

Three Consecutive Vaginal Cuff Dehiscence

Is Interceed™ The Red Herring?

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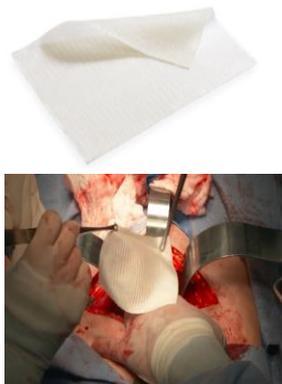
BACKGROUND

Interceed™ is an oxidised regenerated cellulose devised to create a synthetic barrier agent between opposing organ structures during surgery to prevent the formation of adhesions¹.

It is recommended in abdominopelvic surgery to prevent adhesions-related complications such as chronic pain and small bowel obstruction².

A link between its use and vaginal cuff dehiscence post hysterectomy has not been reported.

INTERCEED™ (1)



CASE

We report a case series of 3 pre-menopausal women who underwent total laparoscopic hysterectomy later complicated by vaginal cuff dehiscence.

All 3 patients had adhesive barrier applied over the vaginal vault after completion of surgery.

Indications for surgery were severe endometriosis. Our practice for incision of vaginal cuff is monopolar current on cutting mode and sutured interrupted with braided dissolvable sutures.

All dehiscence were provoked by penetrative vaginal intercourse, where 2 patients presented at 4 weeks and 1 patient at 12 weeks post surgery. There were no signs of infection or other factors associated with poor wound healing. All repairs were performed laparoscopically with no further complications.

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DISCUSSION

As a centre of minimally invasive surgery in gynaecology where laparoscopy for endometriosis and hysterectomy has been performed for the last 12 years, our experience with vaginal cuff dehiscence in recent time was limited to these 3 patients.

The literature does not identify adhesive barrier as a risk factor for such evisceration, and we hypothesised its role in the pathogenesis of such complication^{3,4}.

REFERENCES

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