Isthmocele repair: Simultaneous hysteroscopy and robotic-assisted laparoscopy

Sierra J. Seaman, MD; Chetna Arora, MD; and Arnold P. Advincula, MD

n isthmocele is a pouch-like anterior uterine wall defect at the site of a previous cesarean scar. The incidence is not well known, but it is estimated in the literature to be between 19% and 88%. Issues arising from an isthmocele may include abnormal uterine bleeding; abdominal pain; diminished fertility; ectopic pregnancy; or obstetric complications, such as uterine rupture. Repair of an isthmocele may be indicated for symptomatic relief and preservation of fertility. Multiple surgical approaches have been described in the literature, including laparoscopic, hysteroscopic, and vaginal approaches.

The objective of this video is to illustrate the use of robotic-assisted laparoscopy with simultaneous hysteroscopy as a feasible and safe approach for the repair of an isthmocele. Here we illustrate the key surgical steps of this approach, including:

- presurgical planning with magnetic resonance imaging
- 2. diagnostic hysteroscopy for confirmation of isthmocele
- 3. simultaneous laparoscopy for identification of borders
- 4. strategic hysterotomy
- 5. excision of scar tissue
- 6. imbricated, tension-free closure.



Exploration of the isthmocele with simultaneous robotic-assisted laparoscopy (left) and hysteroscopy (right).

To view the video

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We hope that you find this video useful to your clinical practice.

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Reference

 Tower AM, Frishman GN. Cesarean scar defects: an underrecognized cause of abnormal uterine bleeding and other gynecologic complications. *J Minim Invasive Gynecol*. 2013;20:562-572. doi: 10.1016/j.jmig.2013.03.008.

Dr. Seaman is Resident, Division of Gynecologic Specialty Surgery, Department of Obstetrics and Gynecology, Columbia University Irving Medical Center/ New York-Presbyterian Hospital, New York.

Dr. Arora is Fellow, Division of Gynecologic Specialty Surgery, Department of Obstetrics and Gynecology, Columbia University Irving Medical Center/New York-Presbyterian Hospital.

Dr. Advincula is Levine Family Professor of Women's Health; Vice-Chair, Department of Obstetrics & Gynecology; Chief of Gynecology, Sloane Hospital for Women; and Medical Director, Mary & Michael Jaharis Simulation Center, Columbia University Irving Medical Center, New York-Presbyterian Hospital. He serves on the OBG MANAGEMENT Board of Editors.

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