

approach over traditional “straight stick” laparoscopy partly stems from the range of motion and articulation capability of the robotic instrumentation. However, many surgeons are unaware of the full arsenal of both flexible endoscopes and articulating instruments available for use in non-robotic laparoscopic cases. This video presents an overview of the uses and advantages of both flexible laparoscopes and articulating accessory instruments available for use in minimally invasive gynecologic procedures. These devices provide surgeons with superior visualization and improved dexterity over standard instruments. We advocate surgeon awareness of these tools for use in general laparoscopy, and encourage their expanded application in these settings.

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**418 Video Session 12—New Instrumentation**  
(9:21 AM — 9:29 AM)

**Novel Methods to Minimize Spillage of Ovarian Cystic Contents in Minimally Invasive Gynecologic Surgery**

*Orbuch IK, Orbuch L, Mathews SS. Obstetrics and Gynecology, Lenox Hill Hospital, New York, New York*

This video is intended to demonstrate novel methods to minimize spillage of ovarian cystic contents in minimally invasive gynecologic surgery. These methods include use of an EndoCatch bag to support and contain the ovarian cyst during dissection, the use of hydrodissection, traction/countertraction, proper instrumentation to avoid rupture of the cyst, and utilization of an aspiration needle to remove contents of cyst without spillage into the peritoneal cavity.

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**419 Video Session 12—New Instrumentation**  
(9:30 AM — 9:38 AM)

**Technique of a Reduced Port Robotic-Assisted Laparoscopic Multiple Myomectomy**

*Sasaki KJ, Cholkeri-Singh A, Miller CE. Obstetrics and Gynecology, Lutheran General Hospital, Park Ridge, Illinois*

We are presenting a video demonstrating a three port robotic-assisted, laparoscopic multiple myomectomy. Most robotic myomectomies are performed through at least 4 and sometimes 5 ports, and we demonstrate a technique through which one can complete the same procedure through fewer ports, without compromising surgical technique. We are able to complete this without an assistant port, as we introduce our needles through our robotic port and use the robotic suction/irrigation device. The use of barbed suture has been instrumental as well, as it provides a tight and constant closure along our suture line, reducing our blood loss and operative time. We are able to complete this procedure with only 4 instruments, which helps to limit the cost as well.

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**420 Video Session 12—New Instrumentation**  
(9:39 AM — 9:42 AM)

**A Simple, Cost Effective Method of Fascial Closure**

*Glazerman LR. Obstetrics and Gynecology, Lankenau Medical Center, Wynnewood, Pennsylvania*

Many laparoscopic procedures require larger incisions, requiring fascial closure. While there are numerous disposable single use instruments marketed for fascial closure, this video demonstrates a simple, cost-effective technique using a Veress needle and reusable graspers.

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**421 Video Session 12—New Instrumentation**  
(9:43 AM — 9:50 AM)

**Laparoscopic Trachelectomy Utilizing a Uterine Manipulator**

*Pollard RR. Case School of Medicine Obstetrics & Gynecology, MetroHealth Medical Center, Cleveland, Ohio*

This video demonstrates a straight forward and reproducible method to perform a laparoscopic trachelectomy utilizing a VCaRE uterine manipulator.

This patient had previously undergone a Supracervical Hysterectomy and continued to suffer from pelvic pain, dysmenorrhea and dyspareunia and cervical prolapse.

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**422 Video Session 12—New Instrumentation**  
(9:51 AM — 9:55 AM)

**Laparoscopic Removal of a Vaginal Myoma**

*Manoucheri E, Einarsson JJ. Brigham and Women's Hospital, Boston, Massachusetts*

We present a case of a female who presented for surgical management of uterine fibroids. After a total laparoscopic hysterectomy with removal of uterus and cervix, a 3cm vaginal mass was identified near the vaginal cuff. We present the removal of the vaginal mass with closure of the vaginal defect and vaginal cuff closure. A differential diagnosis of a vaginal mass is reviewed in addition to key points regarding vaginal leiomyoma. The objective of this video is to show an interesting case as well as surgical management of a vaginal mass.

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**423 Video Session 13—Advanced Endoscopy**  
(8:00 AM — 8:06 AM)

**Cystectomy for Ovarian Teratoma with CO2 Laser and Hydrodissection Technique**

*Fernandez C, Albornoz J, Fernandez E. Obstetrics and Gynecology, Clinica Las Condes, Santiago, Region Metropolitana, Chile*

Cystic Ovarian Teratomas, also called Dermoid Cysts are germ cell tumors, commonly of benign nature. They represent between 10-13 percent of all ovarian tumors and they typically appear in women during the reproductive years. Average age of presentation is 27 years-old, and can be classified as mature, immature and mono-dermal. Bilateral presentation is described in 15 percent of the cases. These tumors tend to enlarge slowly and are commonly asymptomatic. They are frequently discovered incidentally by ultrasound or after the appearance of symptoms derived from neighbor organ compression. Surgical treatment is ovarian cystectomy, but surgical approach should take into account maximal ovarian conservation, minimizing the risk of cyst rupture and spillage into the abdominal cavity. In this video we show how to perform ovarian cystectomy, with CO2 laser and hydrodissection technique, a simple and safe method with low risk of cyst rupture.

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**424 Video Session 13—Advanced Endoscopy**  
(8:07 AM — 8:14 AM)

**Direct Trocar Entry Via Umbilical Apex**

*O'Hanlan KA. Gynecologic Oncology, Laparoscopic Institute for Gynecologic Oncology, Portola Valley, California*

Direct trocar entry is the most effective, efficient, least complicated and most cosmetic method of laparoscopic entry.

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**425 Video Session 13—Advanced Endoscopy**  
(8:15 AM — 8:23 AM)

**Robotic Assisted Vesicovaginal Fistula Repair with Omental Flap Transposition**

*Adelowo A, Hota L, Disciullo A. Mount Auburn Hospital, Harvard Medical School, Cambridge, Massachusetts*

We present our technique for a robotic assisted vesicovaginal fistula with omental J-flap transposition in a 49 year old multiparous female who developed a midline supratrigonal vesicovaginal fistula after an abdominal hysterectomy. She had two failed prior attempts to repair the fistula through a vaginal approach.

We describe our technique for the creation and mobilization of the omental J-flap without tension. We also describe our technique for the isolation and