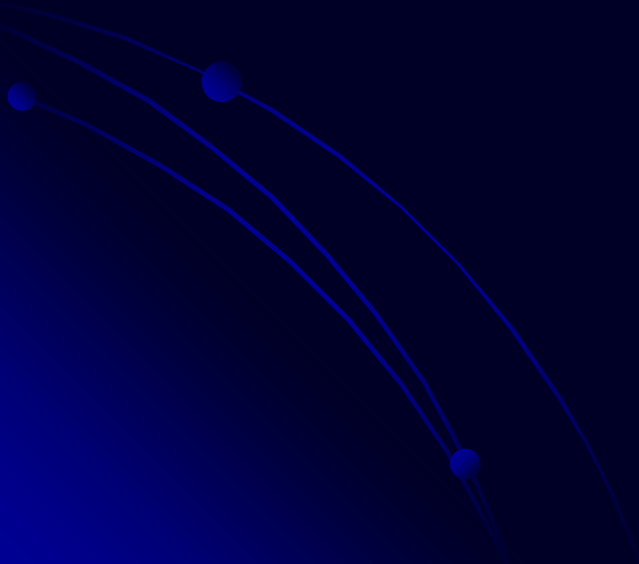


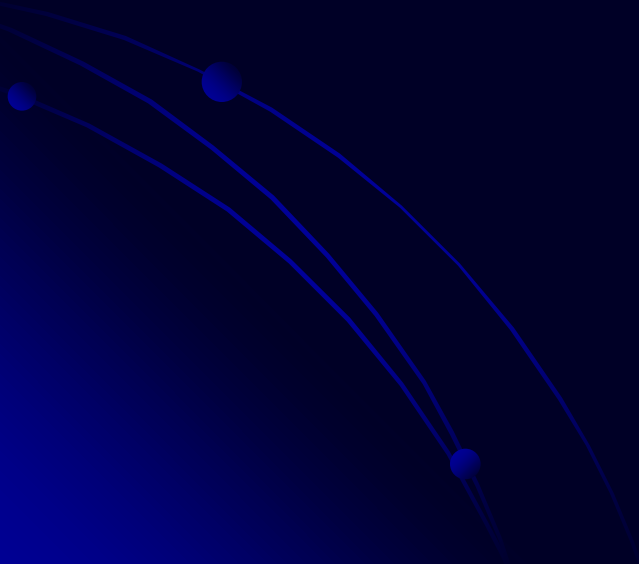
CIRURGIAS MINIMAMENTE INVASIVAS EM GINECOLOGIA

Prof Dr André Luis F Santos
Disciplinas de IPC e Ginecologia
Serviço de Endoscopia Ginecológica e Genitoscopia do HUT
UNITAU / 2008

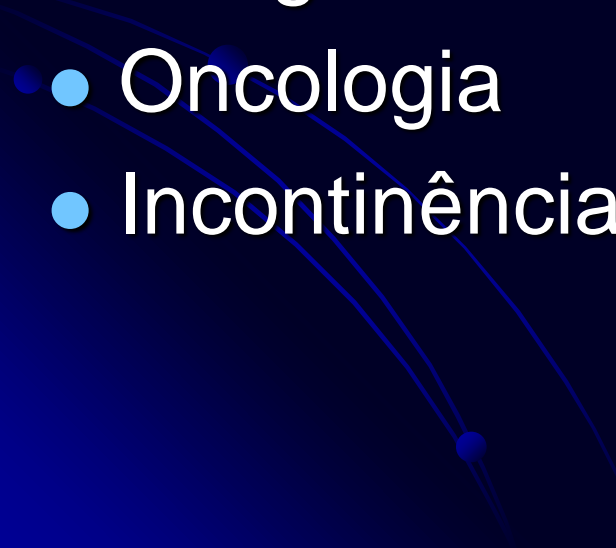
O QUE É CIRURGIA MINIMAMENTE INVASIVA E QUAL A SUA APLICABILIDADE?



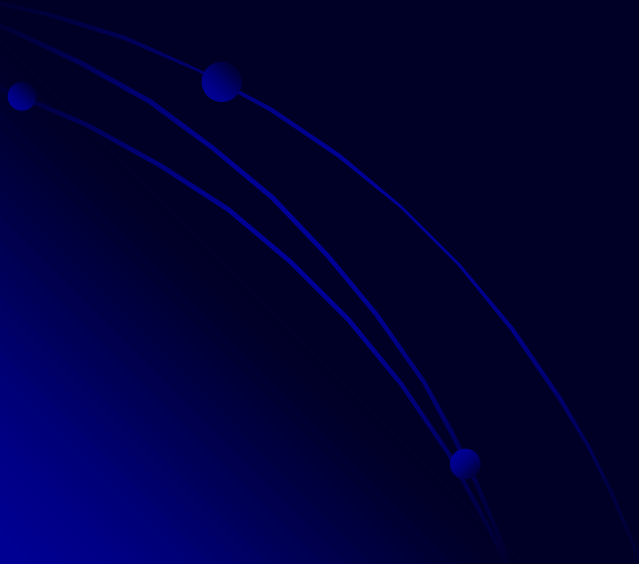
Como tudo na medicina, a
otimização de um método
depende de uma boa indicação e
adequada execução



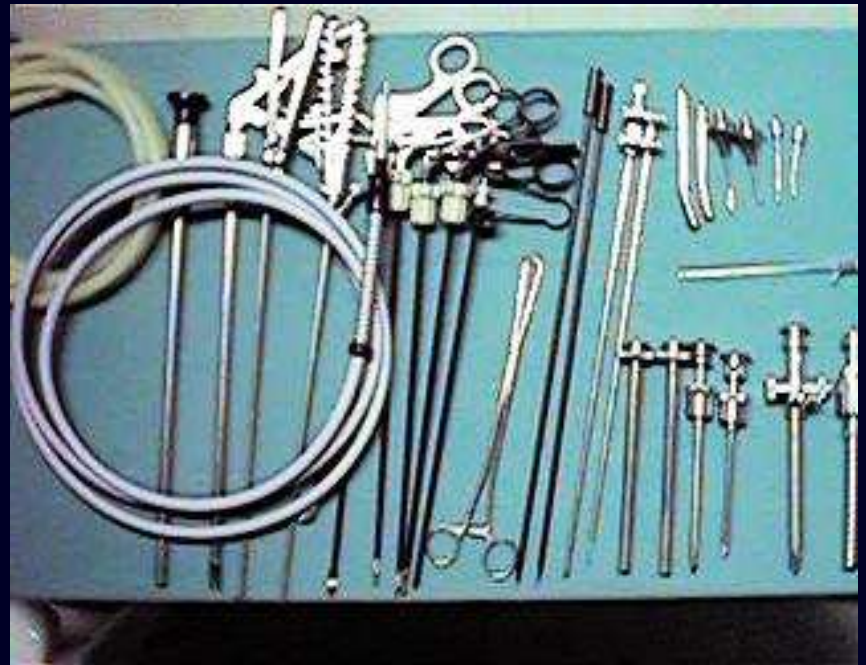
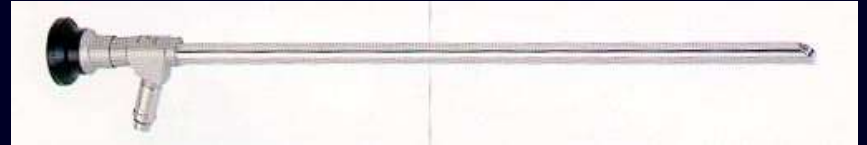
EM GINECOLOGIA

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

ENDOSCOPIA GINECOLÓGICA: VIDEOLAPAROSCOPIA E HISTEROSCOPIA

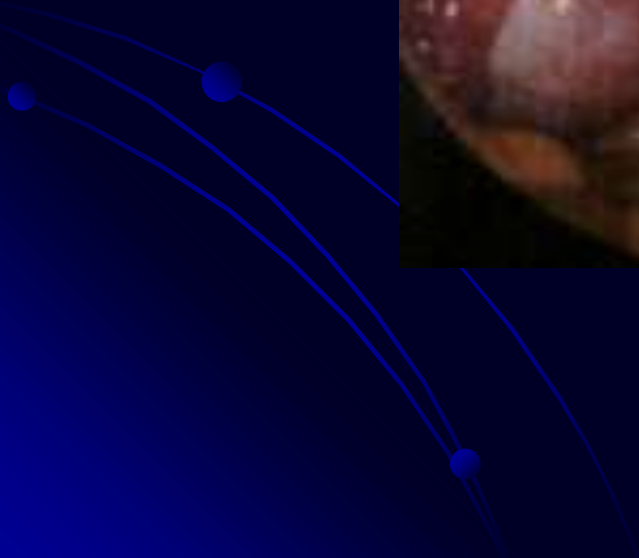


Instrumental

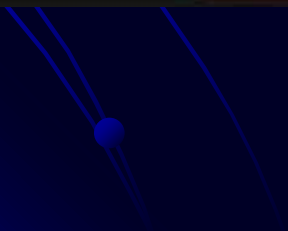
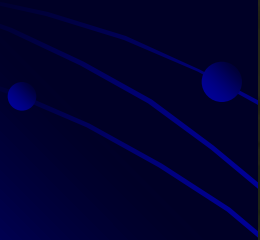
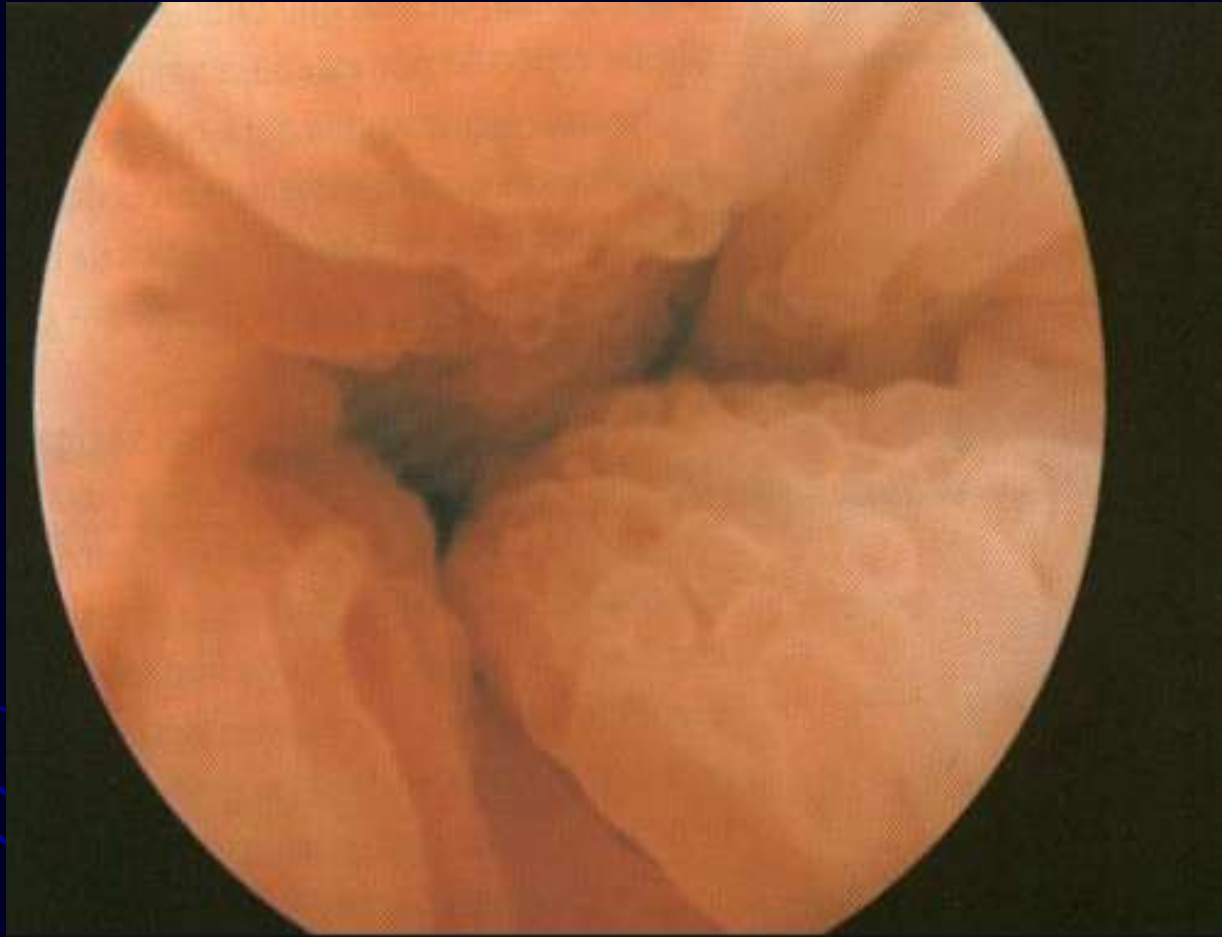


