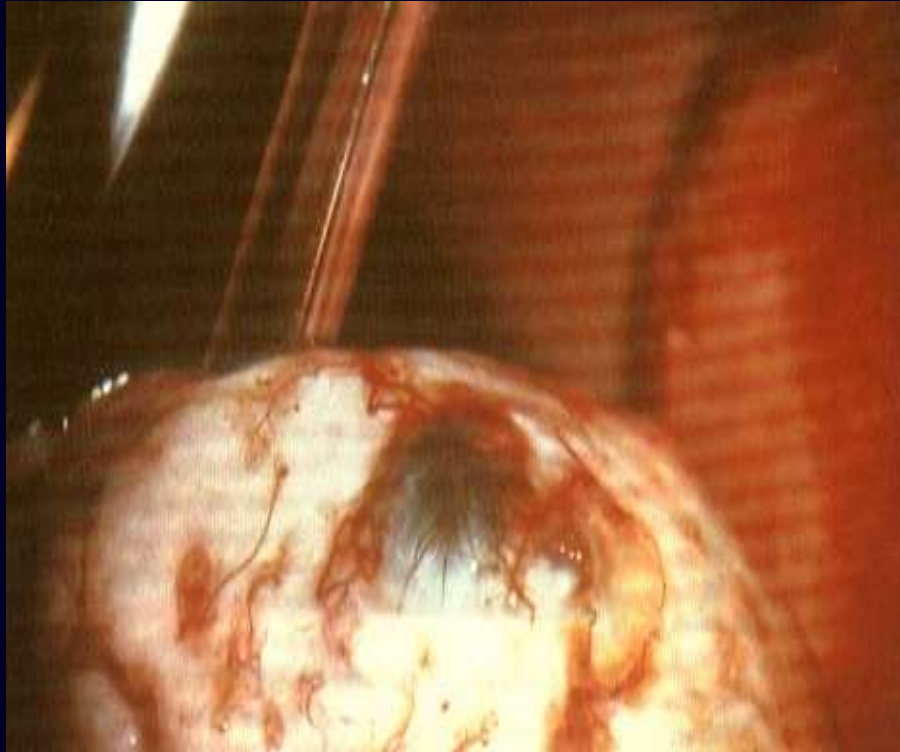
# ENDOMETRIOSE

- Lesões azuladas
- Lesões achocolatadas
- Aderências
- Brancas opacas
- Vermelhas
- Glandulares
- Aderências
- Acastanhadas
- Defeitos circulares

