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(54) **MARCHAND SALPINGECTOMY - A LAPAROSCOPIC SURGICAL TECHNIQUE**

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(57) **ABSTRACT**

The Marchand Salpingectomy is a fast, safe and minimally invasive procedure for removal of the fallopian tubes. The procedure involves minimal blood loss and gives the patient the benefit of permanent sterility as well as a decreased lifetime incidence of ovarian cancer. The procedure relies on two novel aspects of the technique which make the surgery significantly different than any surgery previously described as well as extremely minimally invasive.

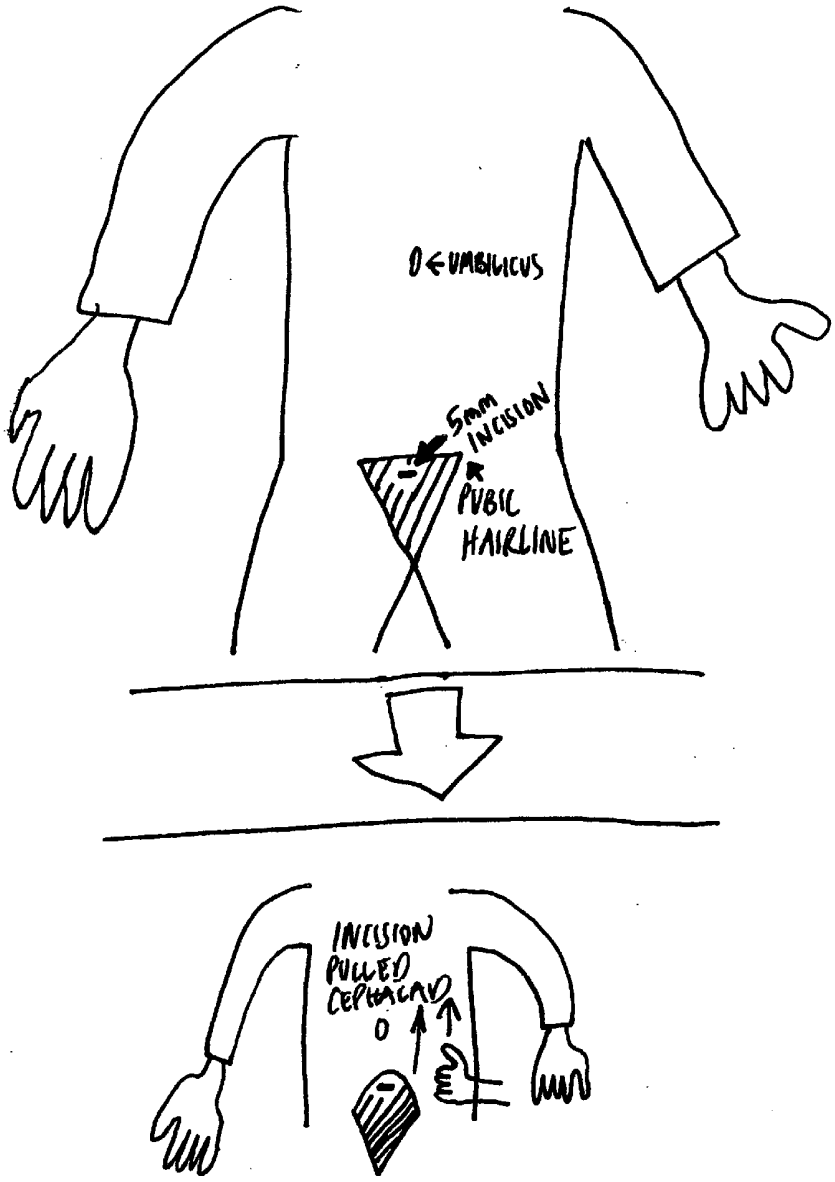


FIG 1.

