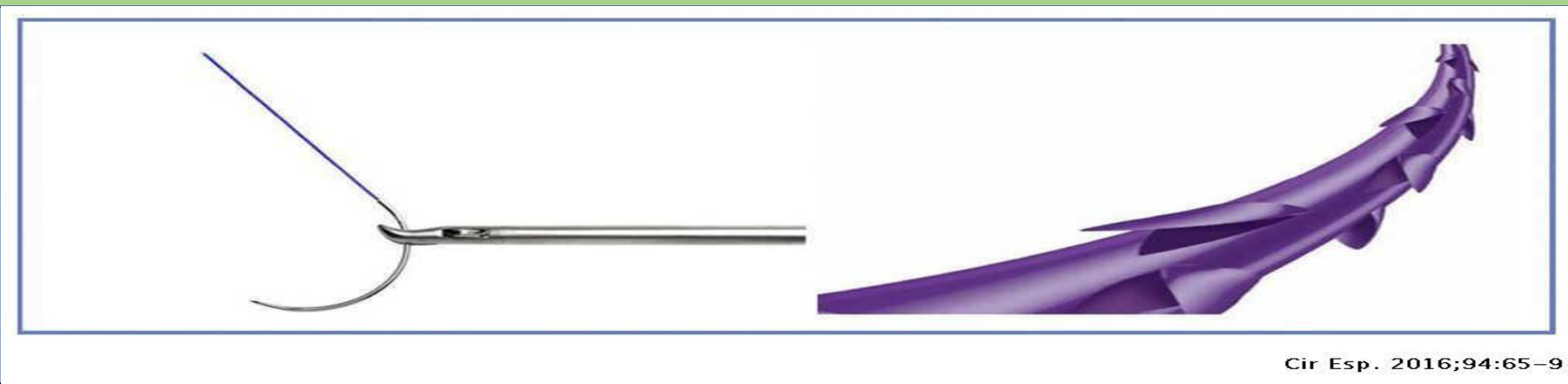
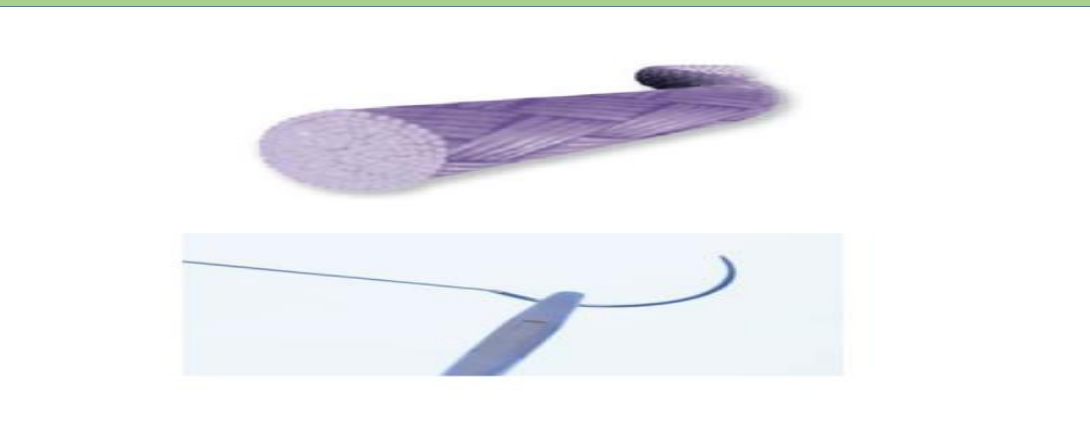
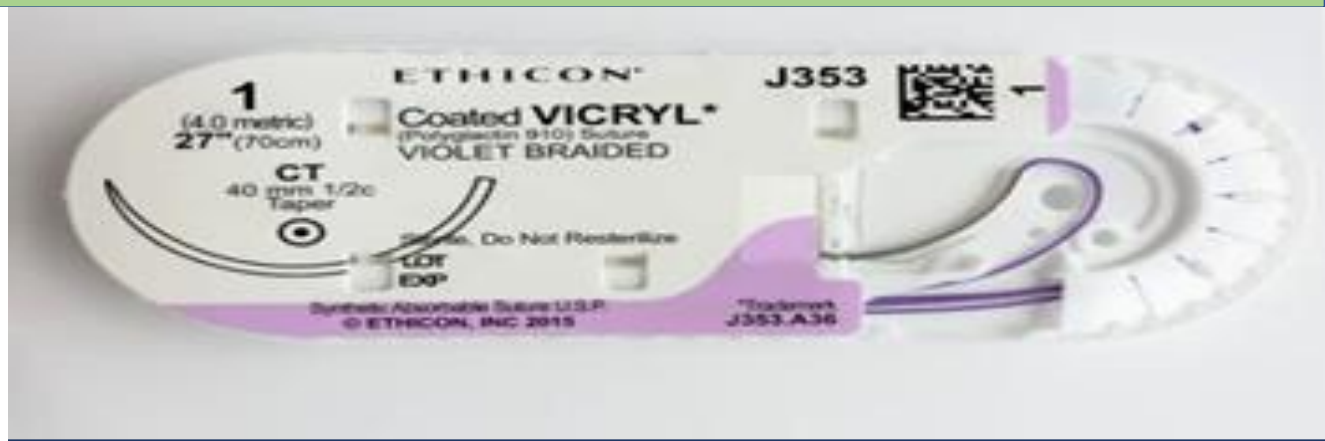
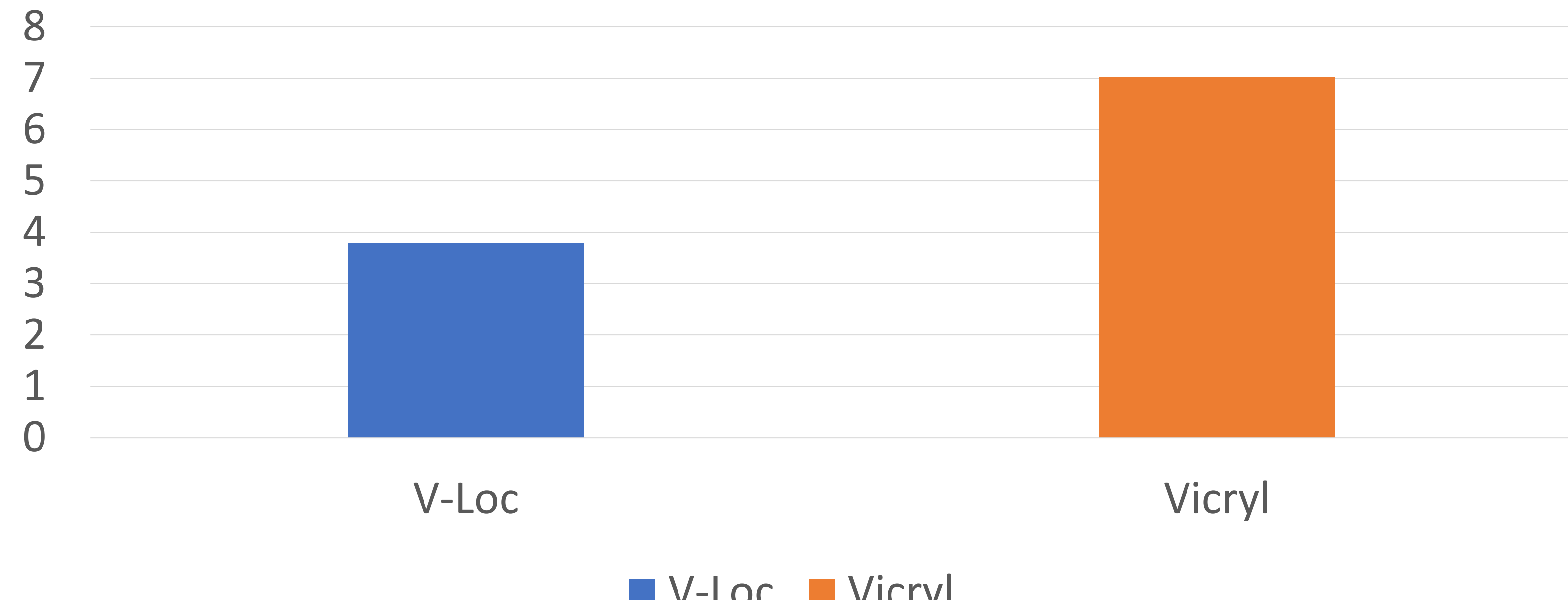
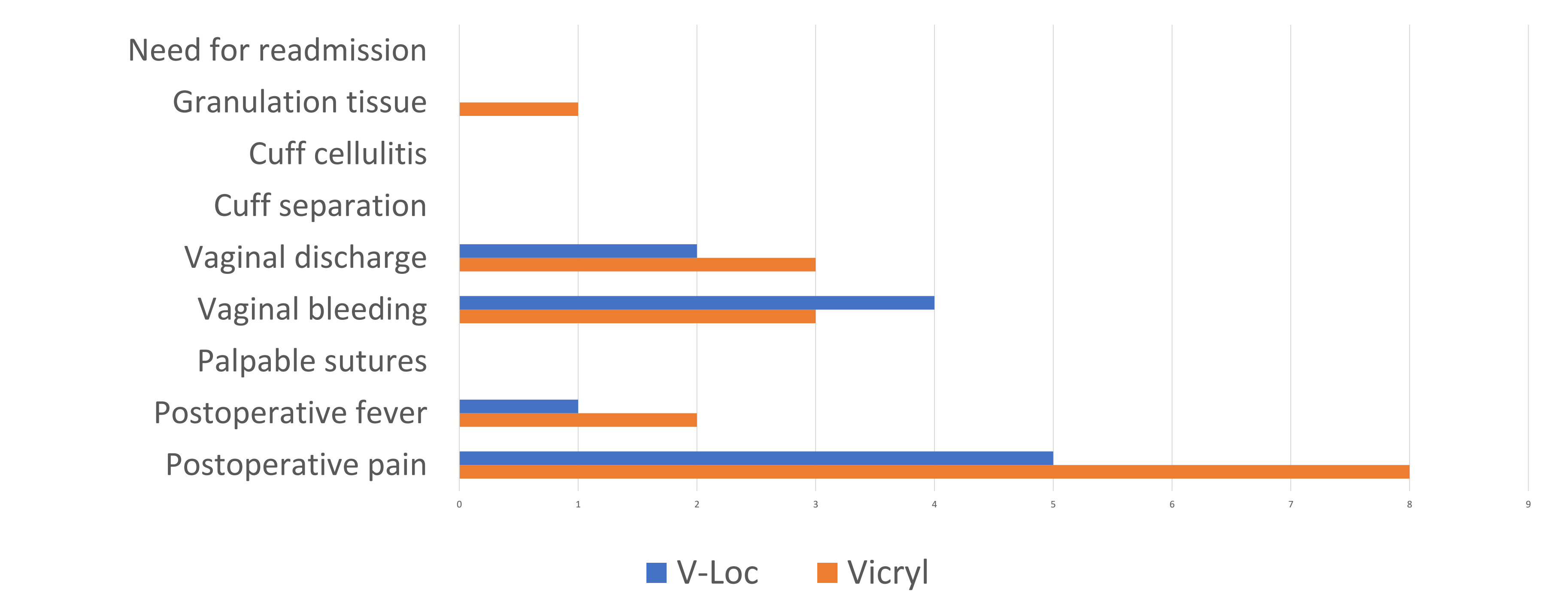
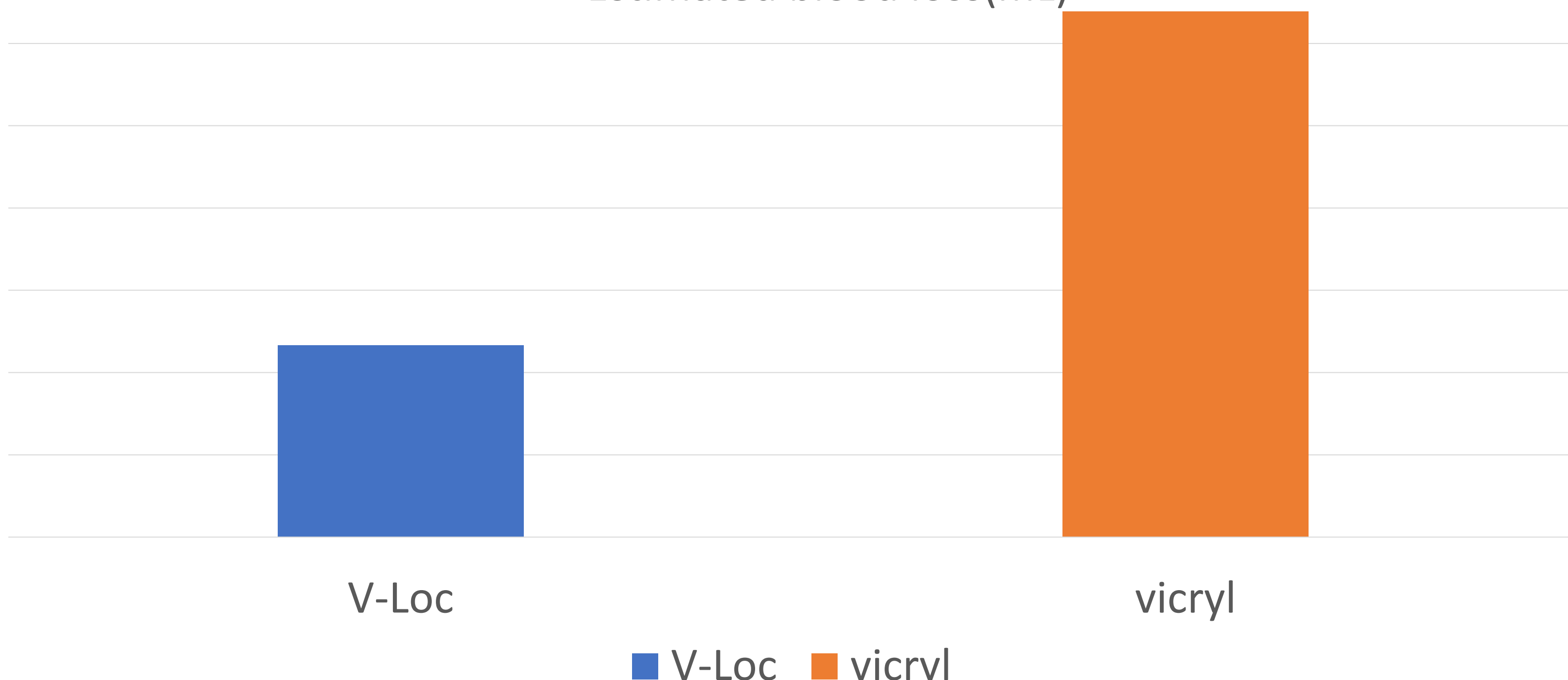


	<h1>BARBED SUTURE VERSUS SMOOTH SUTURE FOR VAGINAL CUFF CLOSURE IN TOTAL LAPAROSCOPIC HYSTERECTOMY</h1>																																								
