

Blunt Tipped Forceps Guided Bag Placement when Contained Power Morcellation is Performed for Laparoscopic and Robotic Surgery

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OBJECTIVES

In the United States, uterine sarcoma was diagnosed in a 0.28% of cases by means of histology after using power morcellation in laparoscopic hysterectomy or myomectomy.^[1] In addition to leiomyosarcoma, there have been reports of postoperative diagnoses including endometrial cancer, cervical cancer, low-grade endometrial stromal sarcoma, and placental site trophoblastic tumor.^[2-4] Currently, the Food and Drug Administration (FDA) recommends utilizing container bags when using power morcellation.^[5] In this sense, the most important procedure for reducing cell spillage is the safe placement of the bag without damage. Therefore, in this study, we introduce the blunt-tipped forceps-guided safe bag placement that we are practicing [Figure 1].

DESIGN

Stepwise demonstration of the technique with a narrated video.

INTERVENTIONS

Two types of container bags for power morcellators are available in Japan. MorSafe (Veol Medical Technology, Maharashtra, India) and MetraBag (BOWA Electronic GmbH, Gomaringen, Germany). We describe bag placement using blunt-tipped forceps and morcellating tissue in the bag

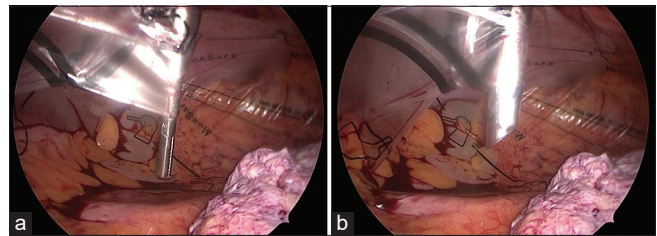


Figure 1: (a) First, insert the blunt-tipped forceps, (b) Use the forceps as a guide to keep the outer sheath of the trocar in place <http://www.apagemit.com/page/video/show.aspx?num=304&kind=2&page=1>

during laparoscopic and robotic surgery while comparing the characteristics of each bag [Video 1].

CONCLUSION

In Japan, preoperative magnetic resonance imaging is almost always performed before surgery. As a result, the rate of malignant diagnosis following surgery is lower in Japan than in the United States. According to a nationwide survey, a power morcellator was used to extract myoma in approximately half of the cases.^[2] In cases where the myoma extraction is <300 g, there have been reports stating that there is no significant difference in surgical time or blood loss between choosing either power morcellation or manual morcellation.^[6] On the other hand, since the FDA's statement in 2014, there has been an increase in postoperative

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complications following total hysterectomy.^[7,8] The method of tissue extraction may have an impact on these complications. The use of a power morcellator, which is not influenced by factors such as obesity or nulliparity, is a minimally invasive technique for patients. However, in addition to preoperative diagnostic modality, appropriate patient selection, and informed consent, it is recommended to use a container bag. Moreover, when using the bag, ensuring its placement without damage is required.

Ethical Approval and Declaration of patient consent

This study was approved by the appropriate research ethics committee (Institutional Review Board No 5043).

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

Prof. Mitsuru Shiota, an editorial board member at *Gynecology and Minimally Invasive Therapy*, had no role in the peer review process of or decision to publish this article. The other authors declared no conflicts of interest in writing this paper.

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