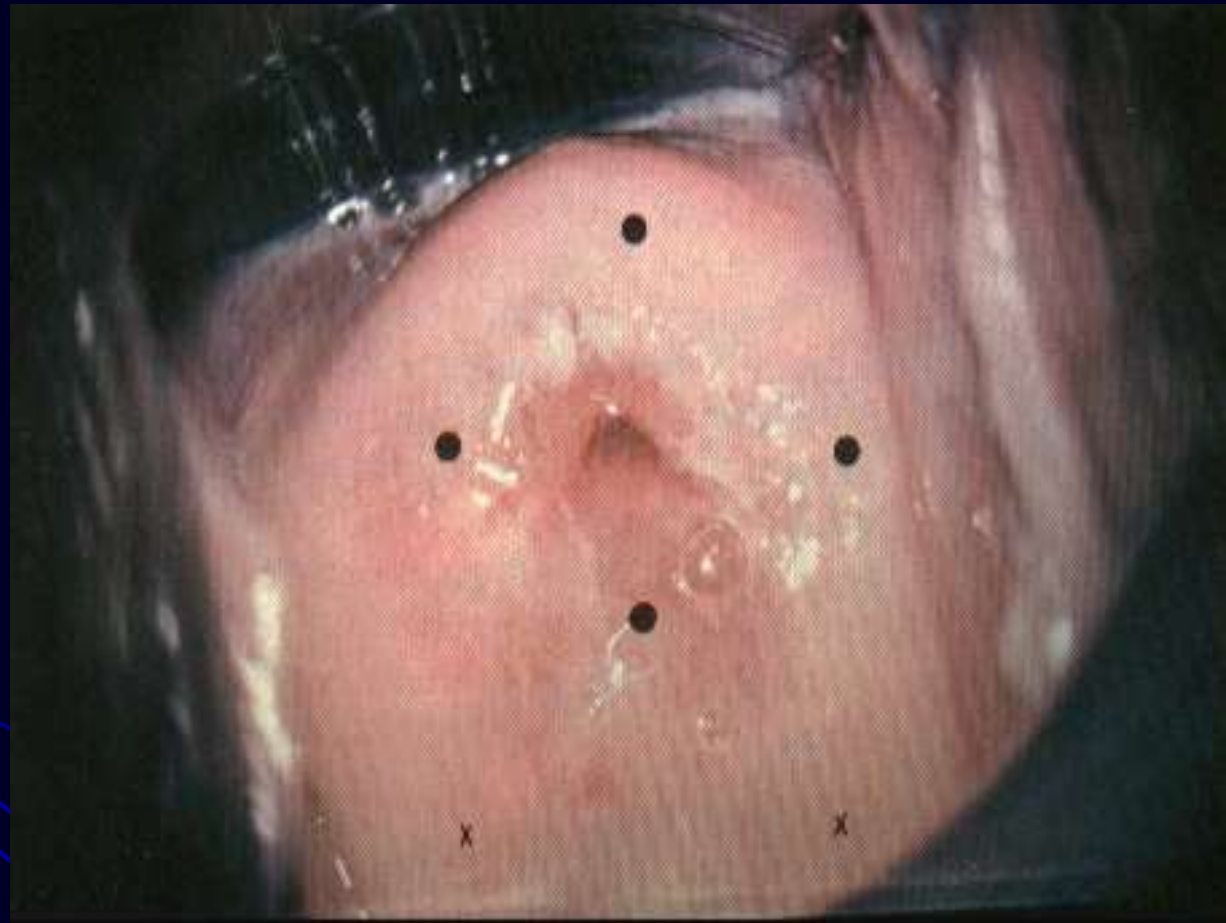


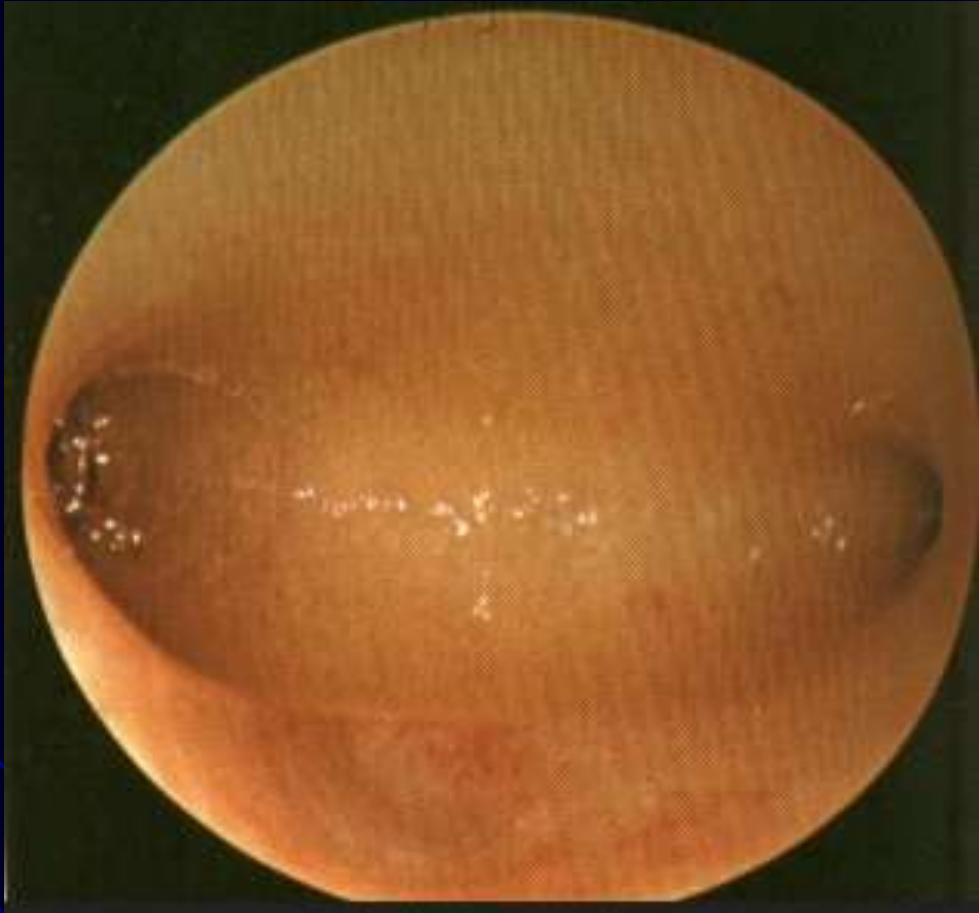










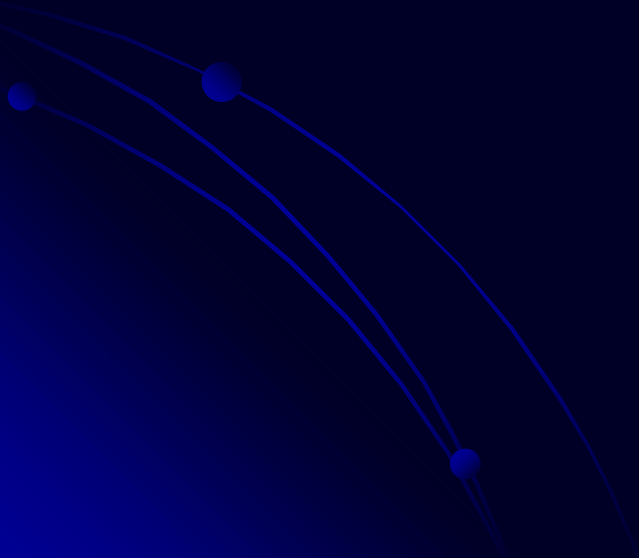


DOR PÉLVICA AGUDA

Indicação de videolaparoscopia:

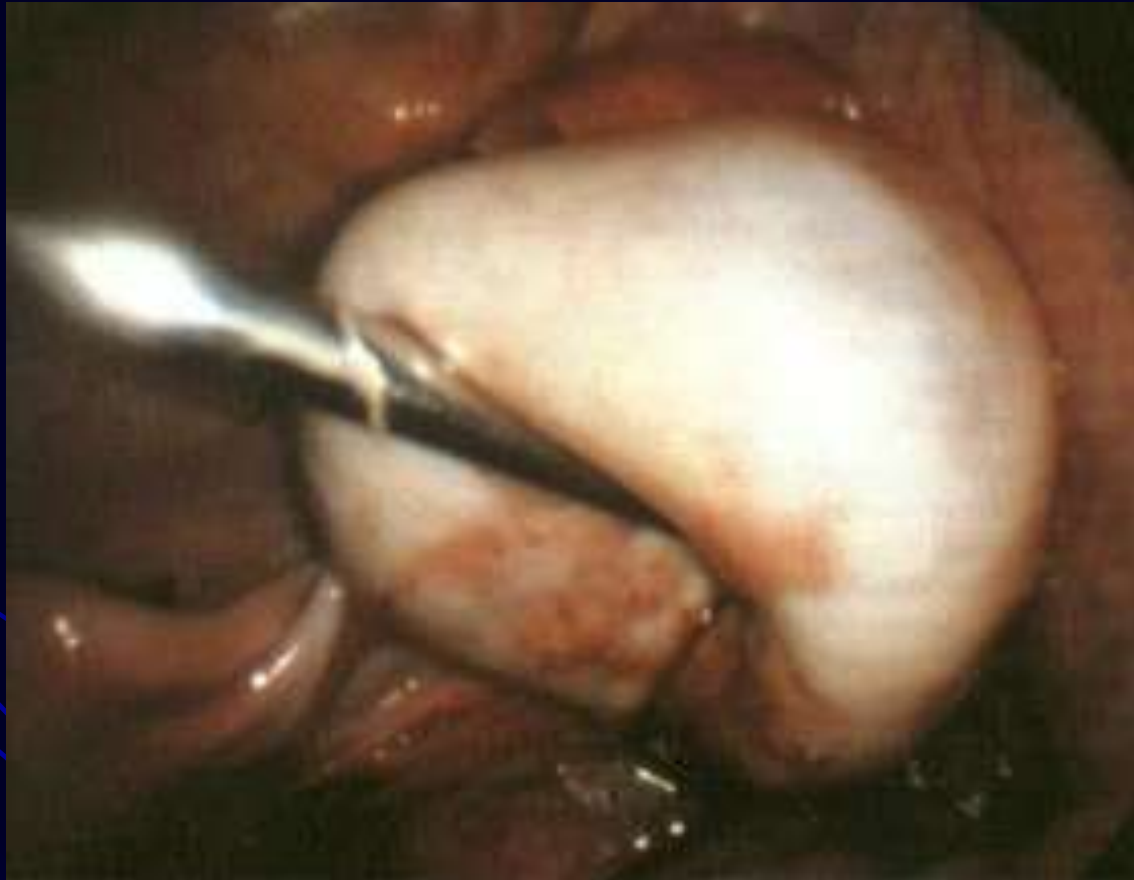
- Abdome agudo
- DIP (estágio 2 ou mais)
- Torção ou ruptura de cisto ovariano
- Prenhez tubária
- Degeneração miomatosa
- Apendicite
- **Dúvida diagnóstica**

