

# 腹腔鏡及機械手臂協助之子宮頸癌神經保留根除手術:中國醫藥大學附設醫院經驗

黃則立<sup>1</sup>, 張穎宜<sup>1,2,3</sup>, 張維君<sup>1,2</sup>, 洪耀欽<sup>1,2</sup>, 葉聯舜<sup>1,2</sup>, 林武周<sup>1,4</sup>

1. 中國醫藥大學附設醫院婦產部 2. 中國醫藥大學醫學院醫學系 3. 中國醫藥大學公共衛生學院, 4. 中國醫藥大學醫學院中醫學系

1. Department of Obstetrics and Gynecology, China Medical University Hospital, Taiwan

2. Department of Medicine, China Medical University, Taiwan

3. Institute of Public Health, China Medical University, Taiwan

4. Department of Chinese Medicine, China Medical University, Taiwan

**Objective:** To report the experience of laparoscopic and robotic assisted laparoscopy nerve-sparing radical hysterectomy in China medical university hospital

**Materials & Methods:** Between 2005 to 2012, patients diagnosed with early stage cervical cancer (FIGO stage Ia2 to Ib1) were recruited for laparoscopic or robotic assisted laparoscopy nerve-sparing radical hysterectomy. Patients with histories of urinary stress incontinence or bladder dysfunction disease were excluded. Data of hospital stay, blood loss, days of return to spontaneous voiding were recorded. The operative procedure were as figures.

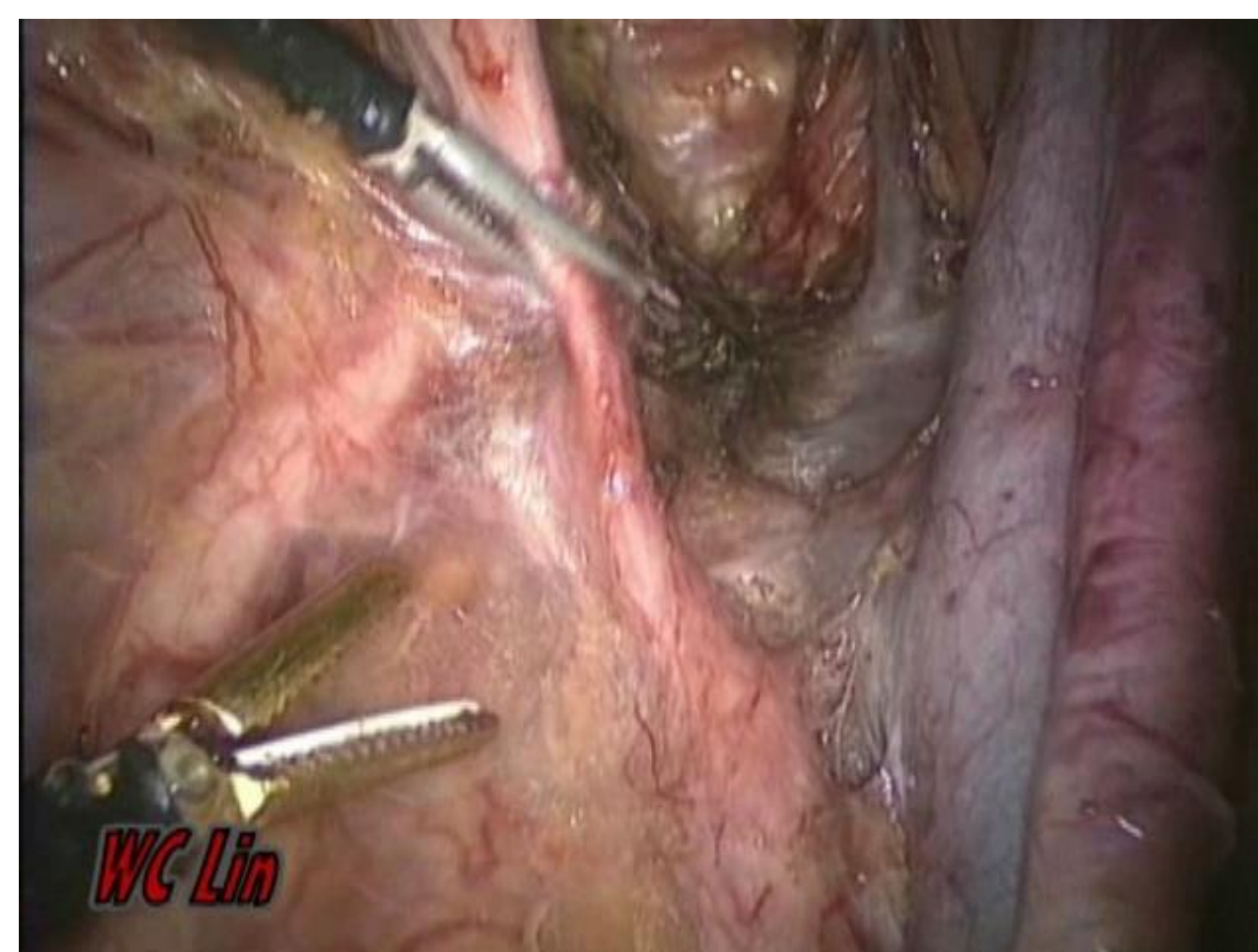
**Result:** There were around 40 patients accepted laparoscopic or robotic assisted laparoscopy nerve-sparing radical hysterectomy in China medical university hospital. The average hospital stay is 5 days, blood loss:50ml, and most patient may spontaneously void 7 days after operation. There were two patients with vaginal-vesico fistula and one patient with bladder injury.