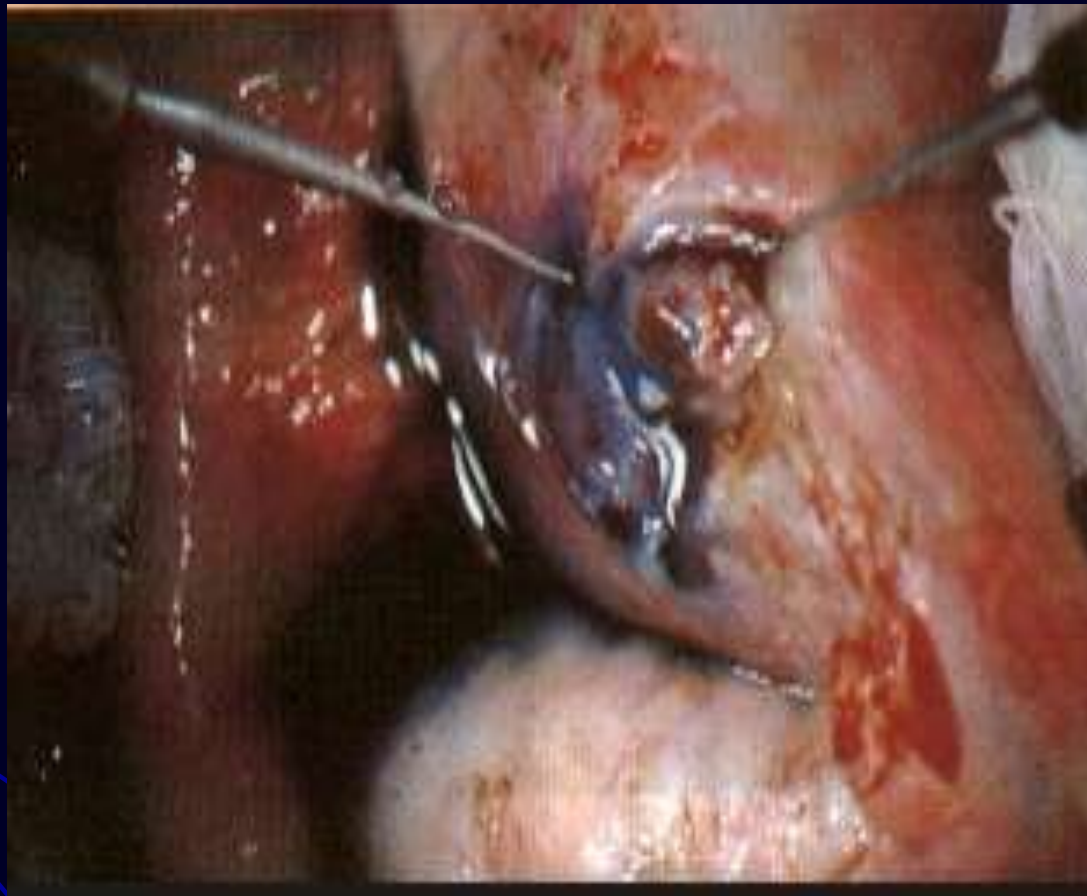






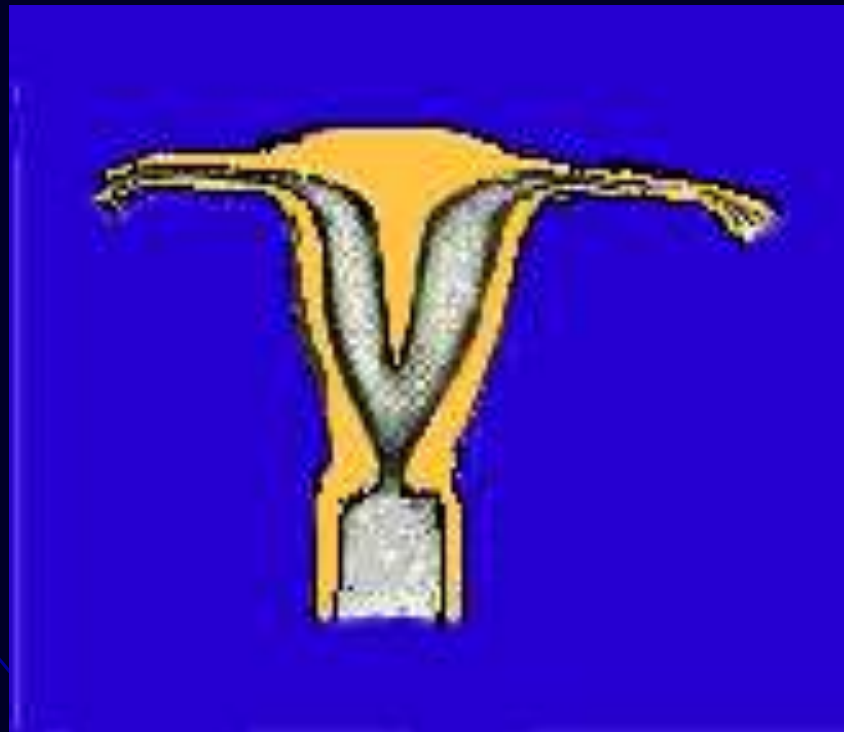






# Anomalias de útero

- Fusão incompleta de dutos paramesonéfricos

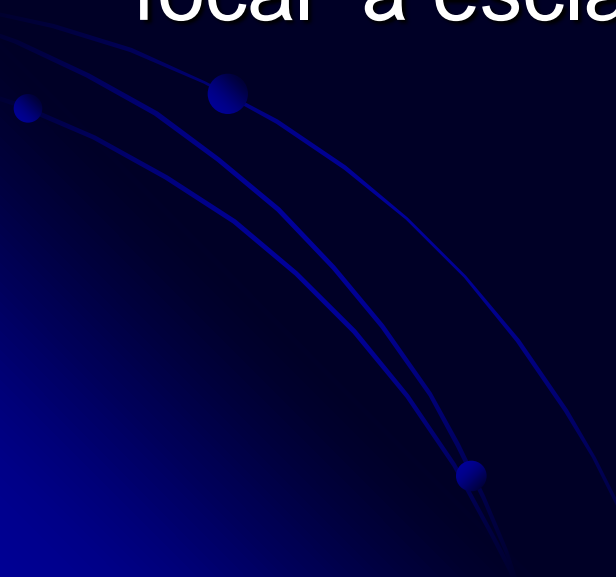


## Desenvolvimento incompleto dos dutos paramesonéfricos

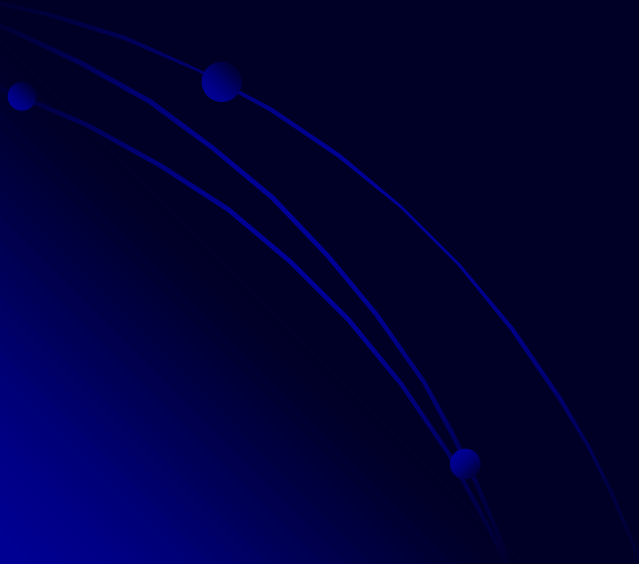
- Útero unicorno
- Bicorno com um corno rudimentar



