

a “Y” graft and affixed to the anterior and posterior aspects of the cephalad-vaginal barrel and cervical stump using the Endo Stitch from Covidien and 2-0 Surgidac suture with extracorporeal knot tying. The base of the Y graft was tacked to the sacrum. The graft was then retroperitonealized.

Operating time for the entire case was 152 minutes with 110 minutes specifically dedicated to the vagino-cervico-sacropexy and closure. Use of the Endo Stitch and this technique results in a surgical time well less than that reported in a recent study¹ both for laparoscopic (269 minutes) and robotic (328 minutes) routes.

This laparoscopic technique, relying on the Endo Stitch and removing the corpus without a morcellator, saves money by markedly reducing operating room time, equipment, and associated time-related charges. Use of laparoscopy without robotic assistance further decreases cost by not adding robot-related charges and by not adding the additional time-related charges associated with robotic surgery.

1Judd JP, Siddiqui NP, Barnett JC, Visco AG, Havrilesky LJ, Wu JM. Cost-minimization analysis of robotic-assisted laparoscopic, and abdominal sacrocolpopexy. *J Minim Invasive Gynecol.* 2010;17(4):493-499.

11.160 Gynecology

Total Laparoscopic Hysterectomy and Vaginal Morcellation

Greg J. Marchand, MD, Richard H. Demir, MD

Arizona Regional Medical Center, Mesa, Arizona, USA (all authors).

The objective of the video is to demonstrate a safe, economical technique to perform total laparoscopic hysterectomy in women with large uteri without the use of laparoscopic morcellating devices. Commercially available, laparoscopic morcellating devices from manufacturers, such as Gynecare, Gyrus, and Storz, run between \$150 and \$848 per disposable and between \$15,000 and \$30,000.00 for generator acquisition. Significant per use cost is added to the surgery when these devices are employed compared to use of standard instruments universally available in a vaginal hysterectomy tray.

The subject of this video is a 42-year-old, G 4, P 2022, female with menorrhagia, severe dysmenorrhea, and a distended, firm lower abdomen. Imaging demonstrated a uterine fibroid extending well cephalad to the umbilicus. Hemoglobin was 7.4 grams with an MCV of 62. Endometrium was benign. Total laparoscopic hysterectomy was performed with manual vaginal morcellation. Specimen weight of 1852 grams was reported with adenomyosis and leiomyomata.

Vaginal morcellation in experienced hands is quicker than its laparoscopic alternatives as the vaginal aperture is bigger and larger volumes of tissues can be removed in the same period of time. Vaginal morcellation decreases cost both by eliminating equipment costs and by decreasing operating room, time-related charges.

Because of the ongoing effort to decrease cost of healthcare while maintaining outcomes, this video demonstrates a safe, economical technique to perform total laparoscopic hysterectomy in women with large uteri without use of laparoscopic morcellating devices.

11.161 Urology

Secondary or Tertiary Treatment of Benign Prostatic Hyperplasia with GreenLight HPS™ Laser Photoselective Vaporization Prostatectomy: Clinical Outcomes

Xiao Gu, MD, PhD, Kurt H Strom, MD, Massimiliano Spaliviero, MD, Carson Wong, MD, FRCSC

The University of Oklahoma Health Sciences Center, Department of Urology, Oklahoma City, Oklahoma, USA (all authors).

Background and Objective: We evaluated the GreenLight HPS™ laser photoselective vaporization prostatectomy (PVP) as a treatment for symptomatic benign prostatic hyperplasia (BPH) previously treated with surgical management.

Methods: We prospectively evaluated our initial GreenLight HPS™ laser PVP experience. Only patients who failed prior