

Tips and tricks for adnexal lifting and mobilisation during laparoscopic cystectomy

To the Editor,

We read the article entitled “Ovarian suspension loop: an assembled device for ovarian lifting and immobilization during laparoscopic cystectomy” by Tahermanesh et al. (1) with a great deal of interest. During laparoscopic cystectomy, lifting and immobilisation of the adnexa is essential. This should be performed in way that minimizes injury to the utero-ovarian and/or infundibulo-pelvic ligament or the ovary and tube themselves. We would like to congratulate the authors for their brilliant idea, as their technique is cheap, easily reproducible and safe.

We would also like to highlight similar approaches in order to achieve lifting and immobilization of the adnexa. Recently, Chatzipapas et al. (2) proposed laparoscopic cystectomy in a bag using temporary sutures that pass through the abdominal wall and under the brim of the Endo Bag™. By this means, the cyst-harboring adnexa is stabilized by placing the suture string below it. Moreover, in laparoscopic ovarian cystectomy, suturing the infundibulo-pelvic ligament is a good idea, but by using an Endo Bag™ for this purpose the overall cost of the treatment is increased. If the patient is not willing to bear the extra expenses, then the use of umbilical tape can be proposed, which in comparison with an Endo Bag™ is much cheaper. Similarly, Thompson et al. (3) used the Carter-Thompson CloseSure System for ovarian suspension. Another option could be the use of T'LIFT adnexa retraction and suspension (4). Interestingly, a recent study reviewed the safety and efficacy of temporary ovarian suspension using absorbable sutures (5). No intraoperative complications, including bleeding, infection, haematoma or bowel herniation, were reported in the study,

while fertility and delivery rates were not affected (5). It should also be highlighted that the adnexa can be identified in its anatomical location after the suture's absorption.

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