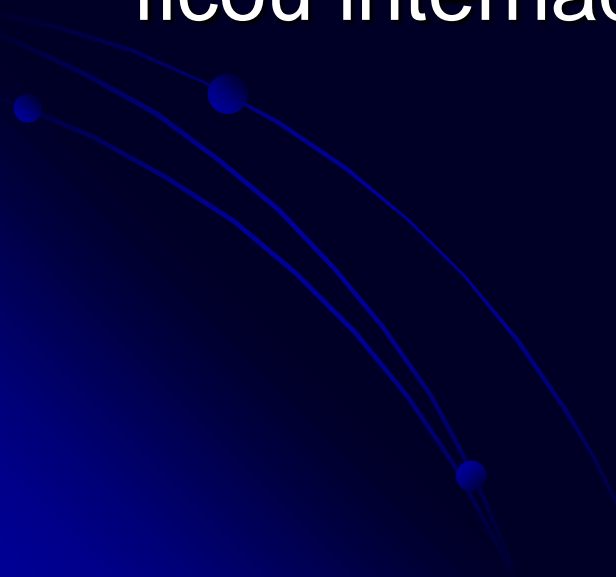
Mulher, 45 anos, comparece no ambulatório de ginecologia do HUT com história de menorragias e dismenorréia progressiva. US evidenciou espessamento endometrial focal à esclarecer.



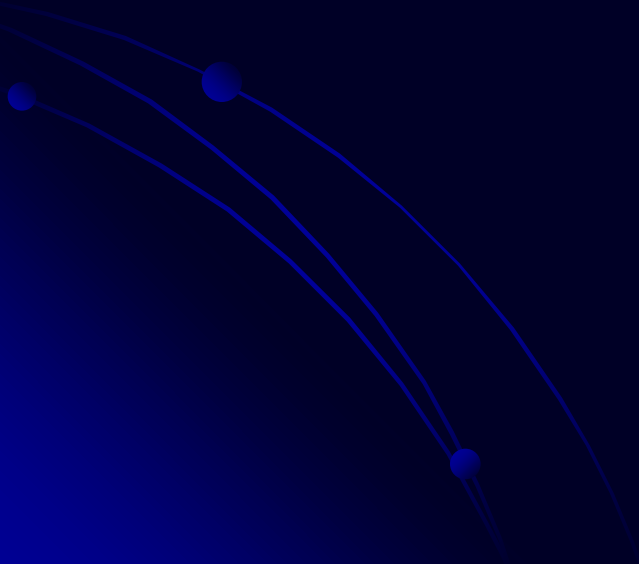
Foi submetida a curetagem uterina  
semiótica com saída de pouco material.  
Persistiu com quadro e imagem  
ecográfica. Indicado histerectomia.



Paciente evoluiu no pós-operatório com quadro de abdome agudo infeccioso e sepse. Foi reoperada com diagnóstico de lesão intestinal, realizado colostomia e ficou internada 10 dias, sendo 7 na UTI.



# SANGRAMENTO UTERINO ANORMAL (AUMENTO)



# CAUSAS

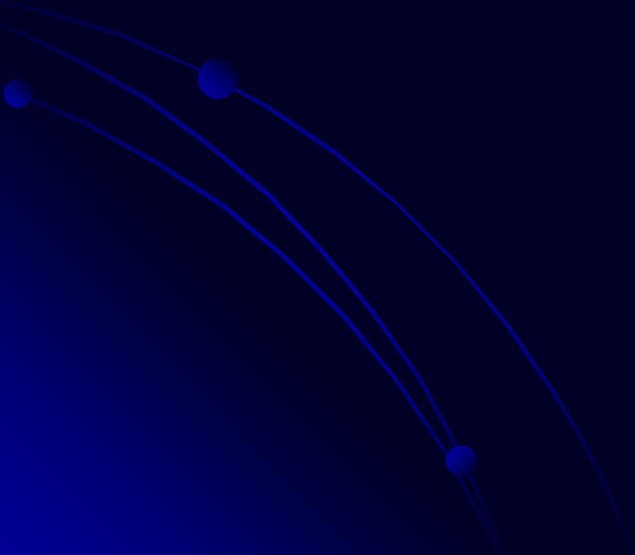
- Orgânica: importante
- Disfuncional: frequente