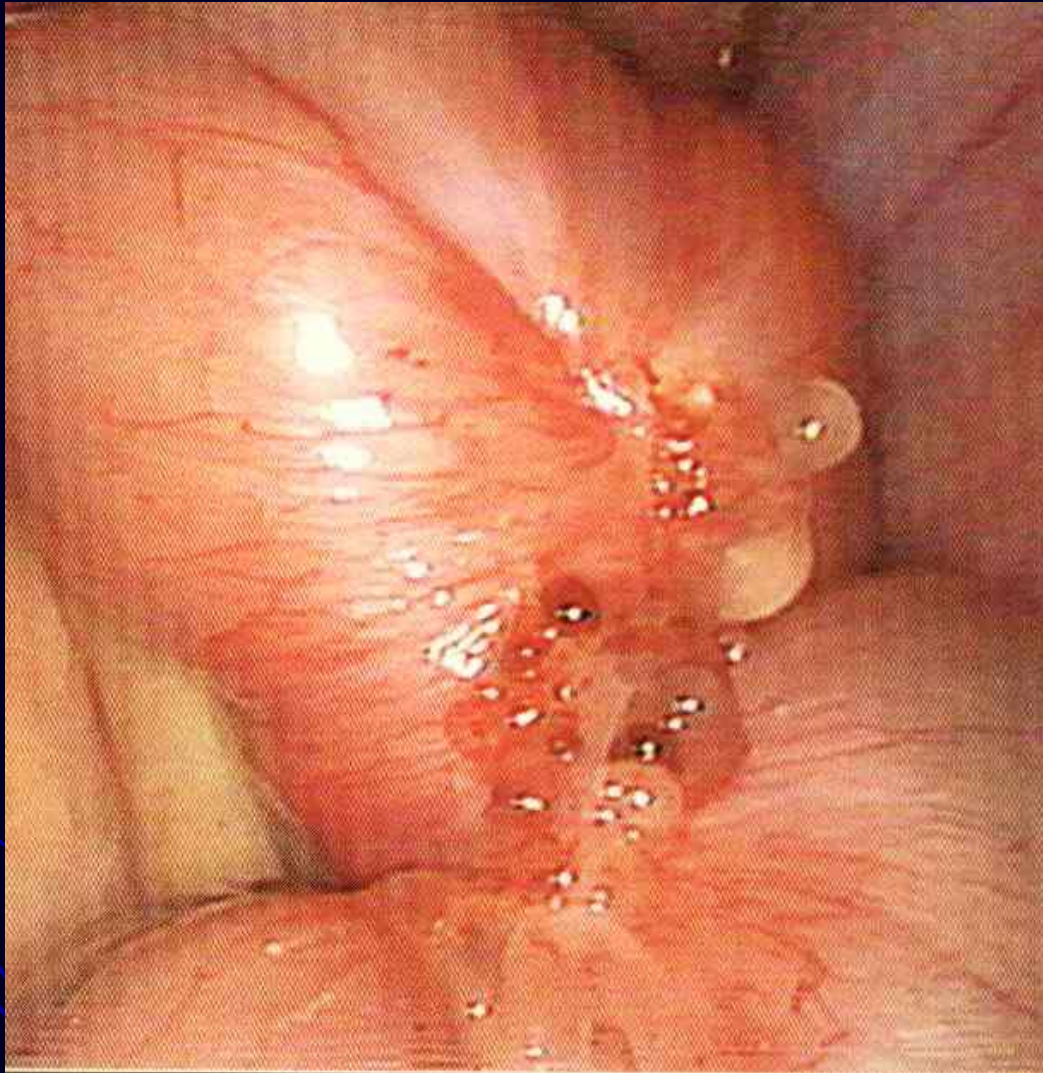
DOR PÉLVICA CRÔNICA
MAL FORMAÇÃO UTERINA
INFERTILIDADE

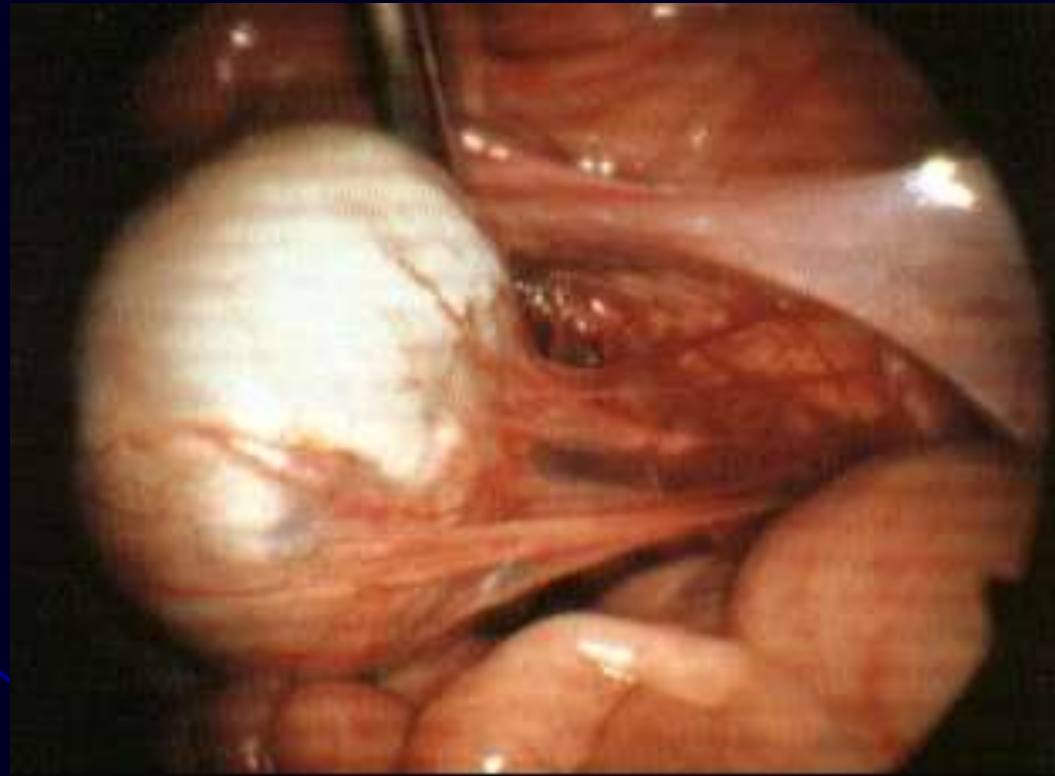


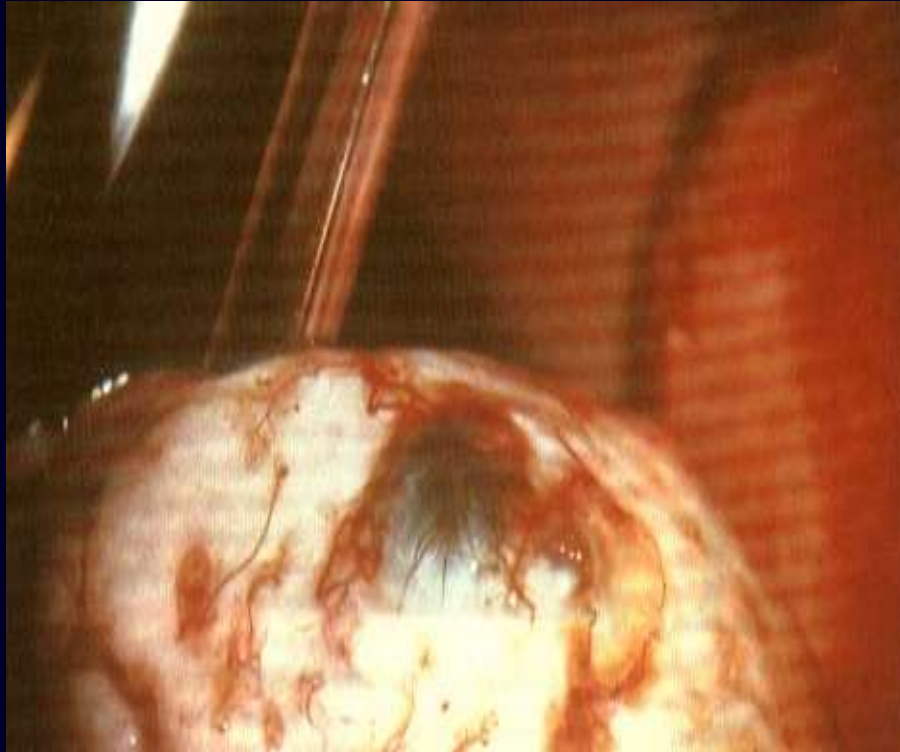
ENDOMETRIOSE

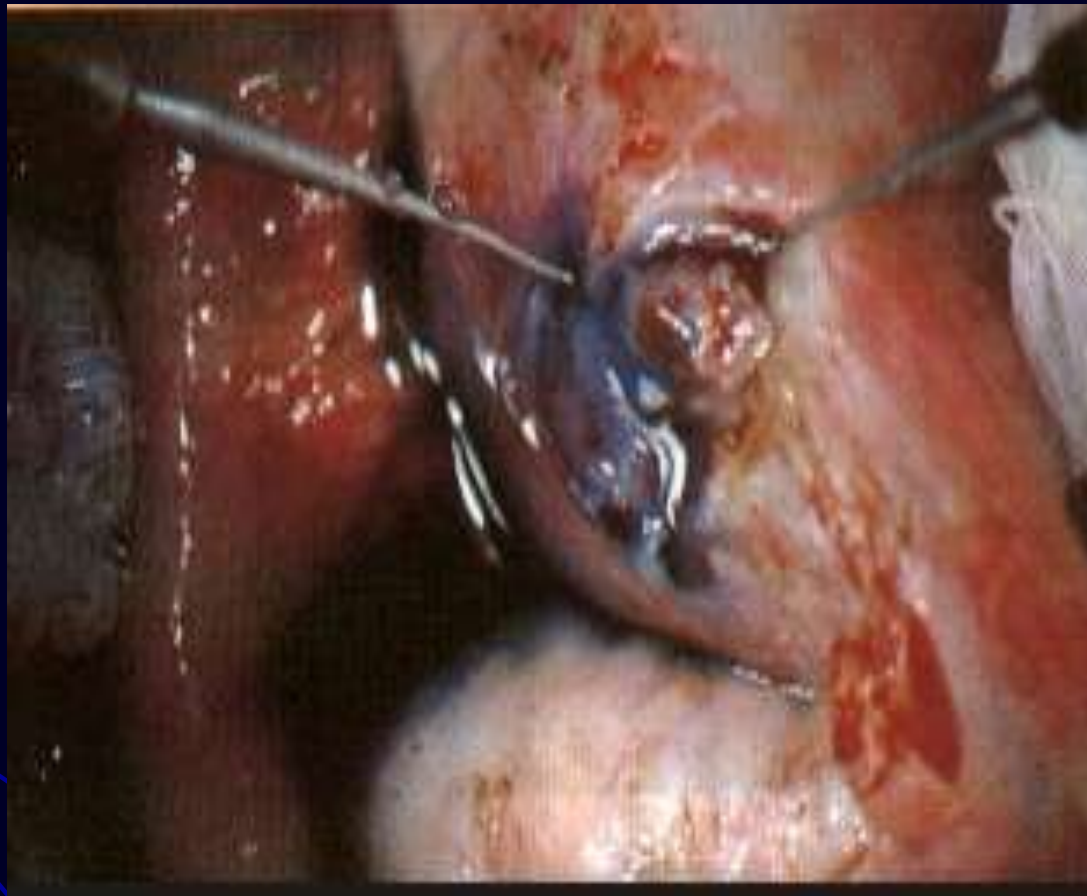
- Lesões azuladas
- Lesões achocolatadas
- Aderências
- Brancas opacas
- Vermelhas
- Glandulares
- Aderências
- Acastanhadas
- Defeitos circulares





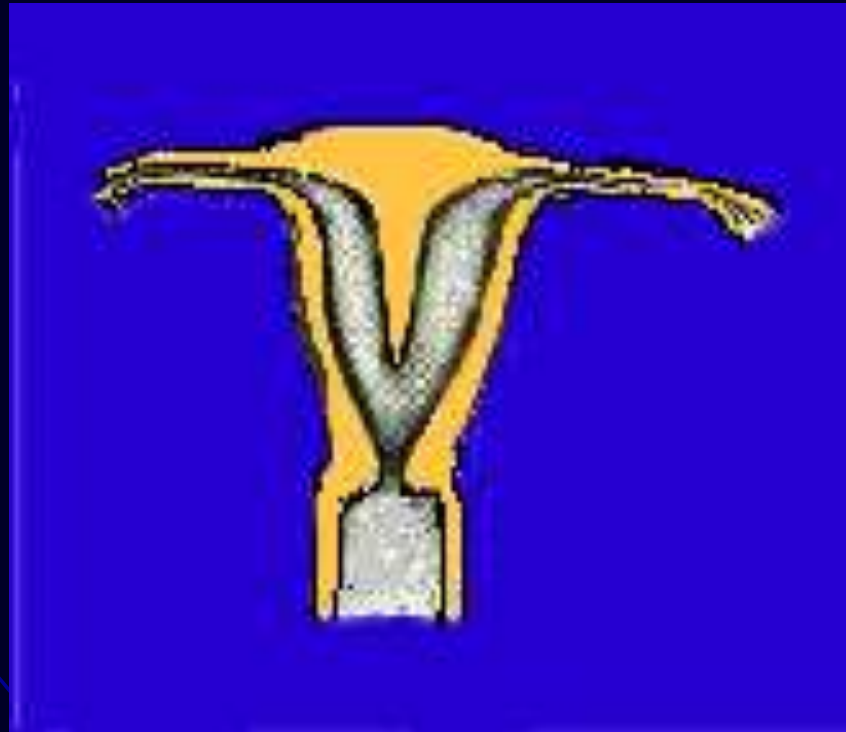






Anomalias de útero

- Fusão incompleta de dutos paramesonéfricos

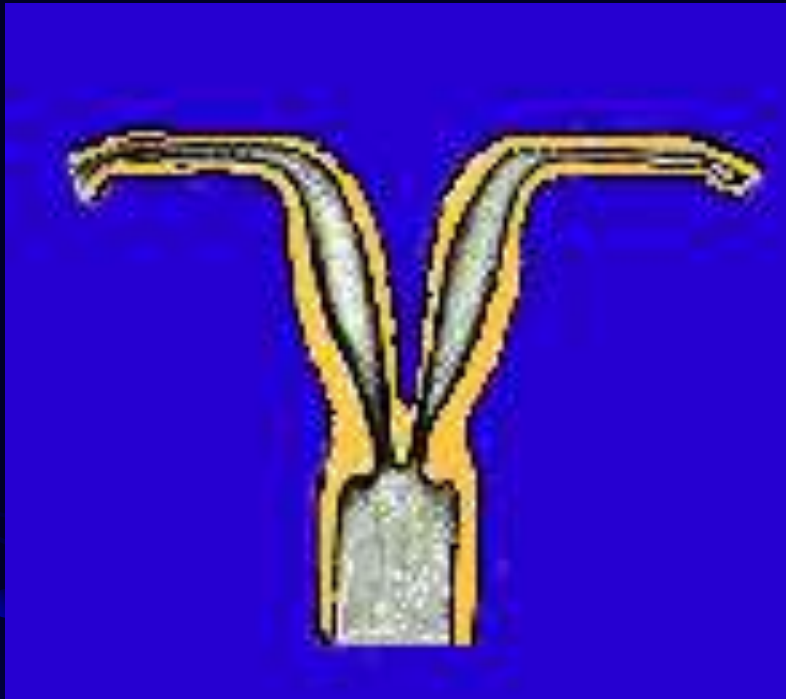


Desenvolvimento incompleto dos dutos paramesonéfricos

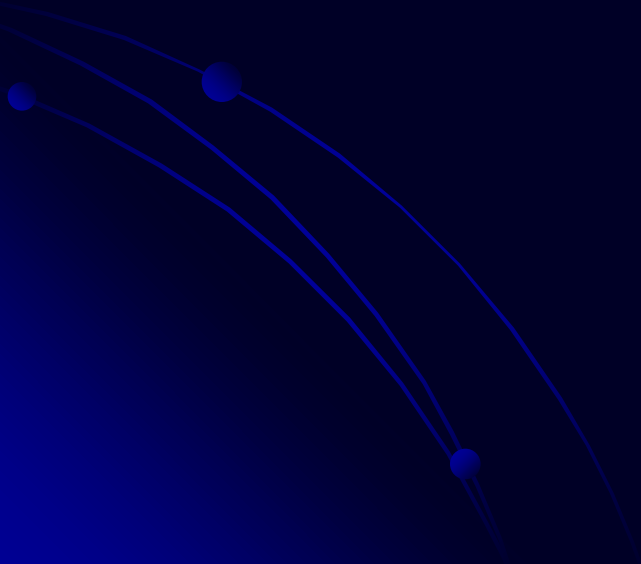
- Útero unicorno
- Bicorno com um corno rudimentar



