Approach to the obliterated posterior cul-de-sac

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Posterior cul-de-sac, or pouch of Douglas, obliteration is diagnosed when the peritoneum of the pouch of Douglas is not visible at the time of surgery. It occurs as a result of adhesion formation between the posterior aspect of the uterus/cervix and surrounding structures. The most common causes for cul-de-sac obliteration include pelvic inflammatory disease and endometriosis, usually deeply infiltrating endometriosis. This video is an educational video describing the approach to the management of the obliterated cul-de-sac in the setting of endometriosis. Key points of the approach include thorough pre-operative work up and diagnosis of cul-de-sac obliteration prior to the entering the operating room, allowing for proper surgical planning and patient counselling; ensuring the appropriate surgical team is involved; ensuring the appropriate equipment is available, in particular the Valtchev uterine manipulator, and finally, following a systematic, step-wise approach, such as our 6 step surgical approach.

Mots clefs : Posterior cul-de-sac, endometriosis, frozen pelvis, laparoscopy
Auteurs :

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