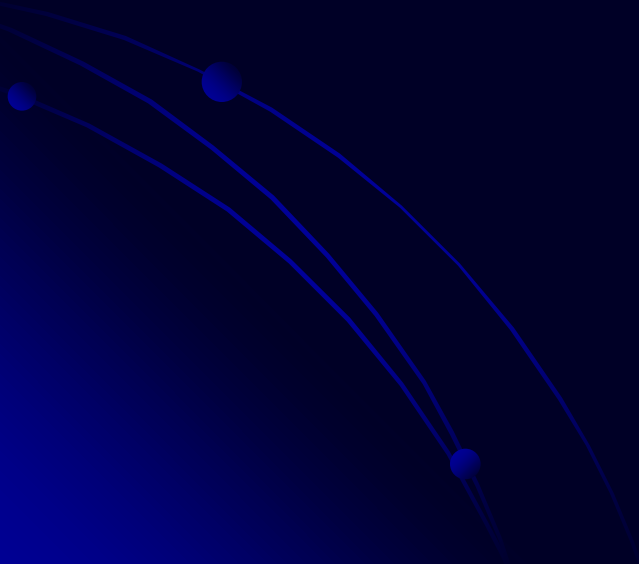




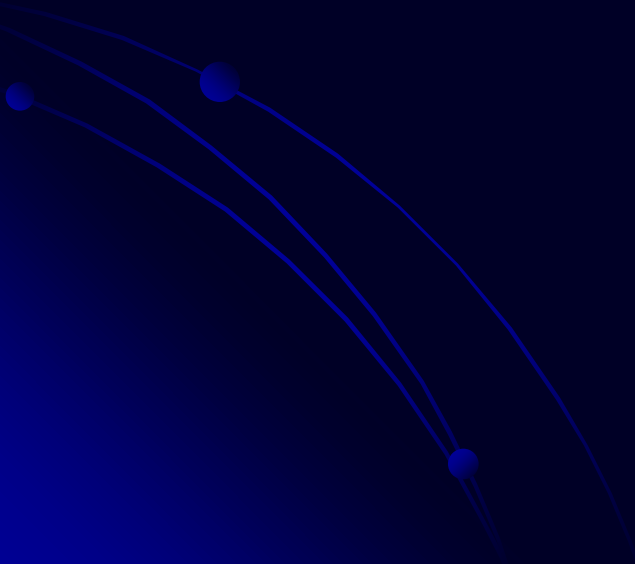
SANGRAMENTO REFRACTÁRIO AO  
TRATAMENTO CLÍNICO,  
PERSISTENTE E POR DOENÇAS  
BENIGNAS



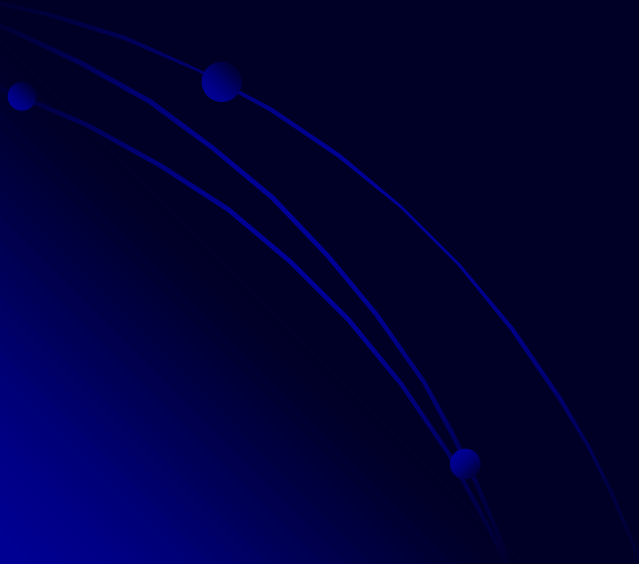
- Ablação endometrial
- Histerectomia (técnicas menos invasivas)