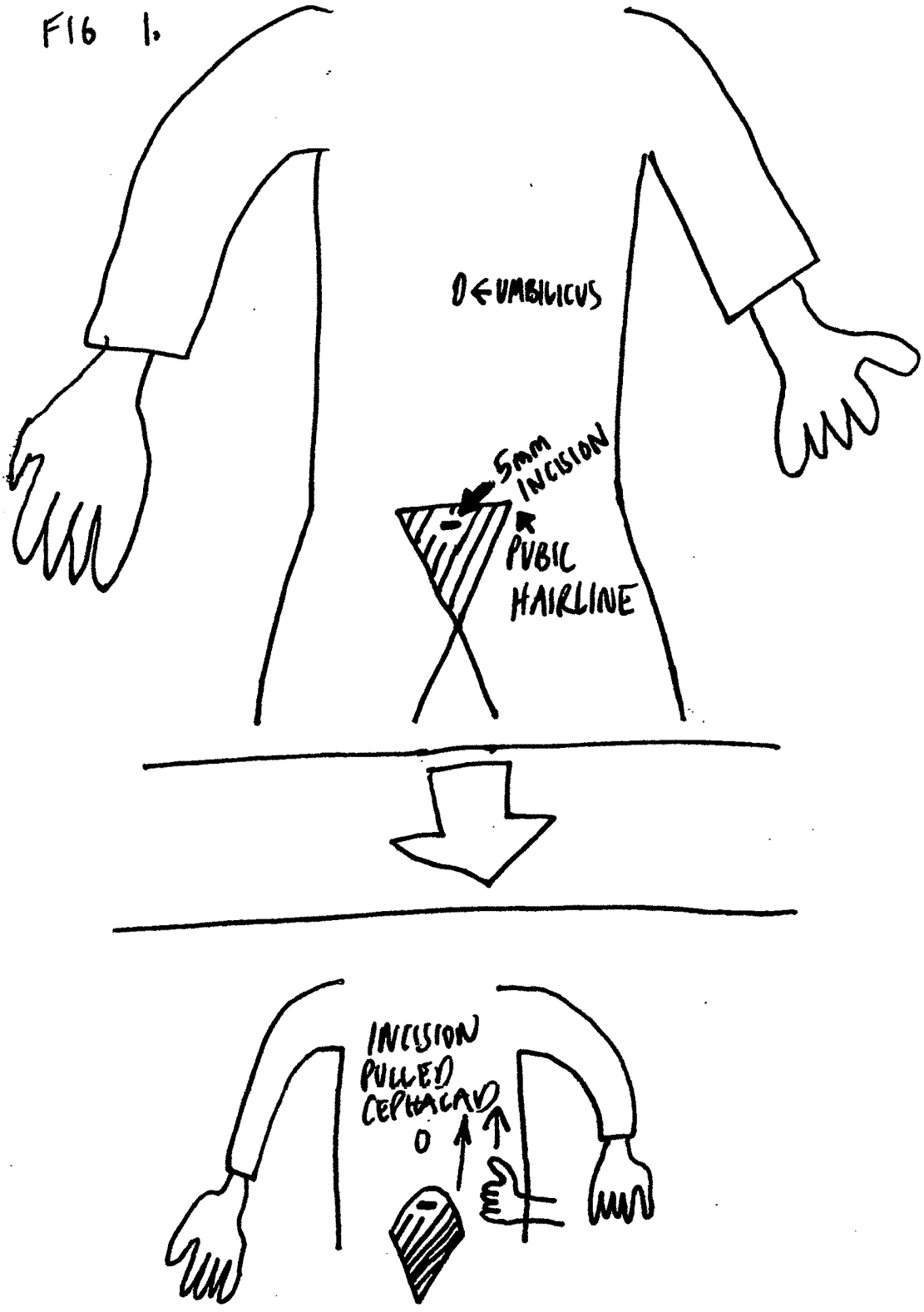
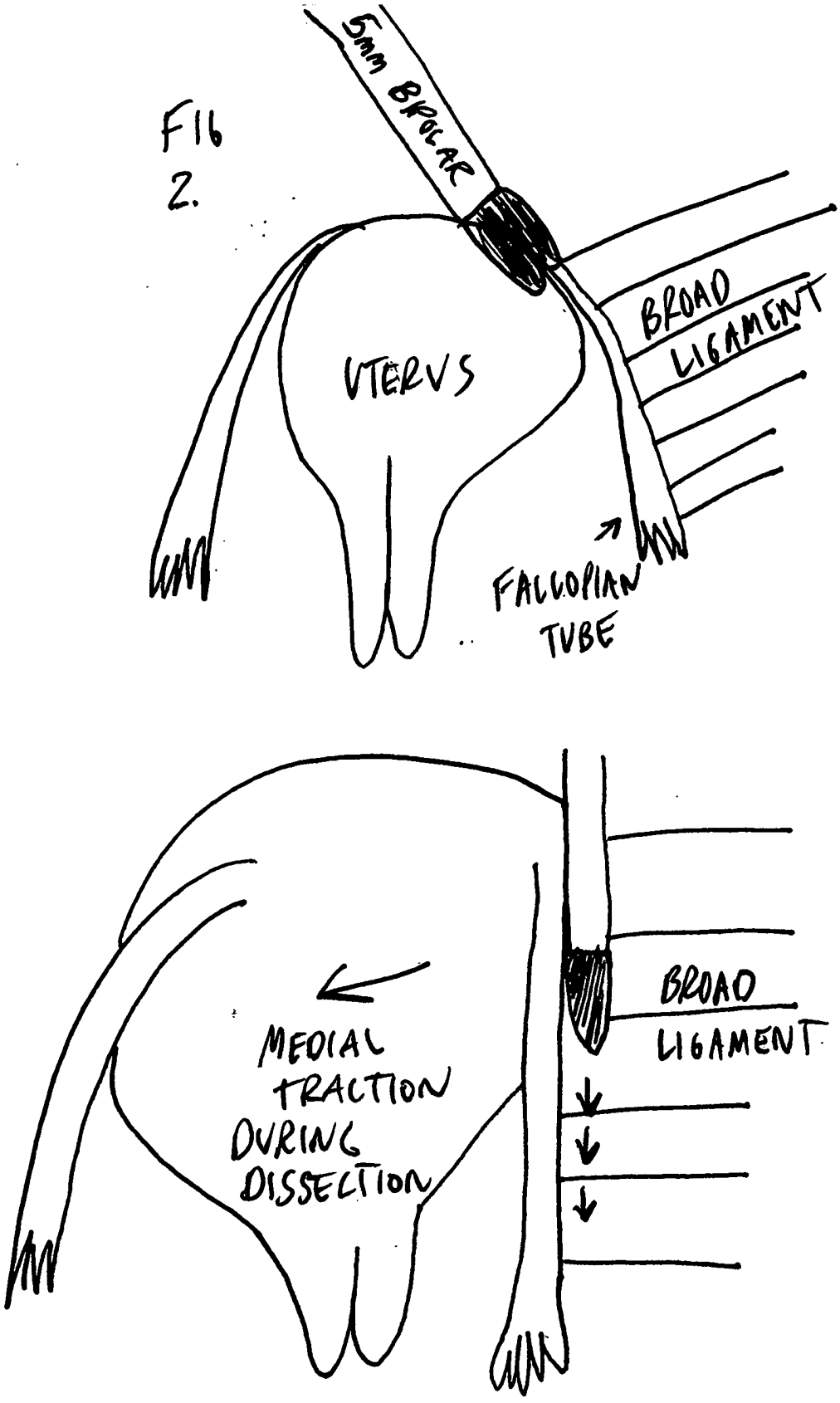

