Laparoscopic Tubal Reanastomosis

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Dr. Marshall Smith: "Hello, I'm Marshall Smith, Medical Editor of OBGYN.net, and we're pleased and fortunate today to have Dr. Grace Janik with us. She performed a live surgery yesterday - a laparoscopic tubal reanastomosis. First of all, I want to welcome you to our booth."

Dr. Grace Janik: "Thank you."

Dr. Marshall Smith: "And thank you very much for doing an interview with us today. The first question I had was just kind of in general about laparoscopic tubal reanastomosis. I know back when we started doing all the laparoscopic surgery some people said it would never be done, and certainly people like you are showing that not to be the case because you're doing it, and doing it very well. What kind of things do you think have really made it possible, now that we can do this type of procedure through the laparoscope? What techniques and instrumentation have evolved over the years to make this possible?"

Dr. Grace Janik: "I think the improvement in optics is one of the key things, and with the three-chip camera we were able to have better visualization tactical magnification that was necessary. The next step was to get small instrumentation, and not just small in shaft length but the same micro tips that one would use for open microsurgery. We began with using ENT instruments, and that's how we did the first reversals back in 1991, and then worked with Stortz to modify instrumentation - so now we have two microsurgical instruments that can be used."

Dr. Marshall Smith: "With the current status today, how many people over the world would you guess right now are doing them, doing a good job of them, and not doing their first run? Do you ever get any feel for that?"

Dr. Grace Janik: "That's difficult to sense because when we were doing the live surgery, they asked a poll in the audience - how many people are doing this - and six people raised their hands. That's a huge improvement, and then a few years ago there was a published series from the Korean group that mimicked our same techniques that had very good results. So they can be reproduced. How many people, how many cases? I don't have a total sense of that yet, but people are very interested in adopting this technology."

Dr. Marshall Smith: "People like yourself are showing that it can be done. Certainly it's an evolving technique that I would suspect there are not a lot of people around who have the skills you and some others have to use. I understand that's a fairly good learning curve."

Dr. Grace Janik: "It is, but if you can do suturing in bigger cases like a myomectomy, and move up to endoscopy, you can adapt those skills over. I don't think that it's as unusual of a thing that's just limited to a handful of people. I think that these techniques can be taught."

Dr. Marshall Smith: "And the techniques are certainly for microsurgery..."

Dr. Grace Janik: "Sure, they're very similar."

Dr. Marshall Smith: "...microscopic tool for anistomosis. What do you see in the future, as far as the tubal surgeries and with the laparoscopy? Where do you see this going?"
Dr. Grace Janik: "What's happened since we did the initial introduction is people have taken off and tried alternative methods - glues, staples, and single stitch. Pregnancy rates aren't as good as the classic technique to microscope what we're doing, so I think there may be a wave of alternate attempts. Hopefully, those alternate attempts with pregnancy rates don't become the norm - it's one of the things I worry about. But I think because there is so much interest there will be other groups that are able to reproduce the state, and that will become the standard. Most people won't do reversals, they'll get sent to specific centers, and the endoscopic approach will then turn into the gold standard rather than open approach."

Dr. Marshall Smith: "It's like any other procedures, people that do a lot of it should be the ones doing all of it."

Dr. Grace Janik: "I think so, and even more so in this because there's a limited number of cases."

Dr. Marshall Smith: "Dr. Janik, one of the things that everyone asks about is pregnancy rates, and that's always been a big concern ever since the procedure was first done laparoscopically. What can you talk about as far as pregnancy rates, and where we are today?"

Dr. Grace Janik: "Pregnancy rates are ranging in about 80%-85%, and the majority of the pregnancies are occurring very quickly. So at six months the pregnancy rate in the last few series we looked at was 67%.

Dr. Marshall Smith: "Phenomenal."

Dr. Grace Janik: "And at one year, 76%. These pregnancy rates are really quite good, and they mimic very well the best reported data for open microsurgery, which was our benchmark series which mimicked that data."

Dr. Marshall Smith: "That's what we always said - if you can do as good a job and do it laparoscopically, then with the decreased morbidity it is best for the patient."

Dr. Grace Janik: "The other issue that's been a question mark is the time, and many people think that it's just too long of a procedure, too tedious. But we've been able to get our times down to consistently two hours or less, so that area of concern also has been resolved."

Dr. Marshall Smith: "That's a big one, no doubt. We'd like to mention to our viewers that not everyone does it in two hours like Dr. Janik - she's a superb surgeon."

Dr. Grace Janik: "Thank you."

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