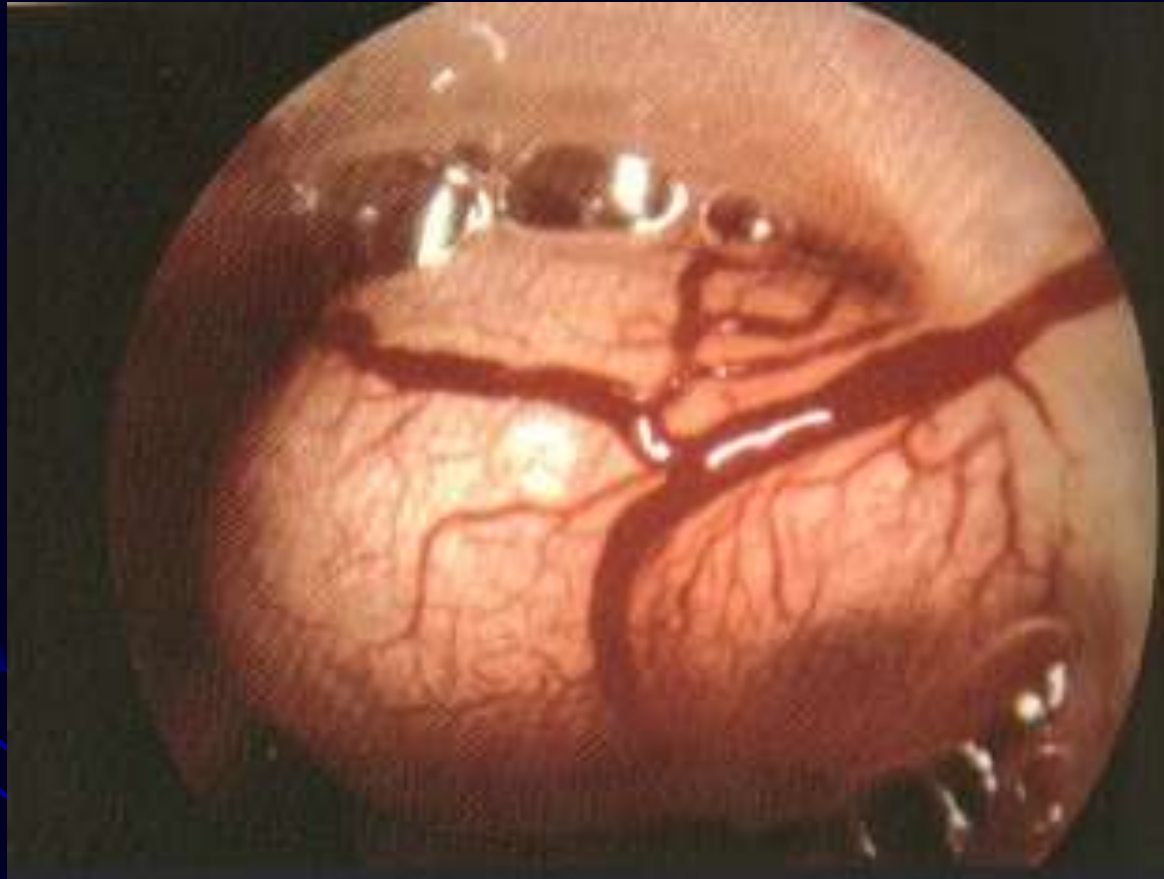


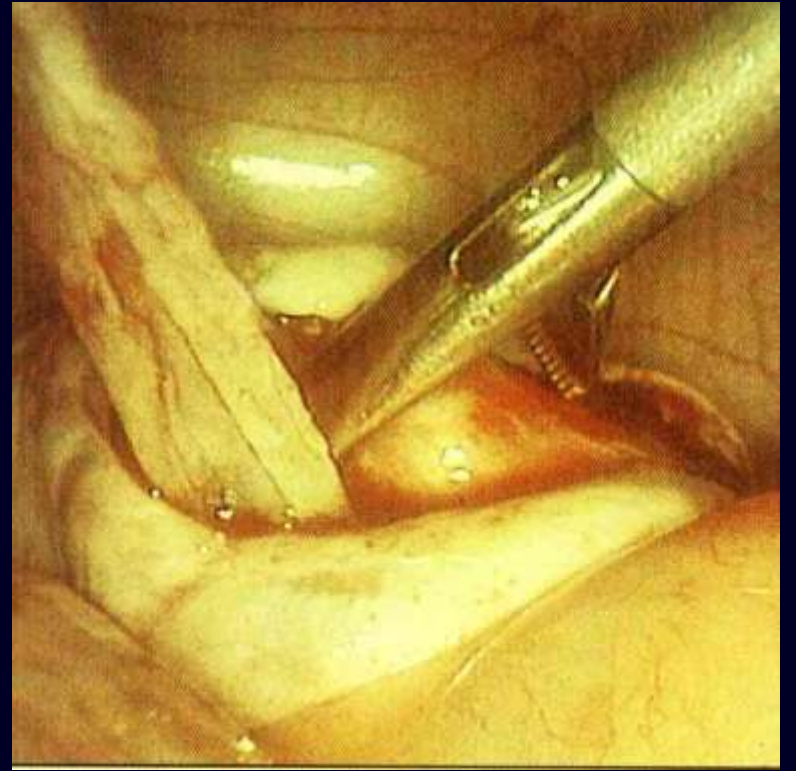
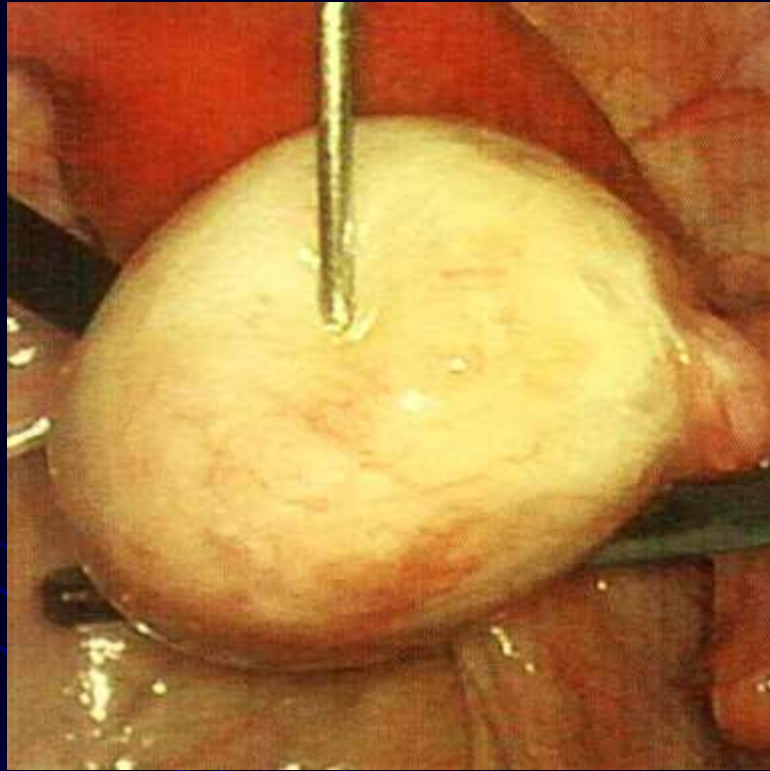
# TUMORES PÉLVICOS