**Conclusion:** Laparoscopy or robotic assisted laparoscopic technology facilitates the surgical approach compared to traditional laparotomy surgery. In the future, more long-term results of the laparoscopy or robotic surgery must be examined.

1. Left pelvic lymphadenectomy-paravesical space



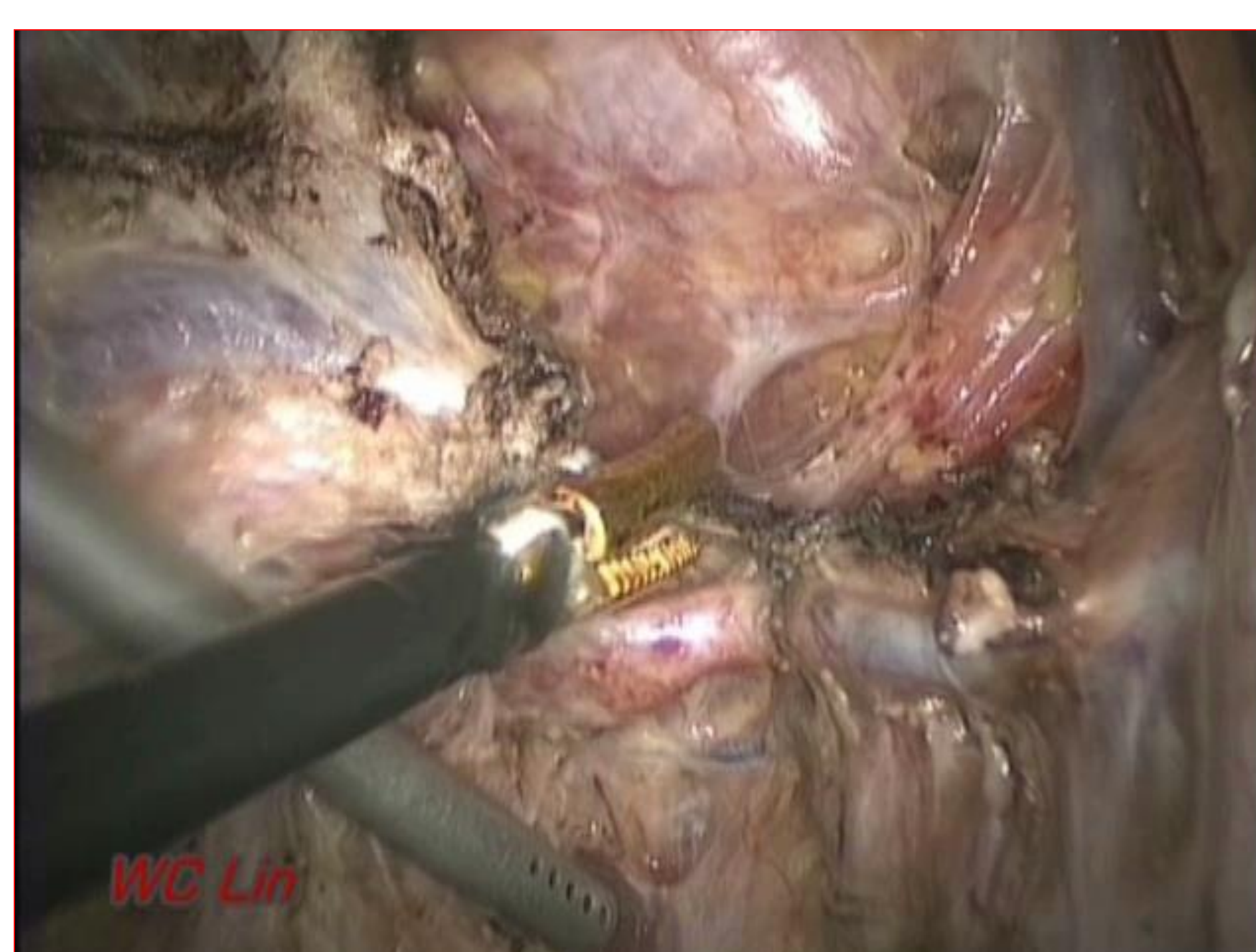
2. Enter the pararectal space to identify hypogastric nerve



3. Dissect ureteral & ladder superior vesicle vessels



4. Dissect vascular part of cardinal ligament



5. Presentation of nerve

