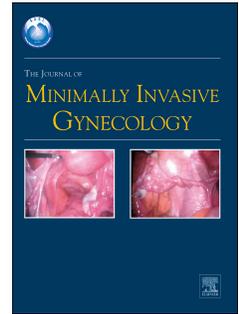


# Accepted Manuscript

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## A Modified Technique of Temporary Suspension of the Ovary to the Anterior Abdominal Wall

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Nothing to disclose

IRB/Ethics Committee ruled that approval was not required for this study.

Key words:

Temporary ovarian suspension; Endometriosis; Adhesion prevention

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## Abstract

### Study Objective:

A previous study described a technique of temporary suspension of the ovary to the abdominal wall using nylon suture (Abuzeid et al 2002). The aim of this study is to describe a modified technique of temporary suspension of the ovary to the fascia of the anterior abdominal wall after operative laparoscopy for advanced stage endometriosis to reduce postoperative adhesion formation.

### Design:

Video illustrating this modified technique of ovarian suspension

### Setting:

Academic affiliated community medical center

### Patients:

This patient underwent temporary suspension of the right ovary, using 3-0 plain catgut suture, after operative laparoscopy for advanced stage endometriosis (Stage III ASRM classification).

### Interventions:

Temporary suspension of the right ovary to the fascia of the abdominal wall at the conclusion of operative laparoscopy using dissolvable suture (3-0 plain catgut suture).

### Measurements & Main Results:

This patient was found to have stage III endometriosis. Right ovariolysis was performed. CO<sub>2</sub> laser was utilized to evaporate spots of endometriosis on the surface of the ovary, ovarian fossa, and the wall of a small endometrioma. A 3-0 plain catgut suture was placed in the right ovarian ligament and the needle was cut and removed from the peritoneal cavity. The ends of the sutures were brought out of the peritoneal cavity through a 3 mm skin incision using Endo Close device. The suture was tied over the fascia while allowing CO<sub>2</sub> gas out of the peritoneal cavity to ensure that the suture remained under tension and the ovary is well suspended without touching the abdominal wall. The suture was used to elevate the ovary away from the ovarian fossa to avoid recurrence of adhesions between it and the ovary. Postoperatively the patient did well and was discharged home on oral pain medication on the same day of surgery. No postoperative complications were reported as a result of the suspension procedure. The patient had an uneventful recovery.

### Conclusion:

This modified approach of temporary ovarian suspension to the fascia of the anterior abdominal wall appears to be simple, safe, and easy to learn.

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