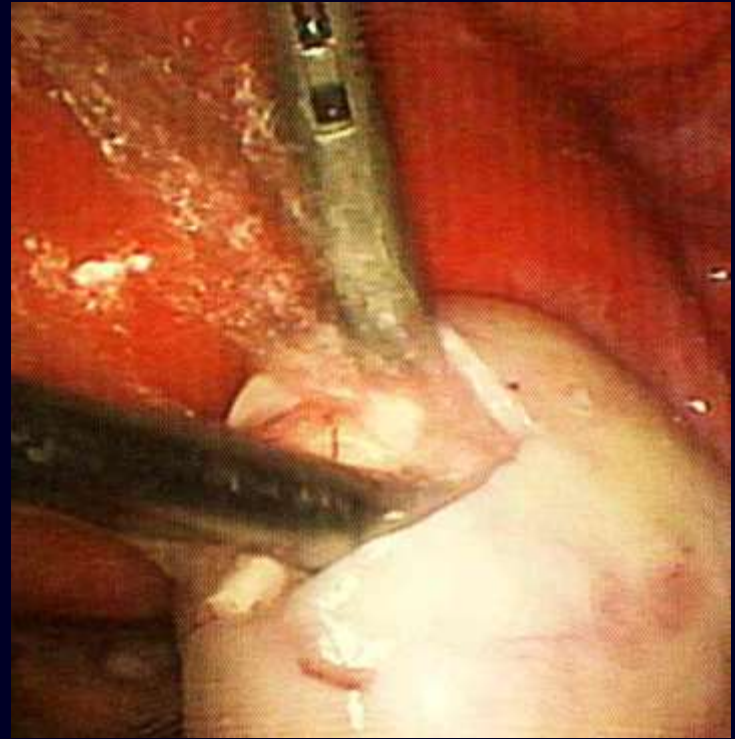
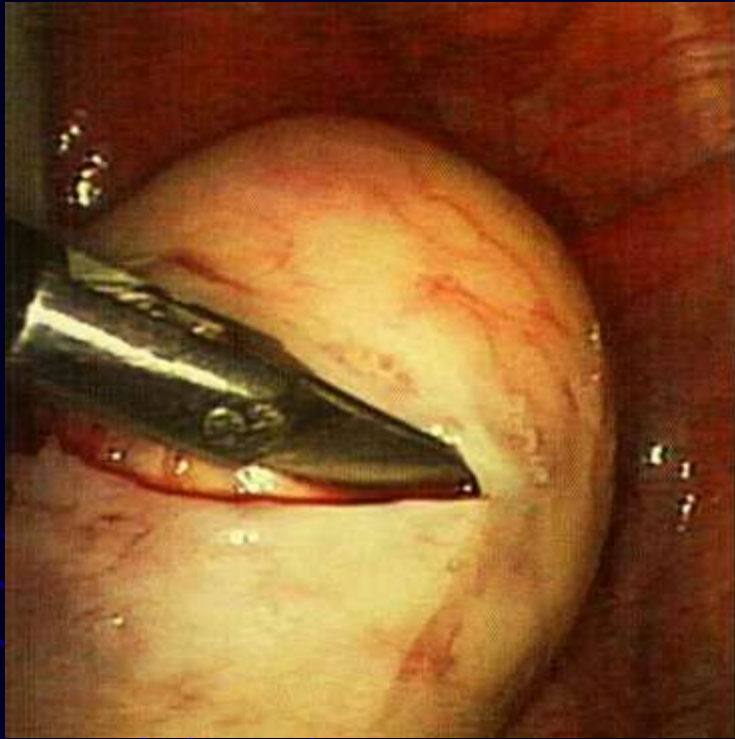


