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An approach to managing gynecologic tumors and precancerous conditions by vaginal surgery

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Gynecologic tumors or disorders (benign or malign) which coexist with pelvic organ prolapse (POP), still has no standardized treatment protocol which has been established yet. The first objective of this speech, is to highlight the management of some gynecologic oncologic diseases, which hysterectomy and bilateral salpingo-oophorectomy is enough for them such as endometrium cancers, myomas in different locations, postmenopausal uterine polyps causing symptom or not, benign ovarian masses and , preinvasive cervical diseases, in association with POP. Another aim of this speech, is how to add prophylactic bilateral salpingo-oophorectomy to vaginal hysterectomy due to the strong family history independently of BRCA Mutations, in every case including mild POP described as Stage 1-2 according to Pelvic Organ Prolapse Quantification System (POP-Q). Vaginal approach, is the best way for all gynecologic surgeries including oncology. The surgeon can prefer vaginal way instead of laparotomy

or laparoscopy. Only a good plan before the operation, and to be good at pelvic floor anatomy is required, then it is possible to do vaginal hysterectomy and bilateral salpingo-oophorectomy even in complicated cases with severe or mild POP. Another advantage of vaginal approach, is vaginal remodeling which provides high quality of sex life according to the Female Sexual Function Index (FSFI). The patient feels well by increased quality of sex life and thinks that she hasn't undergone an operation for oncologic reason, because of the absence of visible abdominal scar. Laparoscopic lymphadenectomy should be added after the pathological evaluation if it is needed in some cancers, so it can be described as laparoscopy assisted vaginal surgery in Gynecologic Oncology. I want to discuss some cases with preoperative-intraoperative and postoperative photos including their hystories.

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