

Design. We report on a prospective study of 50 consecutive patients undergoing laparoscopic supracervical hysterectomy with a new, bladeless, asymmetric dilating access port (ADAPt). Patients were tracked intraoperatively for visceral injury, vascular injury, necessity of fascial closing, port site bleeding and port slippage. Patients were tracked postoperatively for port site incisional hernia. Standard port array for this procedure was 1-12 mm port, 1-10 mm port, and 1-5 mm port. Mean operative time was 46 minutes (range 45 min to 60 min).

Measurements and Main Results. One hundred fifty ADAPt ports were used; 66% were 10 mm in diameter or greater. There were no vascular injuries, either to major or minor vessels. There were no injuries to bowel, bladder, or any other visceral structure. There were no cases of port site bleeding, and all ports stayed in throughout the procedures without anchoring devices. Ninety-four percent of all port sites greater than or equal to 10 mm were not closed primarily. There were no cases of postoperative incisional hernia. Postoperatively, patients reported they were either very satisfied (96%) or satisfied (4%) with the procedure and the recovery.

Conclusion. In this study, the ADAPt ports avoided the most commonly documented trocar-related injuries. There were no intraoperative or postoperative complications, the ports stayed in throughout the procedure, and the defects did not require fascial closing in the vast majority of cases. We think the ADAPt ports warrant further investigation as a means of reducing trocar-related complications.

188. Intravesical Therapy for the Treatment of Interstitial Cystitis Using a Therapeutic Cocktail

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Study Objective. To evaluate bladder origin of pain in adolescent women with chronic pelvic pain (CPP) after treatment for documented endometriosis.

Methods. Total of 42 adolescent women, age 13 to 20, with symptoms of CPP underwent laparoscopic excision of biopsy-confirmed endometriosis followed by medical therapy (average 11 months) with oral contraceptives, Danazol or Lupron. After surgical/medical therapy, 33/42 (79%) continued to complain of CPP symptoms including dyspareunia (n = 20); dysmenorrhea (n = 9); suprapubic pain (n = 6); urinary frequency (n = 13) and urgency (n = 4); and rectal pain (n = 3). Urine and genital cultures were negative.

The Pelvic Pain and Urgency/Frequency (PUF) questionnaire was administered to 33 patients. In 28/33 (85%), the average PUF score was 14.6 suggesting the possibility of interstitial cystitis (IC). The Potassium Sensitivity Test was positive in 21/24 (87%) patients. Using the NIDDK criteria, cystoscopy/hydrodistention confirmed IC in 19/23 (83%) patients.

Measurements and Main Results. Based on pooled data, 26 patients were evaluated using the PUF, PST and/or cystoscopy with hydrodistention. Positive findings suggestive of IC were noted in 22/26 (87%) patients.

Conclusion. This study demonstrates that persistent CPP in adolescent women treated for confirmed endometriosis is actually IC. Bladder origin of pain, especially in patients that have failed treatment for other suspected causes of CPP, should be considered as a source of pain in these patients. It would be prudent to screen for IC using less invasive techniques (PUF, etc.) before more invasive surgical procedures are contemplated, such as laparoscopy.

189. Clinical Evaluation of Oxiplex/AP Gel for Reduction of Adhesions after Gynecologic Surgery by Laparoscopy in Europe

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Study Objective. Evaluate Oxiplex/AP Gel for reduction of surgical site adhesions after laparoscopic gynecologic surgery.

Although site-specific devices for reduction of post-surgical adhesions are widely used via laparotomy, an efficacious, safe, cost-effective device easily administered to surgical sites via laparoscopy is needed. Oxiplex/AP Gel is a tissue-adherent gel made of carboxymethylcellulose and polyethylene oxide. A similar marketed formulation, Oxiplex/SP Gel and MediShield, was shown to reduce epidural adhesions after laminectomy in preclinical studies and to reduce pain and symptoms in clinical trials (*Spine* 28:1080-7, 2003).

Design/Setting/Patients and Interventions. Adnexa from women undergoing conservative laparoscopic procedures (adhesiolysis, excision of endometriosis, endometrioma or dermoids, tubal plasty) were prospectively randomized to receive Oxiplex/AP Gel (~15 mL/side) applied to cover adnexal and adjacent structures including pelvic sidewall, lateral uterus, and rectosigmoid, or to surgery alone. Second-look laparoscopy was performed (6 to 12 weeks) to evaluate adnexal adhesions (AFS score) compared with adhesions at first surgery. All surgical interventions were videotaped and adhesions scored by a blinded observer.

Measurements and Main Results. Patients whose adnexa (n = 30) were covered with Oxiplex/AP Gel had similar postsurgical recovery compared with control patients whose adnexa (n = 30) underwent surgery alone. AFS scores either stayed the same or decreased from initial surgical procedure in 80% (24/30 adnexa) of Oxiplex/AP Gel covered adnexa vs 27% (8/30) of control adnexa (p < .01). Oxiplex/AP Gel was easy to use; adnexal and adjacent tissue coverage was typically completed within 1 to 2 minutes of application.

Conclusion. Oxiplex/AP Gel, a site-specific adhesion prevention device, was safe and easy to use during laparoscopy. Coverage of intended sites was rapidly completed. Clinical benefit was demonstrated by statistically significant differences in AFS scores compared with surgery only controls. Confirmation awaits completion of pivotal Oxiplex/AP Gel study ongoing in the United States.