- Falência de fusão

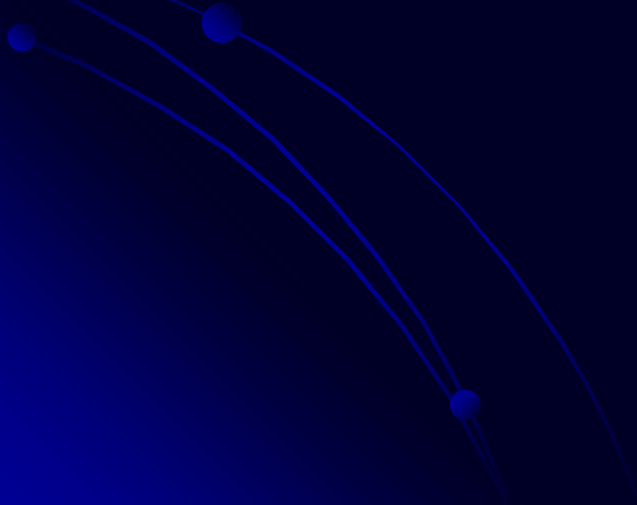


SANGRAMENTO UTERINO ANORMAL (AUMENTO)



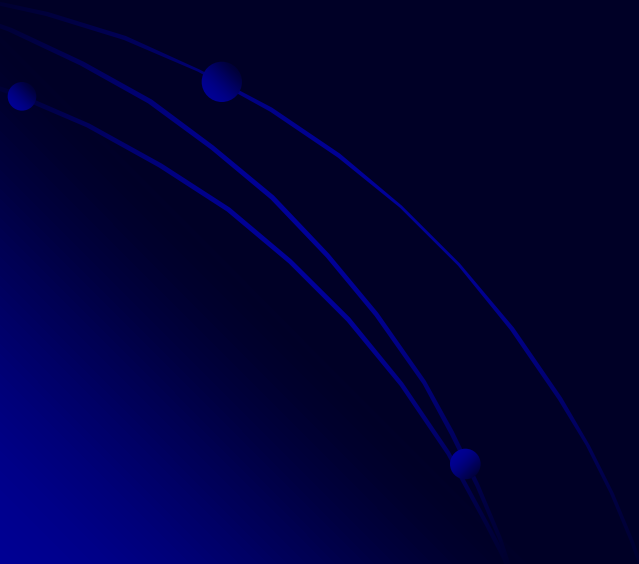
CAUSAS

- Orgânica: importante
- Disfuncional: frequente

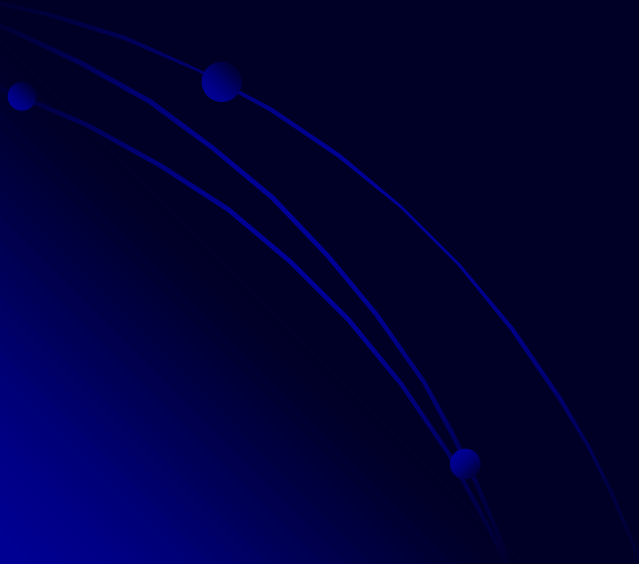


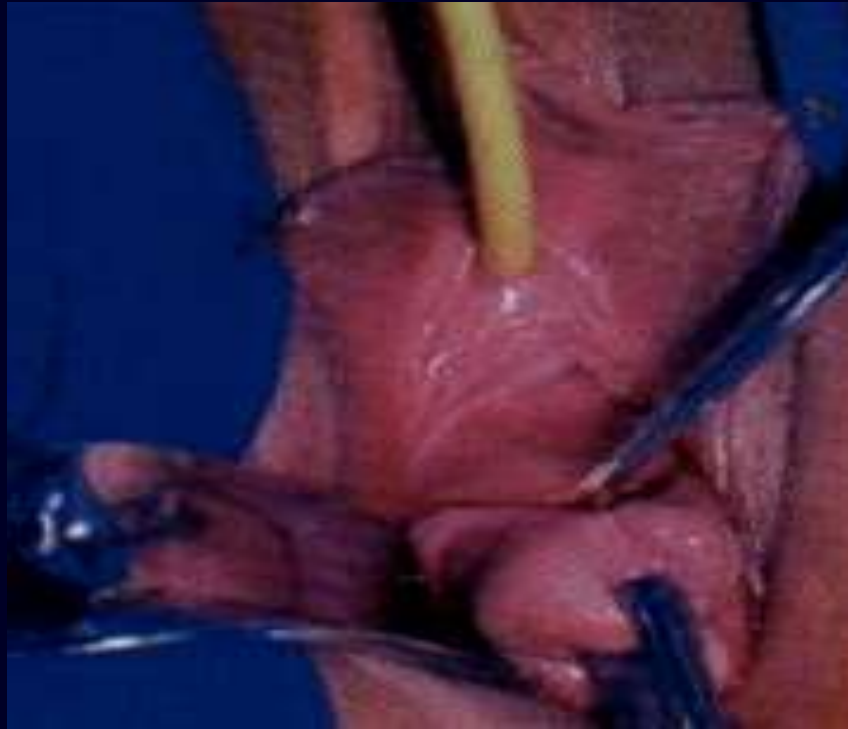


SANGRAMENTO DISFUNCIONAL REFRATÁRIO AO TRATAMENTO CLÍNICO



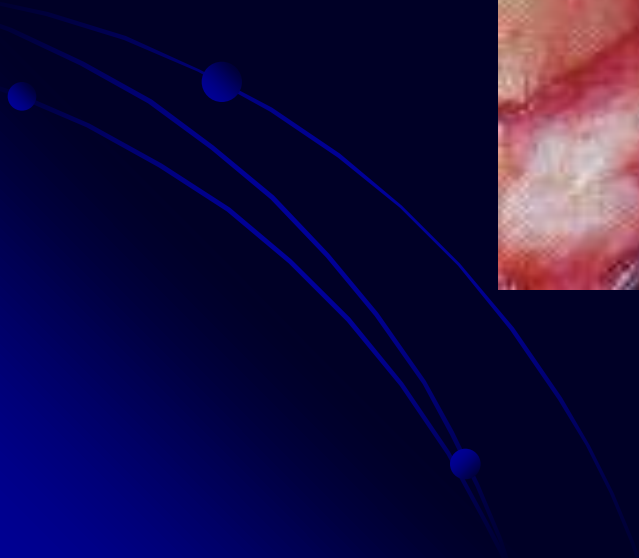
- Ablação endometrial
- Histerectomia (técnicas menos invasivas)

