

This thesis submits retrospective analytic study evaluating peroperation and early postoperation complications of laparoscopically assisted vaginal hysterectomy (LAVH).

The aim of this thesis was to find out:

- ☒ what peroperation and early postoperation complications of LAVH occur on patient file
- ☒ to analyze individual types of complications on patient file
- ☒ to compare the results of retrospective study with national indications (with the help of national register of complications of gynaecological laparoscopy)
- ☒ discuss possible prevention of the most severe complications of LAVH

The text part is devoted to indications and contraindications of laparoscopic operation, and complications that may occur during operation and describes the execution of laparoscopically assisted vaginal hysterectomy.

The information necessary for the thesis is based on operation records of patients operated in the years 2000 – 2004 in ÚPMD. Data shown are processed with the aim to answer to the questions mentioned above.

Further in the thesis there are presented the results of the study and their evaluation. I analyzed peroperation and early postoperation complications of LAVH in the file of 394 patients operated in the year 2000 – 2004 in ÚPMD. The peroperation or early postoperation complications occurred in cases of 154 (39%) patients, from that in cases of 118 (29,9%) patients these were minor complications (fever, infiltration, positive cultivation), in the case of 36 (9,1%) patients these were severe complications – bleeding in 27 (75%) cases, reoperation in 5 (14%) cases, injury of urinary bladder in 4 (11%) cases. The conversion from laparoscopic procedure on laparotomy was effected in 4 (1,02%) cases (in 3 cases on the ground of bleeding, in 1 patient on the ground of multiplex adhesive process in pelvic cavity).

The low incidence of complications of LAVH is above all given by dexterity of

the surgeon, surgical team (operator, dressers, suture nurse, anaesthetist, anaesthetic nurse), the quality of technical equipment and facilities applicable to solve possible complications.