- Miomas uterinos
- Cistos ovarianos neoplásicos

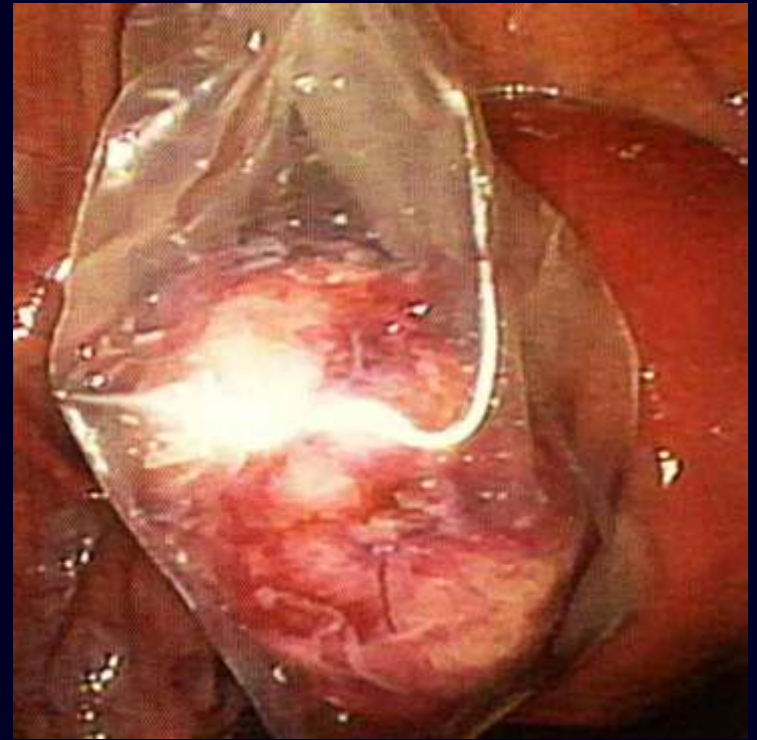
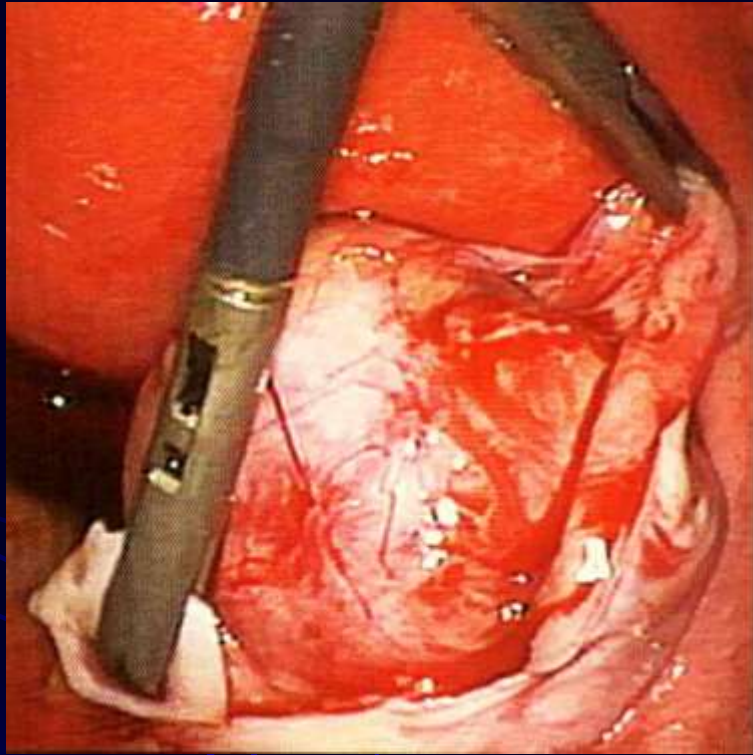