UMBILICUS
5mm INCISION
PUBIC HAIRLINE
INCISION PULLED CEPHALAD

FIG 2.


5mm BIPOLAR
BROAD LIGAMENT
UTERUS
FALLOPIAN TUBE
MEDIAL TRACTION DURING DISSECTION
BROAD LIGAMENT

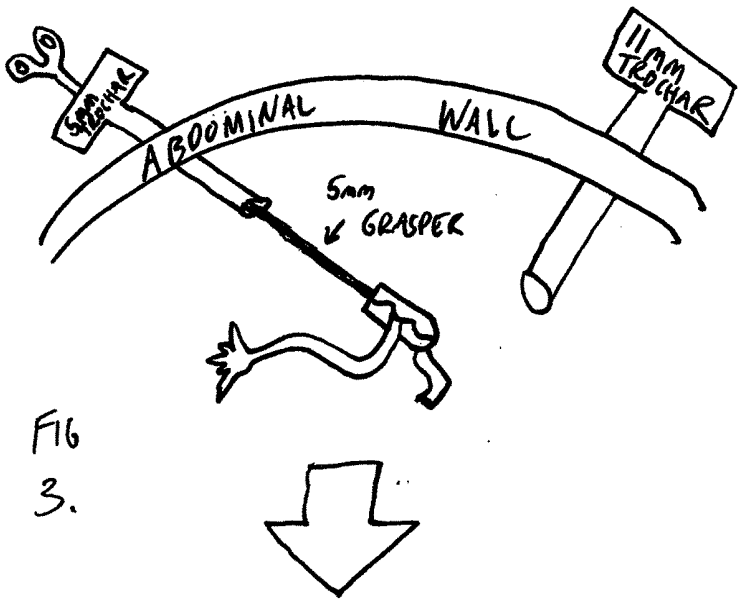
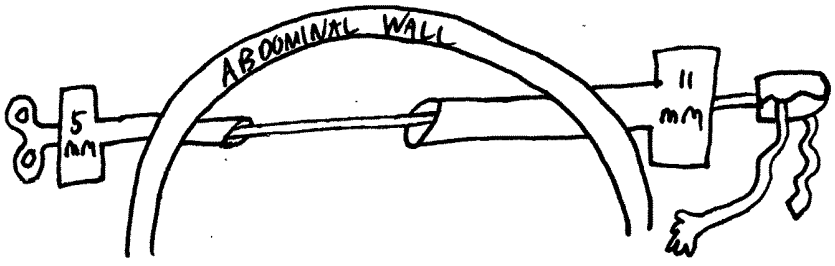

