

# Laparoscopy without Trocars: 50 Consecutive LSH procedures with a New Bladeless Port

## Study Objective

We report on a prospective study of 50 consecutive patients undergoing Laparoscopic Supracervical Hysterectomy with a new, bladeless, asymmetrical dilating access port (ADAPt, Taut, Inc., Geneva, IL).

## Design

The new bladeless port was used on all patients. Patients were tracked intraoperatively for visceral injury, vascular injury, necessity of fascial closing, port-site bleeding, and port slippage. Patients were tracked postoperatively for port-site incisional hernia.

	Average	Range
<b>O.R. Time (minutes)</b>	<b>46.5</b>	<b>45-60</b>
<b>Recovery Time (hours)</b>	<b>1.08</b>	<b>1-1.5</b>
<b>LOS (hours)</b>	<b>23</b>	<b>23</b>

## Interventions

Laparoscopic Supracervical Hysterectomy (LSH) was performed on each patient. The procedure was successful in every case, and there were no conversions to an open procedure. Each patient had one 5mm, one 10mm, and one 12mm port used.

## Main Results

150 ADAPt ports were used; 66% (100) were 10mm in diameter or larger. There were no vascular injuries, either to major or minor vessels. There were no cases of port-site bleeding. There were no injuries to bowel, bladder, or other visceral structures. All ports stayed in place throughout the procedures without anchoring devices. Previous abdominal surgery did not impede the use of the bladeless ports. (See Table 3.)

Mean O.R. time was 46 minutes (range: 45 minutes to 60 minutes). O.R. time was minimized in part to the reliably small defects left by the ports. In three cases (6%), the 12mm port was removed and the defect was enlarged to accommodate a 15mm morcellator. The morcellator was inserted directly through the abdominal wall. In these cases, the defect was stretched to 15mm and was closed primarily. All other port sites greater than or equal to 10mm were not closed primarily. There were no cases of postoperative incisional hernia.

No complaints of port-site pain were reported in the group without fascial closure. There were no complications, operatively or postoperatively, related to the bladeless ports.

## Conclusion

In this study, these bladeless ports avoided all trocar-related complications. By using a unique, asymmetrical tip, peritoneal access can be achieved without blades and without excessive force. There were no intraoperative or postoperative complications, the ports stayed in place throughout the procedures, and the defects did not require fascial closing unless they were enlarged to accommodate a 15mm morcellator. The findings of this study are consistent with our experience using these ports exclusively for the last 12 months.

The LSH has proven to be a reliable, safe, and effective alternative to conventional hysterectomies and laparoscopically assisted vaginal hysterectomies in our practice. The use of the ADAPt port avoided complications and kept O.R. time consistently low. Patient satisfaction has been excellent with this procedure. Complications can be avoided with careful technique and the use of instruments designed to eliminate the opportunity for injury. Operative time can be minimized by eliminating the need for fascial closing in nearly all cases.

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	#	%
<b>VASCULAR</b>		
Port-Site Bleeding	0	0.00
Intra-Abdominal Bleeding	0	0.00
<b>VISCERAL</b>		
Bowel	0	0.00
Bladder	0	0.00
Other	0	0.00
<b>FASCIAL DEFECT</b>		
# Ports 10mm or 12mm <sup>a</sup> Closed Primarily	0	0.00
<b>PORT RETENTION</b>		
# Dislodged Ports	0	0.00

a) In three cases (6%), the 12mm port was removed and the defect was enlarged to accommodate a 15mm morcellator. In these cases, the defect was closed primarily.