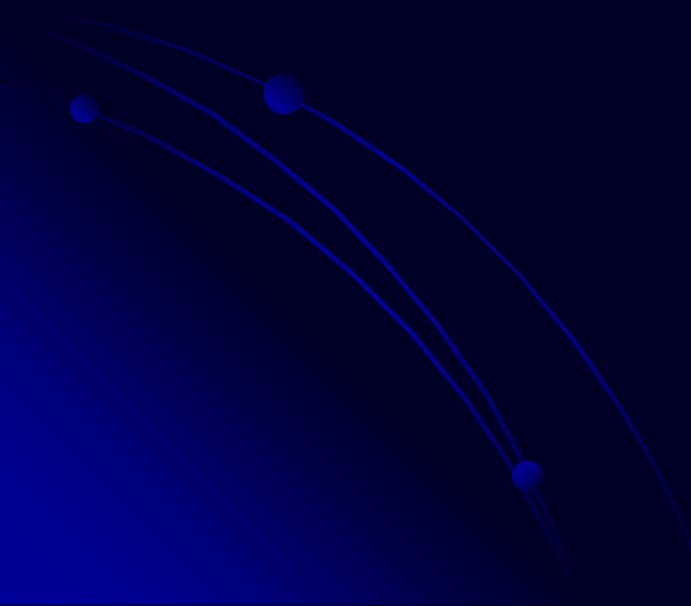








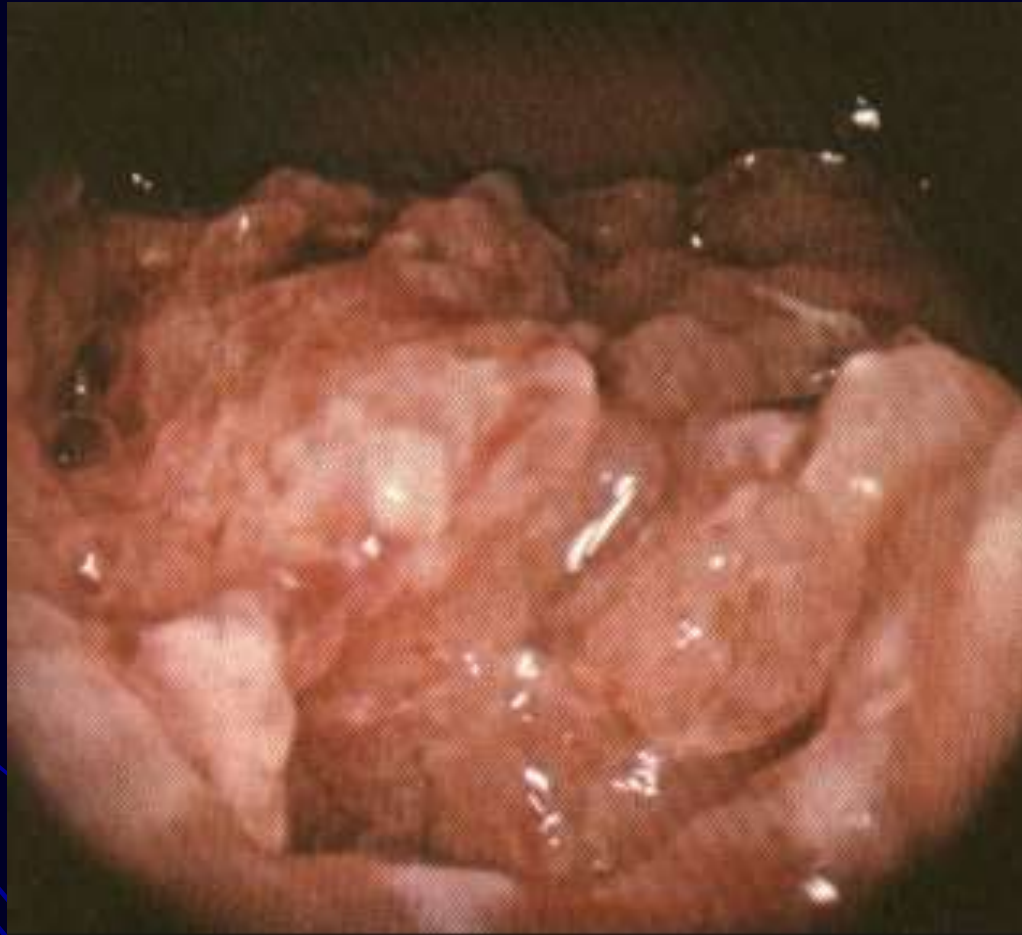
# ONCOLOGIA



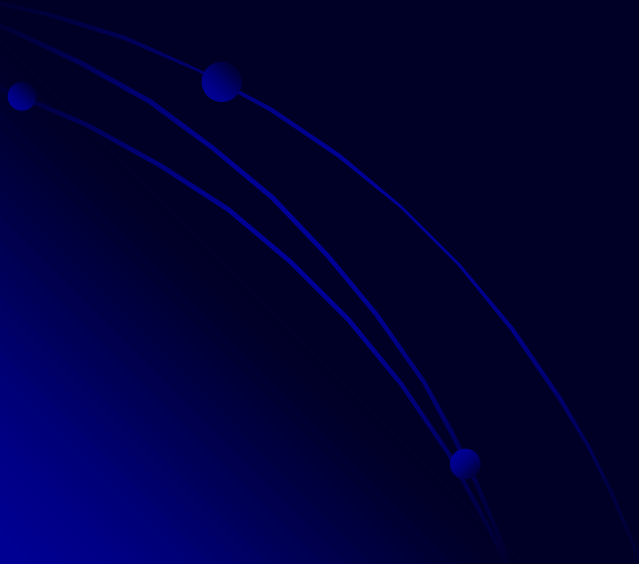
# CA DE ENDOMÉTRIO E COLO UTERINO

- Quase consenso no endométrio
- Inventário e linfadenectomia no colo (estágios iniciais e desejo reprodutivo)

Gynecol Oncol 80/100, 2001/2006)



# INCONTINÊNCIA URINÁRIA



- Cirurgia de Burch
- Slings suburetrais



COCHRANE DATABASE SYST, 2006: CD 002239

# CONSIDERAÇÕES FINAIS

- Conduta deve ser baseada em evidências
  - Bom senso deve prevalecer
- 