5mm TROCHAR
ABDOMINAL WALL
11mm TROCHAR
5mm GRASPER

FIG 3.


ABDOMINAL WALL
5 mm
11 mm

MARCHAND SALPINGECTOMY - A LAPAROSCOPIC SURGICAL TECHNIQUE

TECHNICAL FIELD

[0001] The present invented technique relates to Surgery, and in particular Surgery related to Gynecology and Laparoscopy. It is related to Surgery to remove the fallopian tubes.

BACKGROUND

[0002] Current surgical techniques exist to remove the fallopian tubes. This technique, secondary to unique, previously undescribed characteristics, is new.

SUMMARY OF THE TECHNIQUE

[0003] Known laparoscopic techniques include removal of the fallopian tubes using small holes. This technique uses an 11 mm and 5 mm laparoscopic trochar port in order to remove the fallopian tubes in a very fast and cosmetic manner with minimally blood loss.

[0004] The technique begins the patient prepped, draped and under general anesthesia as is common for laparoscopic techniques. Next, the procedure continues with placing a small incision and then an 11 mm trochar at the bottom of the umbilicus, into the abdominal cavity, and then placing a second incision of approximately 5 mm approximately 3 cm above the public symphesis in the mid-line, below the pubic hairline. The skin edge is pulled up approximately 3 more cm while placing the abdominal trochar. This gives the unique advantage of a trochar site higher on the abdomen without the disadvantage of a scar. Because the original incision was below the pubic hairline, the incision will ultimately return to this position following the surgery.

[0005] Next, a blunt bipolar laparoscopic device using bipolar energy is utilized in order to divide each fallopian tube from their origin at the uterus. The dissection is carried out the entire length of each fallopian through the broad ligament. The incision plane is kept as medial in the abdominal cavity as possible in order to avoid any possibility of damage to lateral structures. This is repeated on both sides until both fallopian tubes are free in the abdominal cavity.

[0006] The next important and unique aspect of the technique is also the removal of the fallopian tubes from by plunging the fallopian tubes through the 11 mm trochar port using a 5 mm grasper being utilized through the 5 mm port. Each fallopian tube is removed in this manner.

[0007] Following this, 30 cc of marcaine is injected into the abdominal cavity to help with postoperative pain, and the fascia for the 11 mm incision is closed with o vicryl. The skin for both incisions is closed with glue and covered with band-aids. The surgery is then considered complete.

BRIEF DESCRIPTION OF DRAWINGS

[0008] FIG. **1**: Drawing of action of pulling on skin edge to facilitate a higher entry into the abdominal cavity despite a lower incision below the public hairline.

[0009] FIG. **2**: Drawing of the dissection of the fallopian tubes using a 5 mm bipolar device.

[0010] FIG. **3**: Drawing of the removal of the fallopian tubes by using one port to plunge the tube through the other larger port.

1. This technique includes the unique aspect of the high placement of the 5 mm port which resides through an incision that is below the pubic hairline.

2. This technique includes the unique aspect of removing the fallopian tubes by plunging each tube individually through the 11 mm port using the 5 mm port and a 5 mm blunt grasper.

3. This technique represents a new surgical process that is unique and has the potential to decrease operative time while increasing patient safety.

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专利名称(译)	Marchand Salpingectomy - 腹腔镜手术技术		
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其他公开文献	US10695042		
外部链接	Espacenet USPTO		

摘要(译)

Marchand Salpingectomy是一种快速，安全且微创的手术，用于切除输卵管。该手术涉及最小的失血量，并为患者提供永久性无菌的益处以及降低卵巢癌的终身发病率。该方法依赖于该技术的两个新颖方面，其使得手术与先前描述的任何手术以及极小微创相比显着不同。