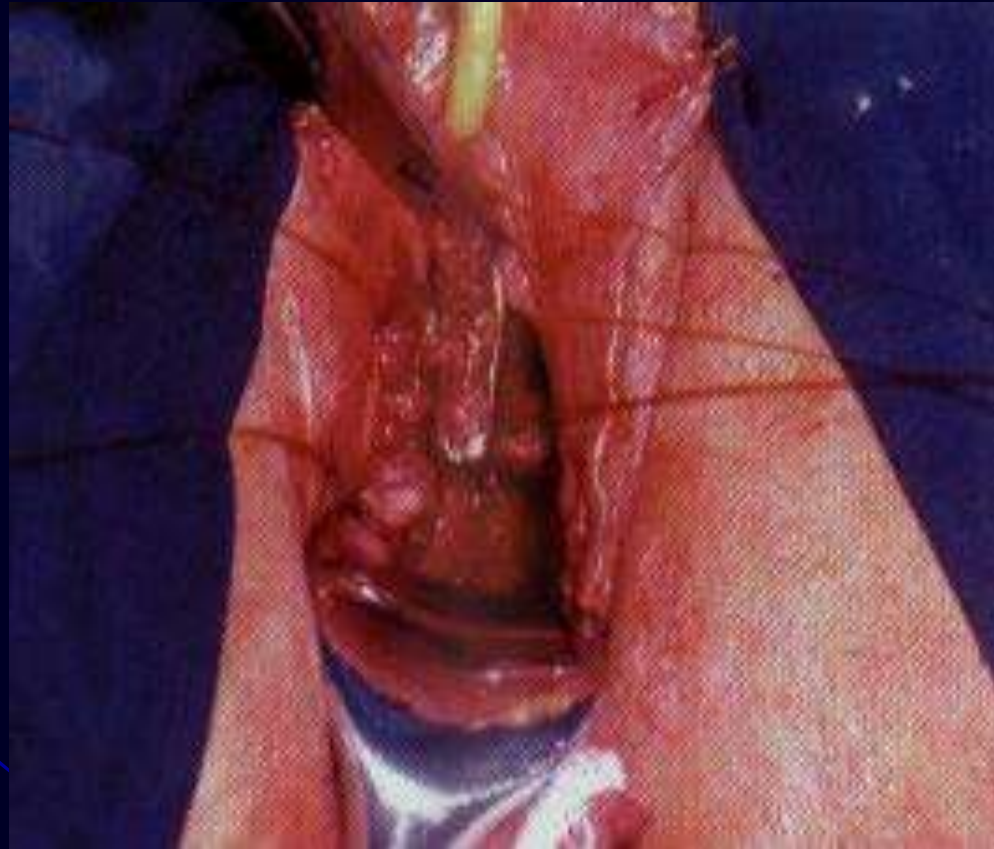




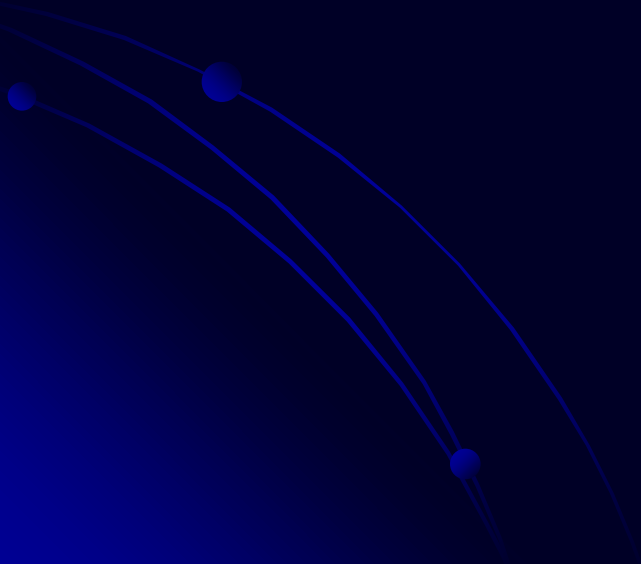




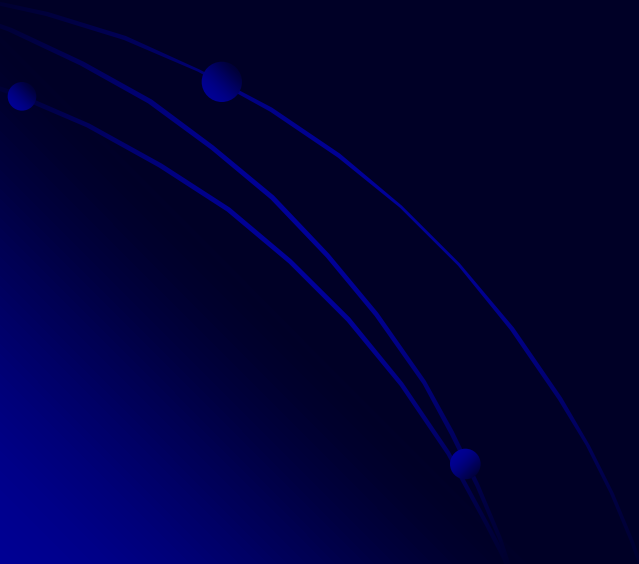


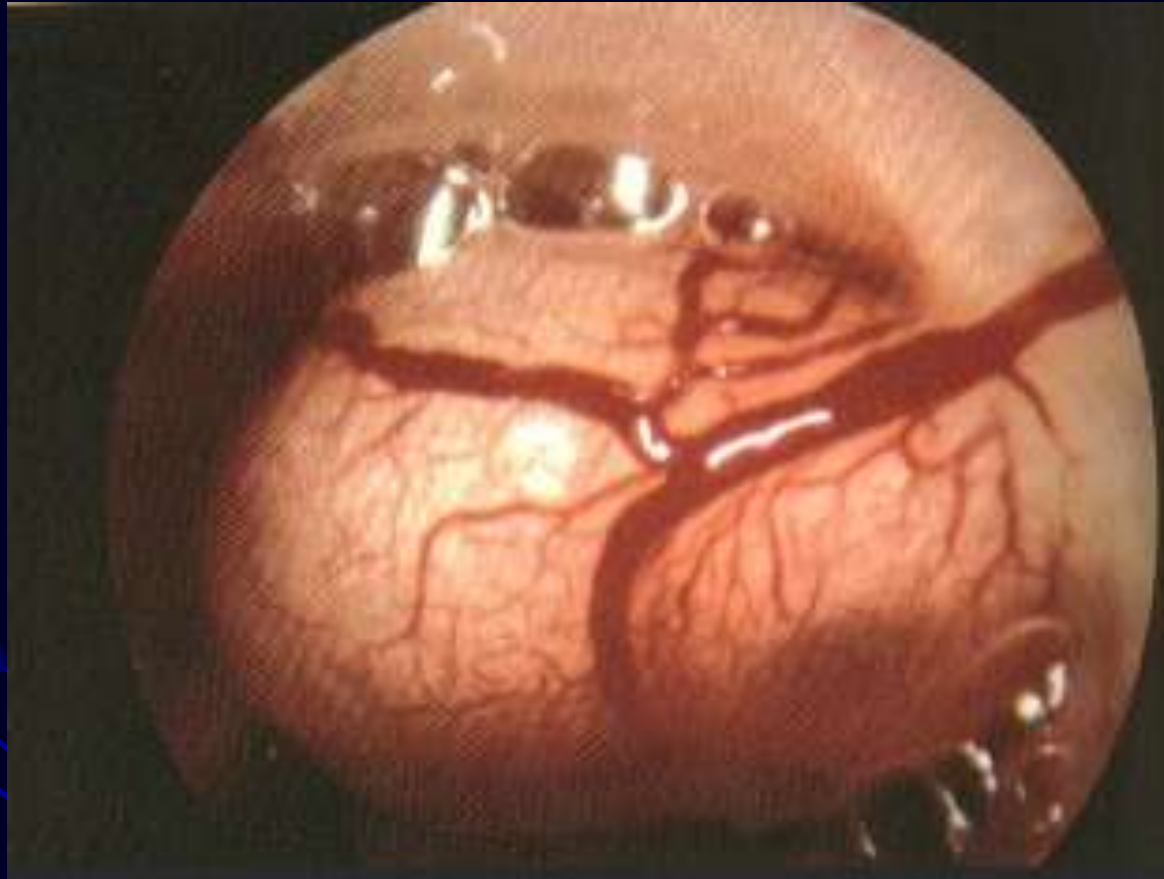


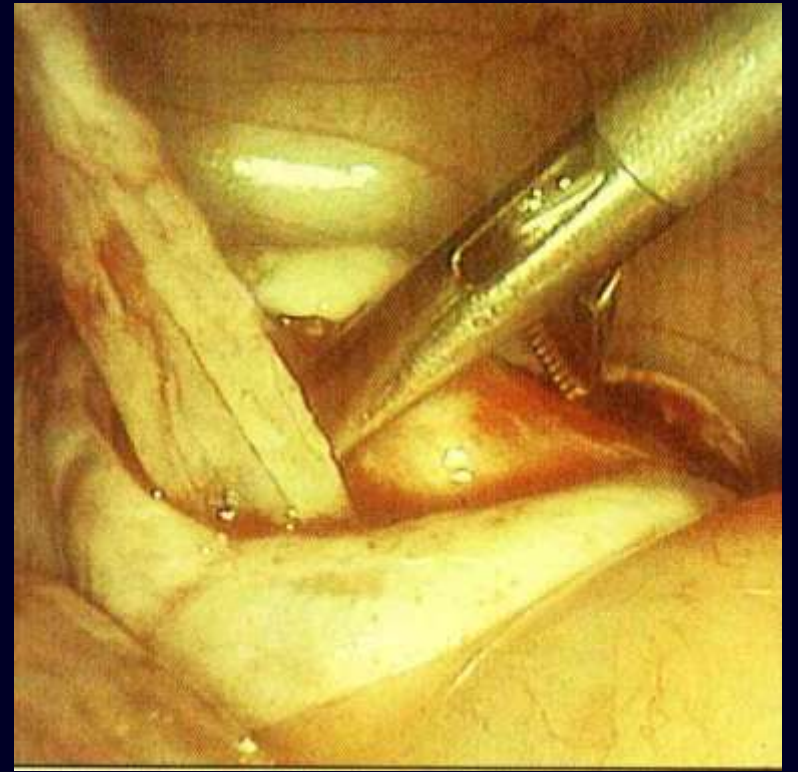
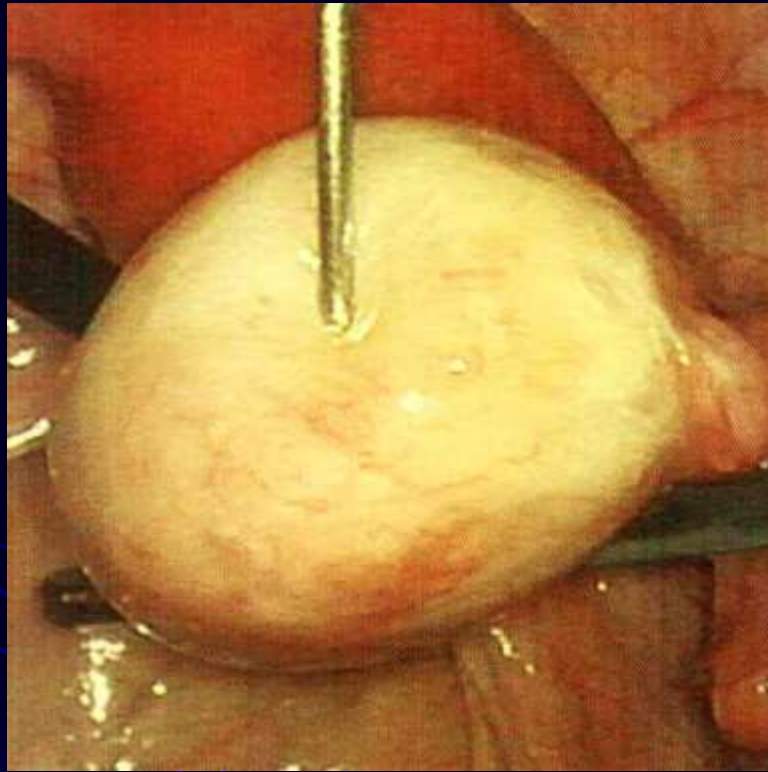
TUMORES PÉLVICOS

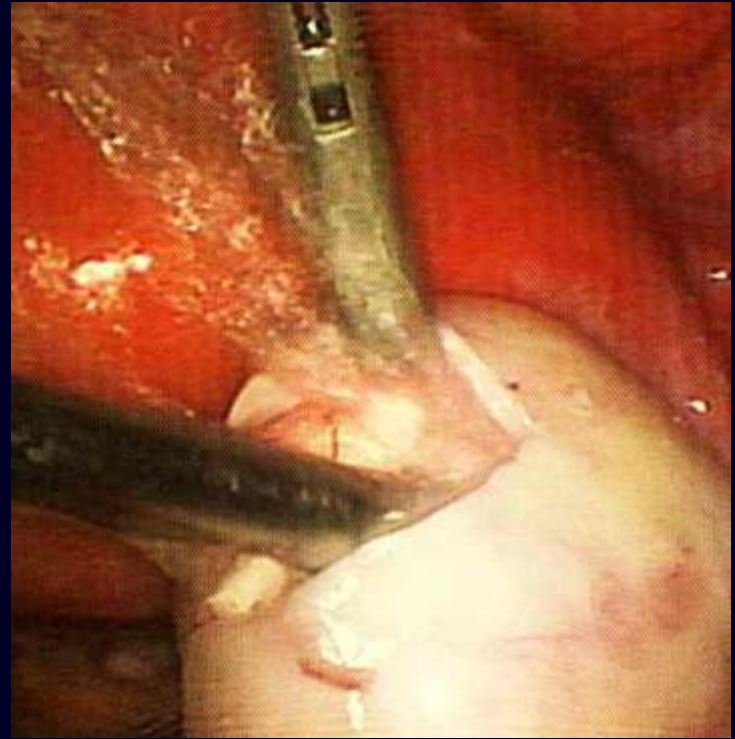
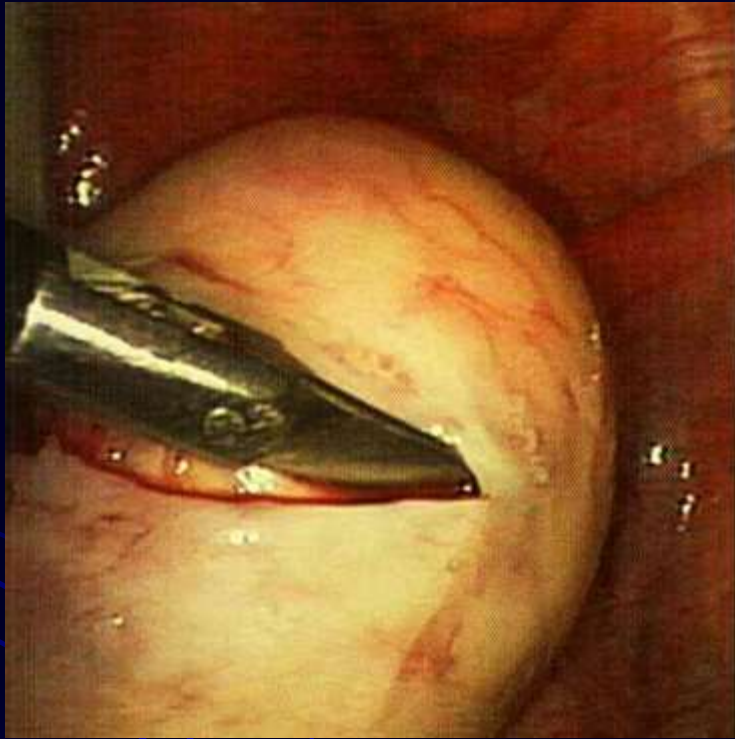


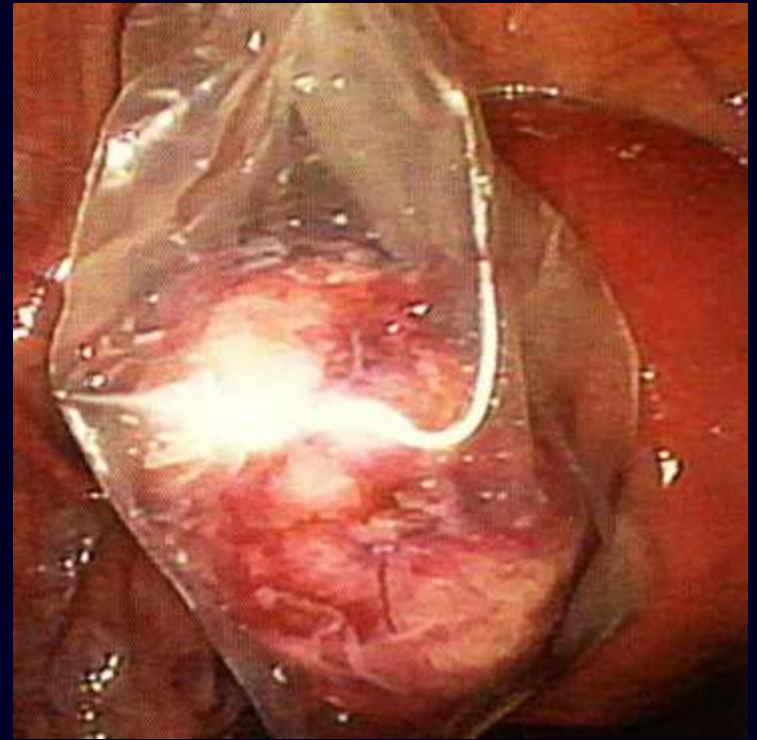
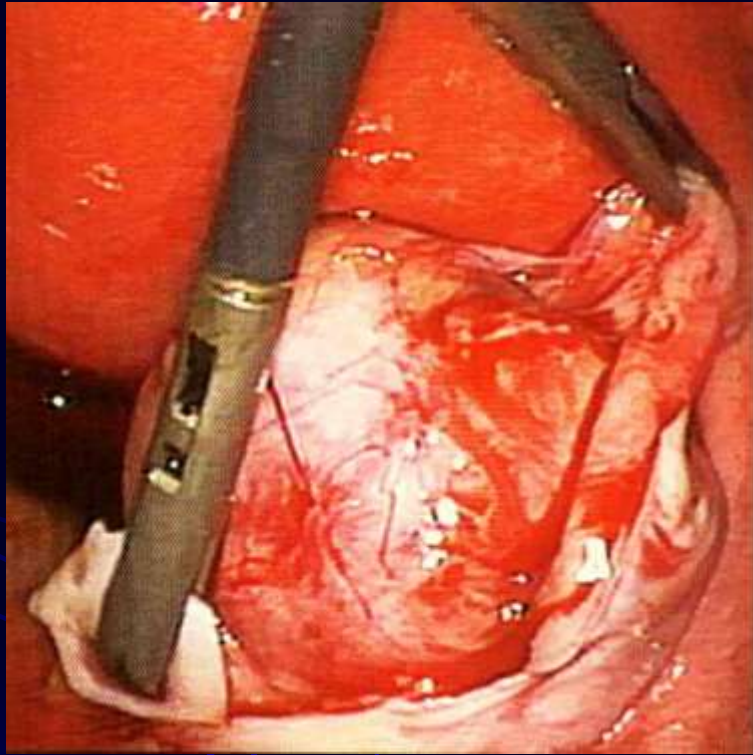
- Miomas uterinos
- Cistos ovarianos neoplásicos



