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Edited by Jeffrey M. Goldberg , Ceana H. Nezhat , Jay Ira Sandlow
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Reproductive Surgery

The Society for Reproductive Surgeons' Manual

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Although case histories are drawn from actual cases, every effort has been made to disguise
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Videos

The video content listed below can be accessed directly from the Society for Reproductive Surgeons at www.reprodsurgery.org. Please refer to corresponding chapters for discussion of the video content.

- 1.1 Office Hysteroscopy: Lysis of adhesions

1.2 Office Hysteroscopy: Polypectomy

1.3 Hysteroscopic Myomectomy

2.1 Lysis of filmy adhesions

2.2 Mobilization of adherent ovary

2.3 Interceed application

3.1 Septoplasty

4.1 Ovarian cystectomy

4.2 Ovarian drilling

5.1 Hysteroscopic tubal cannulation

5.2 Neosalpingostomy

5.3 Salpingectomy

6.1 Tubal anastomosis

7.1 Ectopic pregnancy

9.4 Mossy Endometriosis Secondary to Ascites (video)

9.17 Linear Stapler applied to excide the diseased bowel (video)
- 9.18 Meso-appendix being transected (video)

9.19 Securing the base of the appendix with an endoloop (video)

9.20 Securing the base of the appendix with a linear stapler (video)

9.21 Extrinsic Endometriosis of the Ureter (video)

9.22 Intrinsic Endometriosis of the Ureter (video)

9.24 View after complete excision of diseased peritoneum surrounding the ureter

9.26 Ureter is initially mobilized (video)

9.27 Diseased portion of the ureter being resected with laparoscopic scissors (video)

9.28 Proximal and distal ends of the ureter are spatulated (video)

9.29 Placement of the ureter stent prior to completing the anastomosis (video)

9.30 Tension free repair of ureter (video)

13.1 Subinguinal varicocele repair

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Foreword

It's about time. In the age of artificial reproductive technology (ART) when all attention is assisted on the latest advances in in vitro fertilization (IVF), leaders of the Society for Reproductive Surgeons present us here with a definitive manual for surgeons operating on females and males with the hopes of preserving or enhancing their reproductive capacity. You will find everything you need to know when contemplating your next case. From simple hysteroscopy, caring for or preventing adhesions, various approaches to myomectomy, ovarian surgery for routine cystectomy, and routine tubal anastomosis to the more difficult müllerian anomaly surgery, endometriosis cases, and female fertility preservation surgery – it is all here. For the male, you will find a complete coverage of the contemporary surgical challenges also provided by the experts: from vasectomy reversal and varicocele repair to surgical sperm retrieval methods, management of ejaculatory duct obstruction, and other scrotal surgeries.

The SRS Manual is filled with the best photos and figures collected over time by the experts that will allow the reader to easily understand the surgical techniques used. The minimally invasive approach to topics is highlighted here and, when necessary, the authors turn to laparotomy. In short, this manual will be an excellent resource for novices and experts providing reproductive care globally.

Drs. Goldberg, Nezhat, and Sandlow are to be congratulated on assembling this treatise that covers contemporary reproductive surgery. Once again, the Society for Reproductive Surgeons has stepped forward with a very timely initiative that has filled a much-needed gap.

Richard H. Reindollar, MD
CEO, ASRM

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Preface

The Society for Reproductive Surgeons (SRS) is one of the few societies in the world dedicated solely to female and male reproductive surgery. It is therefore fitting that SRS write the comprehensive manual for modern surgical procedures for treating female and male infertility. All contributing authors are SRS members and are highly recognized authorities in their respective areas of expertise. It is our intention that this book illustrates the benefits of reproductive surgery, as well as how to perform these procedures using the latest advances, so practitioners can offer their patients all of the current treatment options in this competitive field.

Historically, reproductive endocrinology and infertility specialists (REIs) were the pioneers and early adopters of minimally invasive gynecologic surgery. Over the last three decades, the focus of reproductive health has shifted away from reproductive surgery in favor of in vitro fertilization (IVF). Currently, most REI fellowship programs are not preparing their trainees to perform reproductive surgery. Strong evidence-based studies have shown that in many cases, surgery is the more cost-effective choice for achieving a pregnancy

and should be the primary treatment option. Many patients also prefer surgical correction as it is more “natural” than IVF. Reproductive surgeons abide by conservative microsurgical principles and possess a tactical eye for preventing post-operative adhesions aimed at both fertility enhancement and preservation. Reproductive surgery should be viewed as complementary to IVF, as operative management of pelvic pathology may enhance IVF success rates in select cases. The ability to perform reproductive surgery makes REI physicians more “complete” as they can offer patients all available modalities.

This text is aimed at reproductive medicine specialists (both for male and female infertility) as well as general gynecologists and urologists in practice or in training. The procedures are described in a logical step-wise sequence and supplemented with intraoperative color photos and videos. The implementation and teaching of these procedures will assure that current and future infertility patients will continue to derive the benefit of having access to the full array of treatment options. We trust that our readers will find this to be a useful, well-rounded, and educative resource.

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