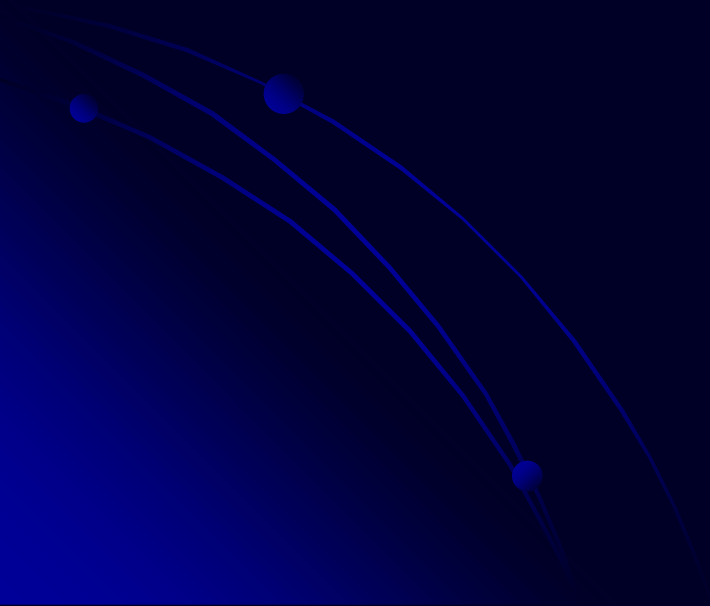






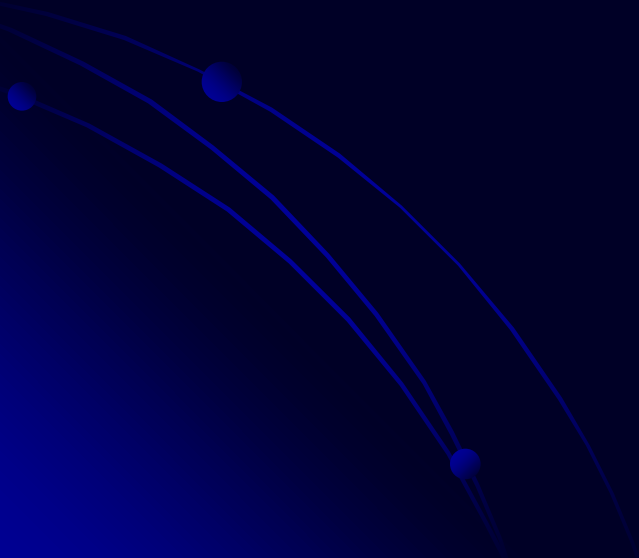


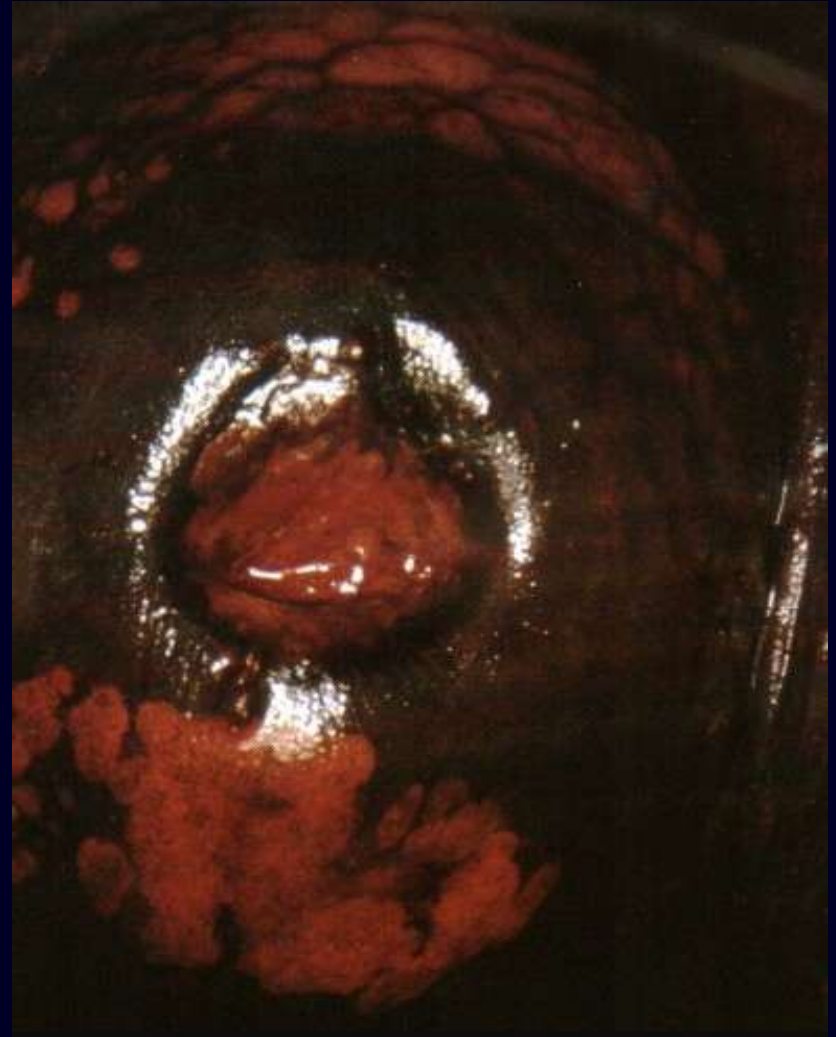
ONCOLOGIA



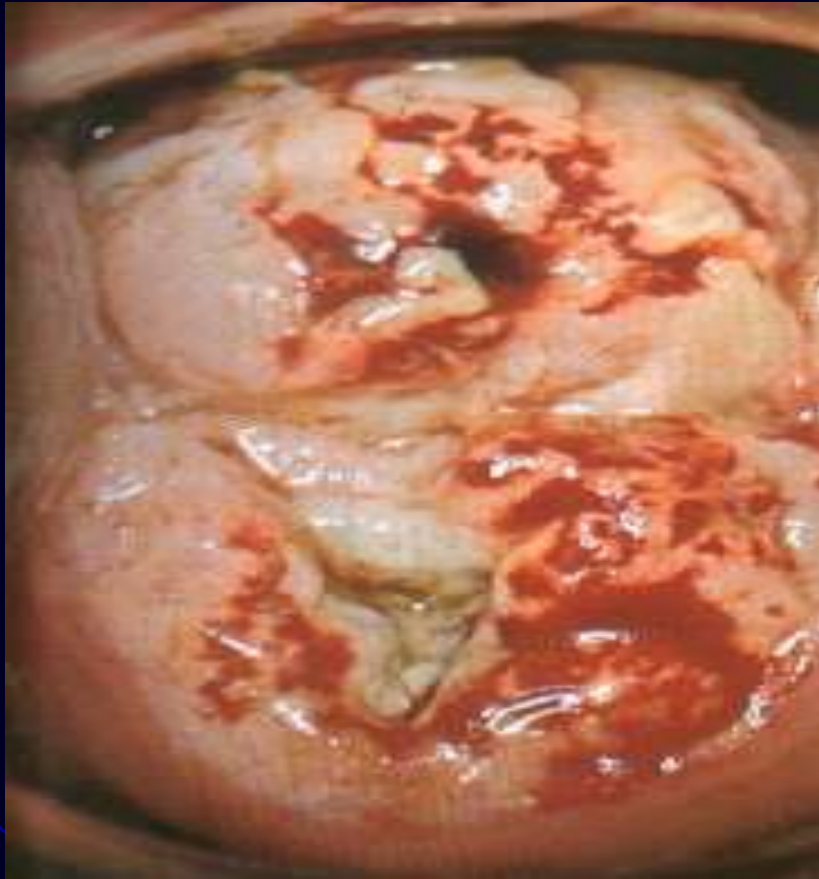
PREVENÇÃO DO CA COLO LESÕES PRECURSORAS

- NIC 2 e 3 – precursores do CA cervical





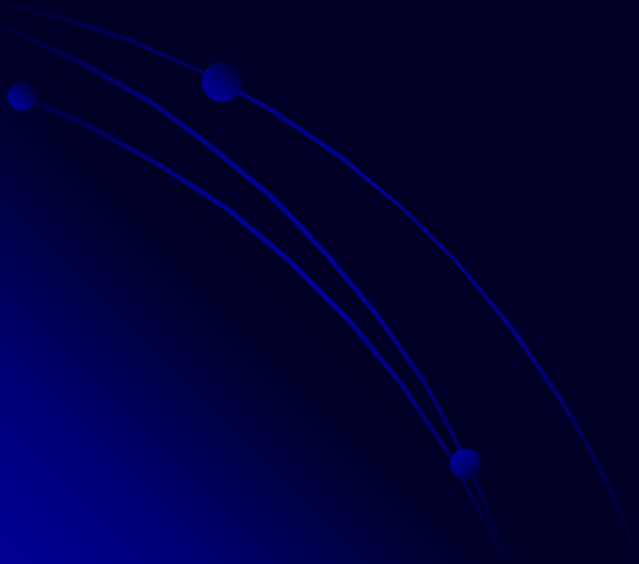
(CARTIER, 1994)



(CARTIER, 1994)

MÉTODOS EXCISIONAIS

- Conização clássica (bisturi frio)
- Conização a laser
- Eletrocirurgia



ELETROCIRURGIA

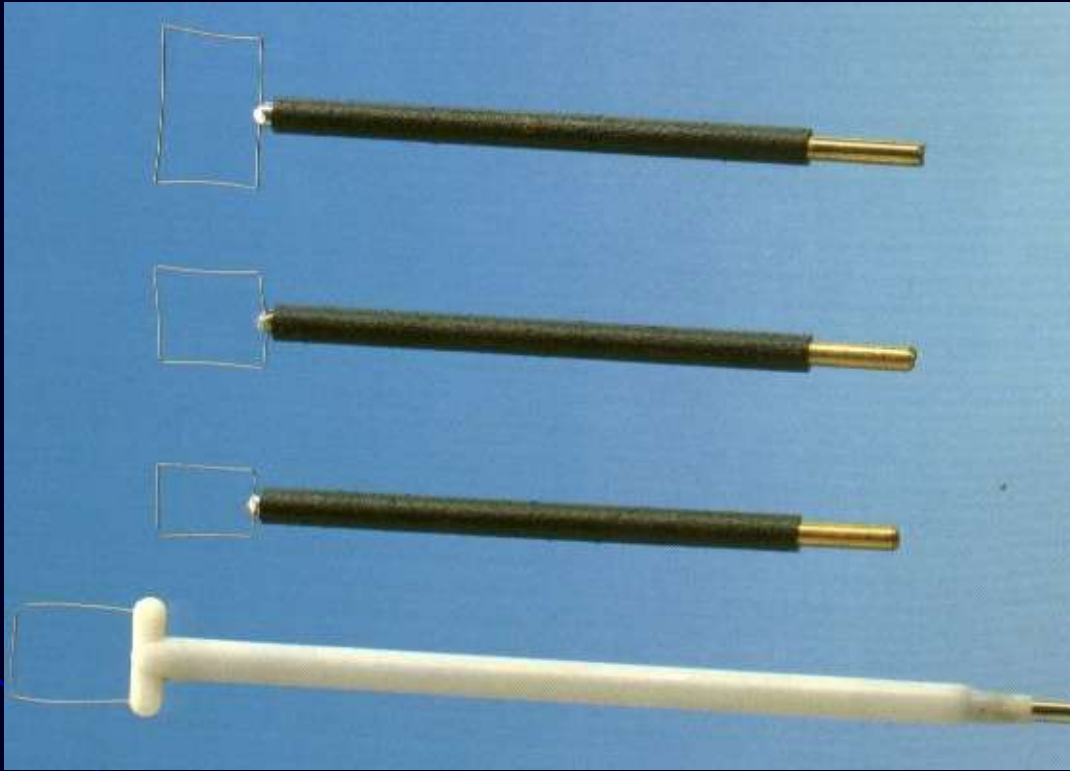
- LEEP

- LLETZ

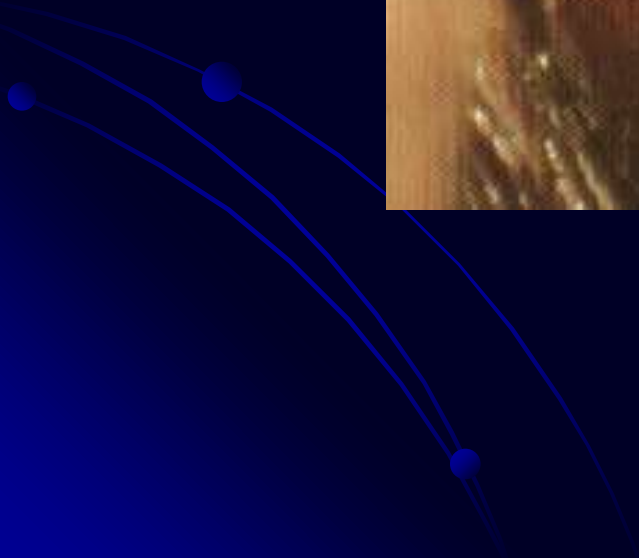
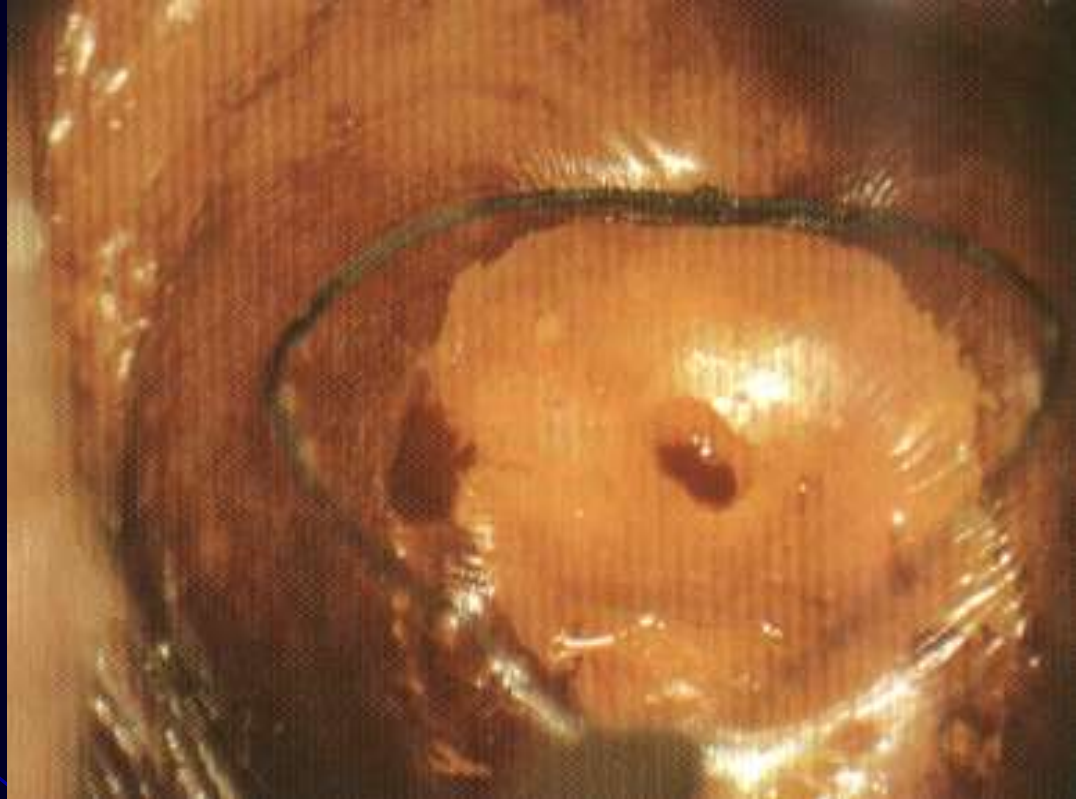


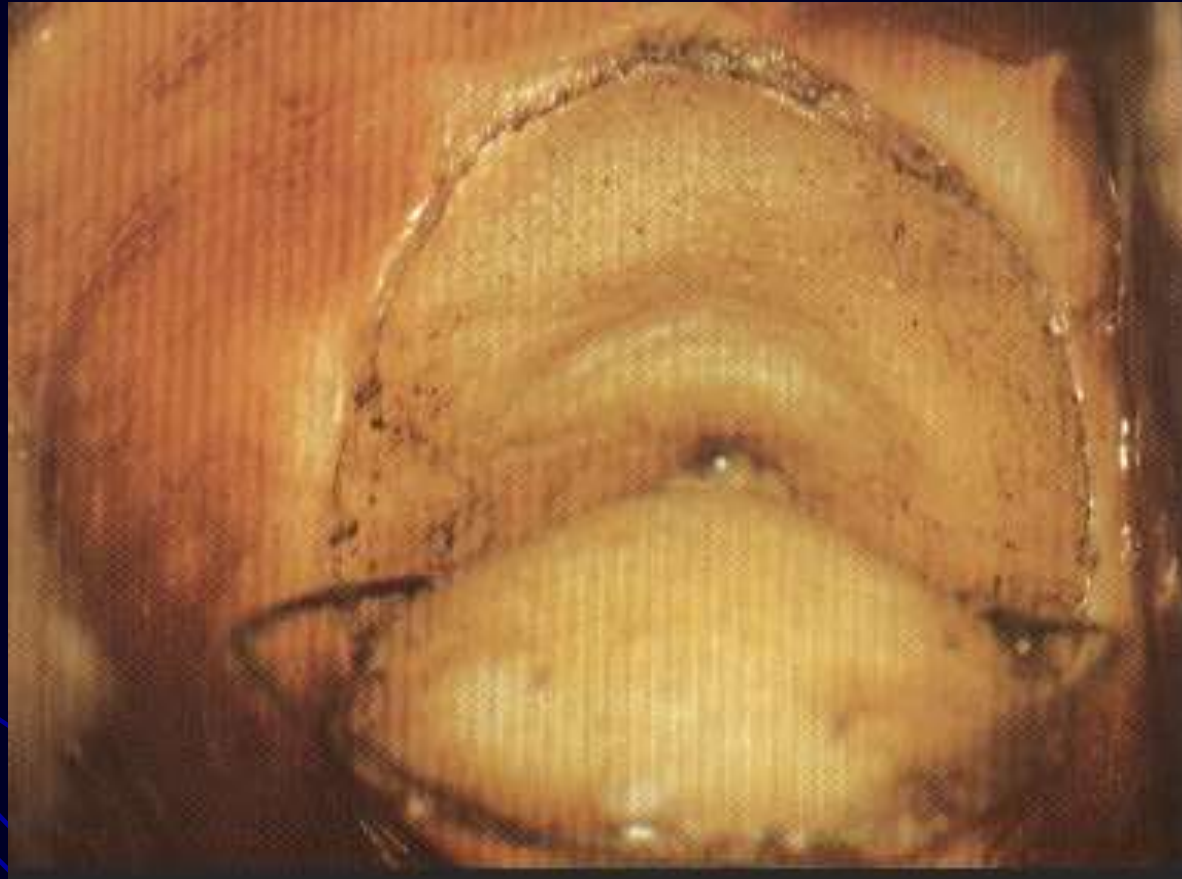
CAF

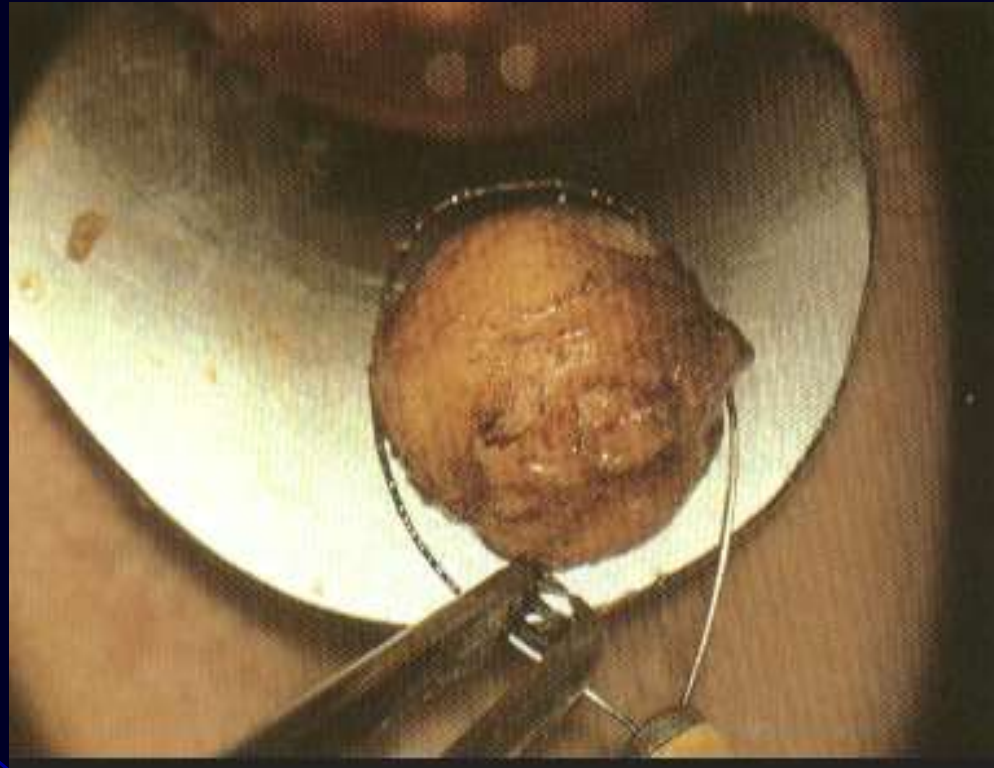
- Cone-LLETZ

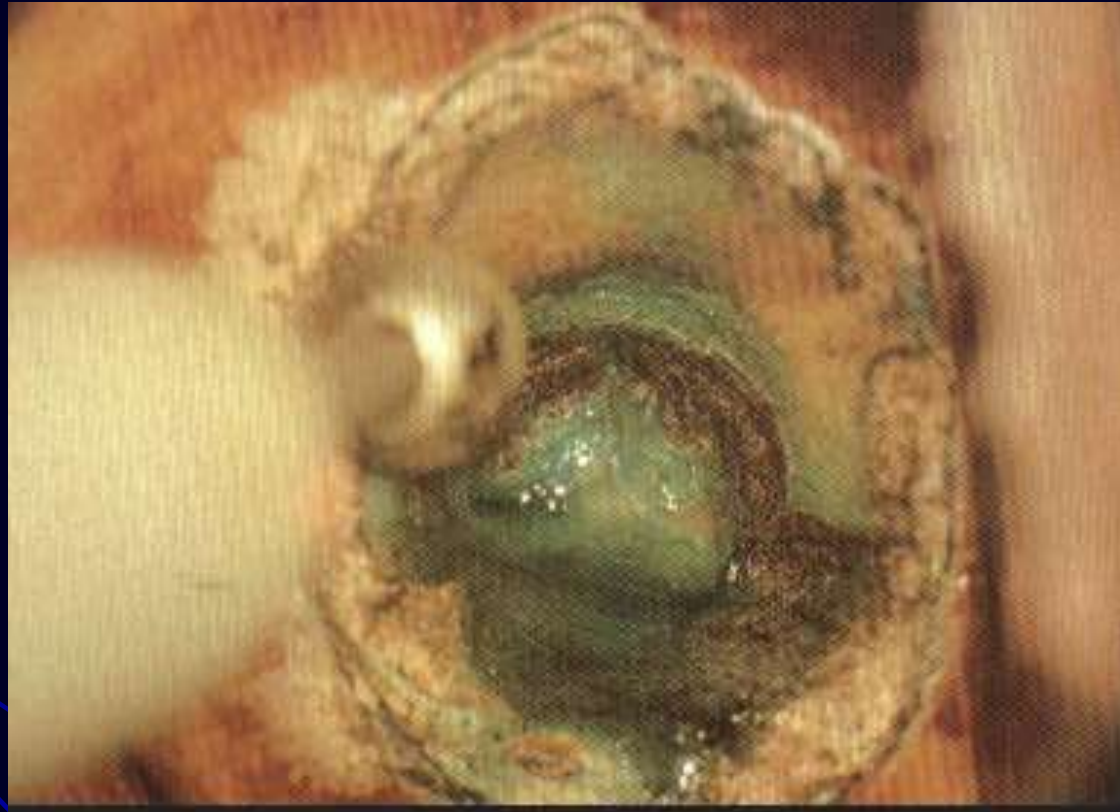


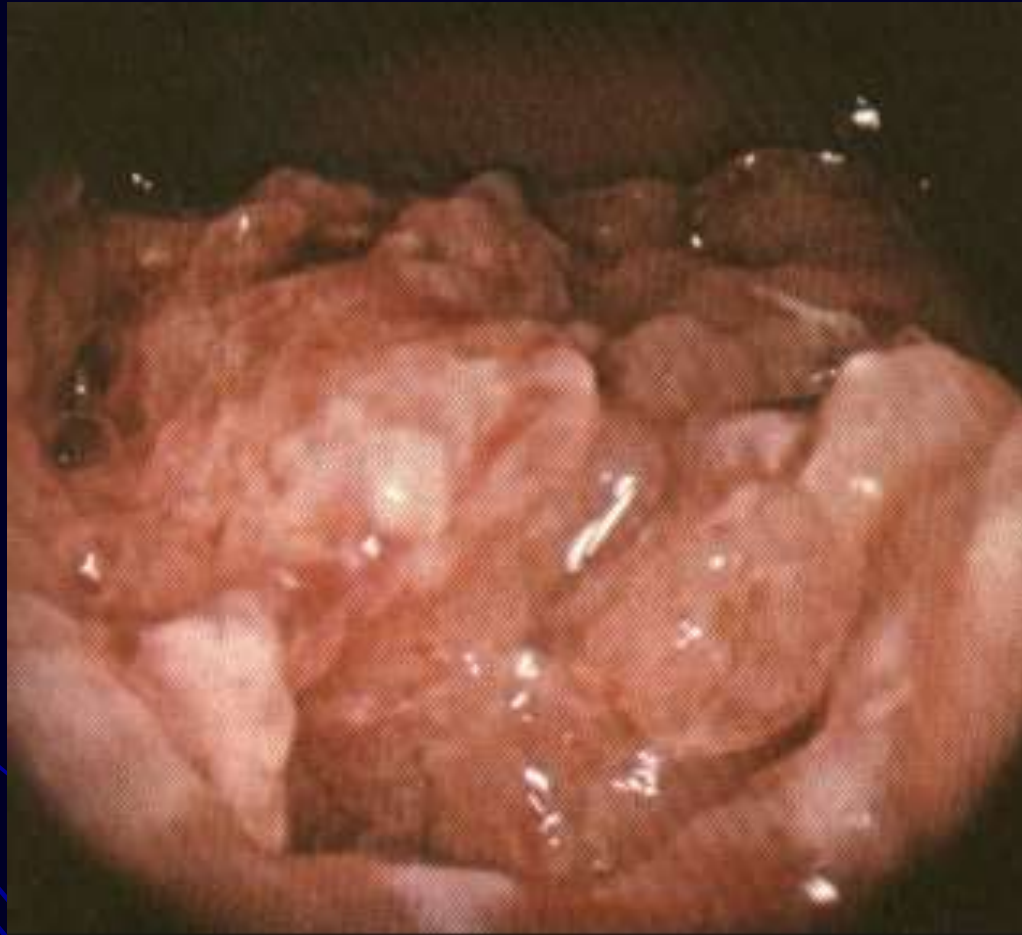


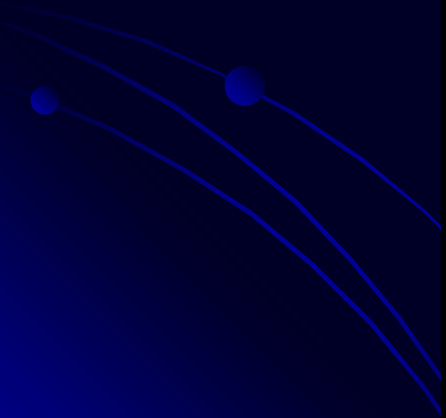
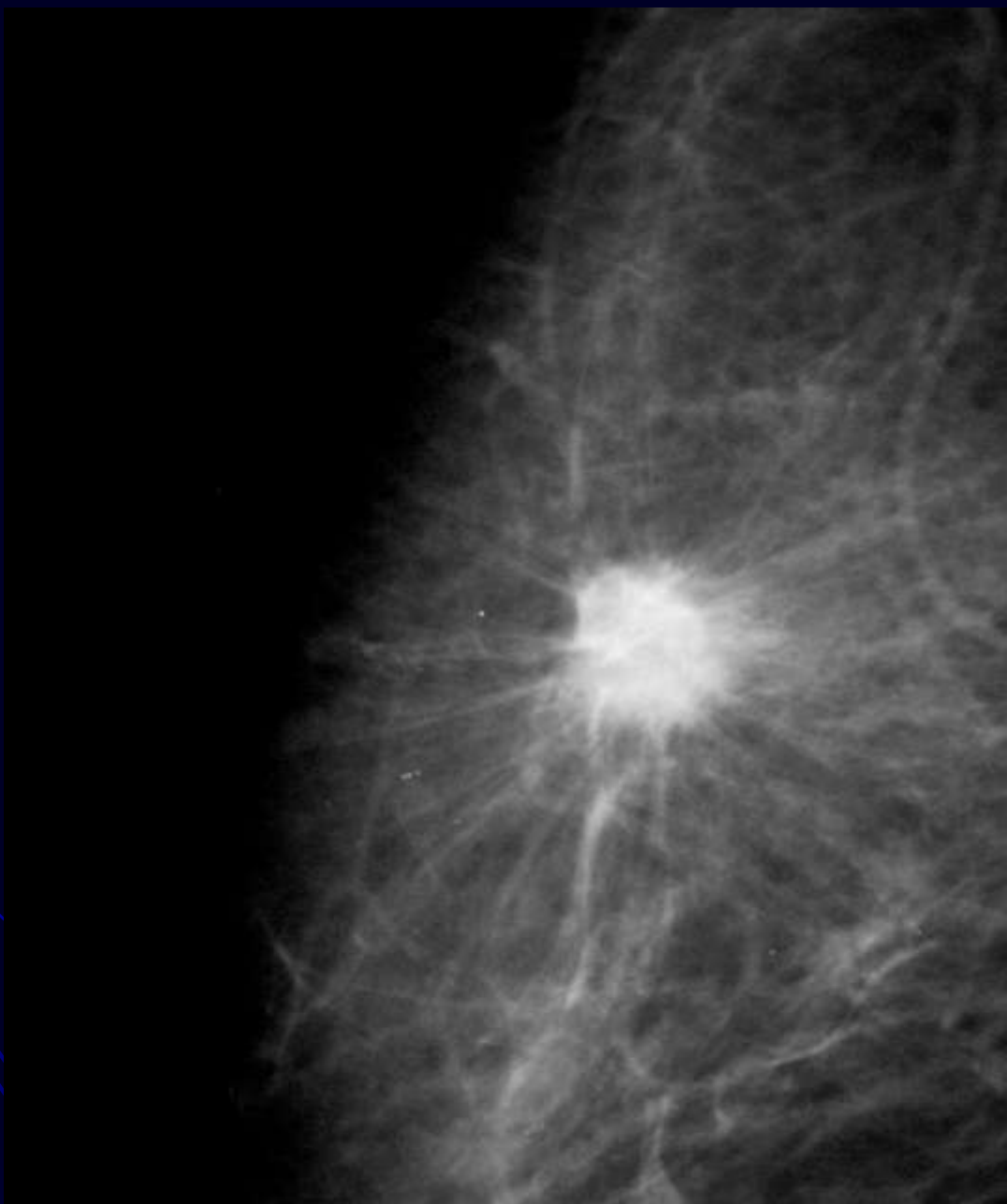




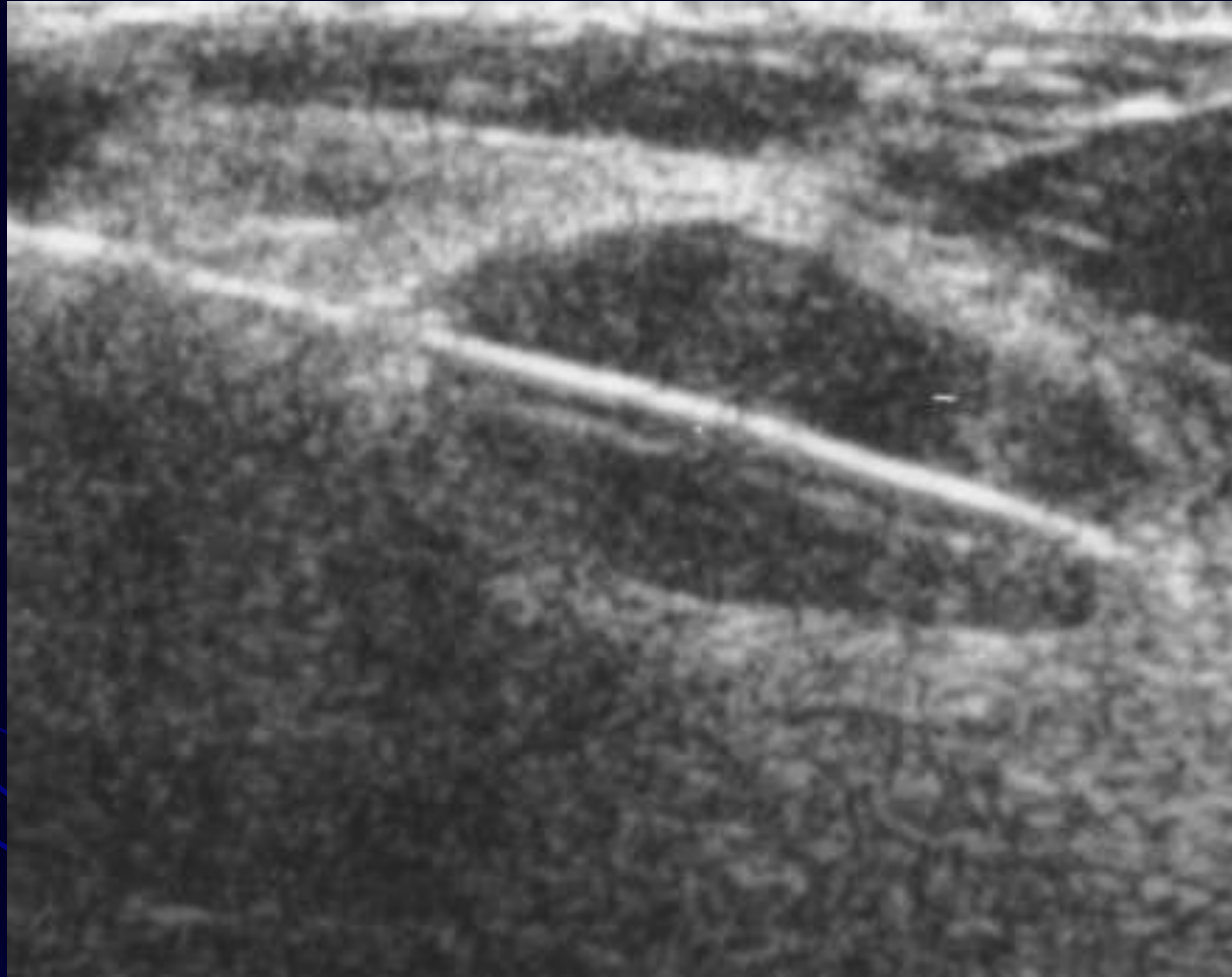






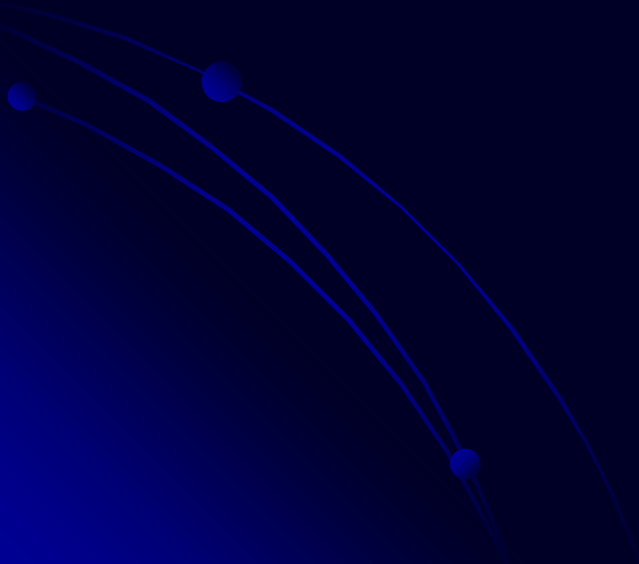




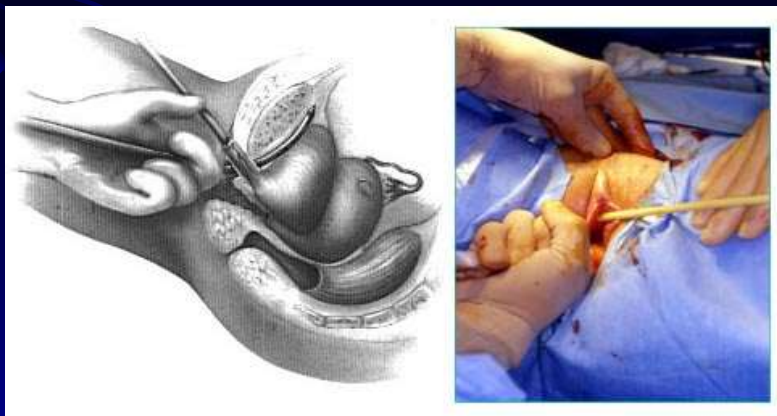
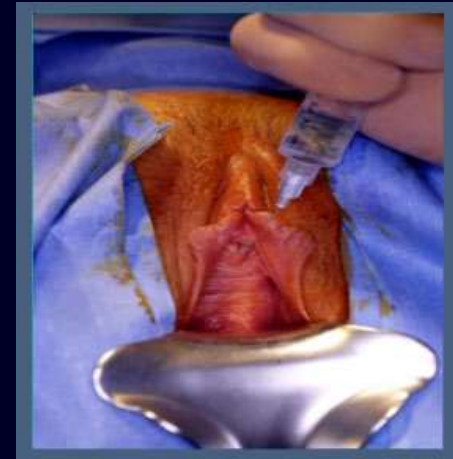
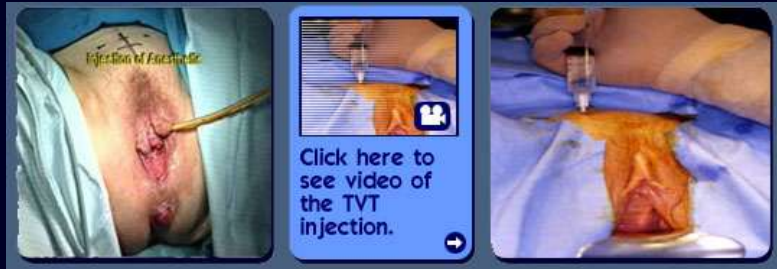




INCONTINÊNCIA URINÁRIA



Tratamento cirúrgico-IUE: TVT- Tension free vaginal tape TVT:



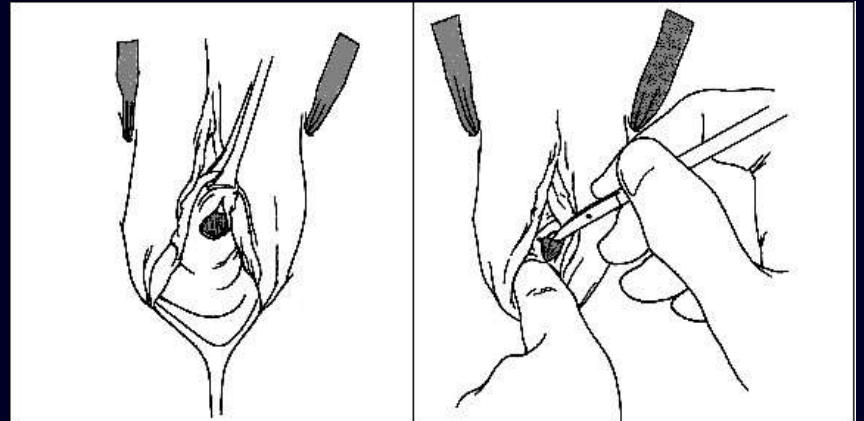
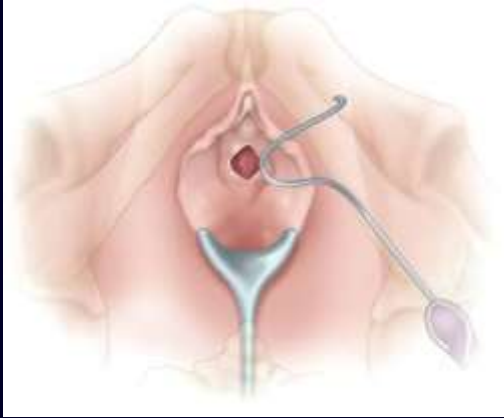
TVT-Tension free vaginal tape :



TVT-Tension free vaginal tape :



TOT:



CONSIDERAÇÕES FINAIS

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