<div>Dr. Saumya Agrawal ¹ , Dr. Mahindra Borse ², Dr. Salil Barsode ³, Dr. Vaishali Taralekar ⁴</div> <div>1.MBBS,MS,FIGE, Laparoscopic fellow, Bharati hospital and Research centre, Pune, India</div> <div>2.MBBS, MS, Consultant laparoscopic surgeon and IVF specialist, Bharati Hospital and Research centre, Pune, India</div> <div>3.MBBS, DCH, MS, Consultant Laparoscopic surgeon and gynec oncologist, Bharati Hospital and Research centre, Pune, India</div> <div>4.MBBS, MS, Head of Obgyn Department, Bharati Hospital and Research centre, Pune, India</div>																																									
																																									
<h2>OBJECTIVES</h2>		<h2>RESULTS</h2>		There was no statistically significant difference in the duration of hospital stay, postoperative pain and postoperative fever. There was no statistically significant difference seen at 2 weeks, 6 weeks and 12 weeks follow up in variables like palpable sutures present, vaginal bleeding, vaginal discharge, cuff separation, cuff cellulitis, granulation tissue, and the need for readmission.																																					
<p>1) To compare intraoperative vaginal cuff suturing time and blood loss between barbed suture and smooth suture during total laparoscopic hysterectomy.</p> <p>2) To compare the immediate postoperative complications like postoperative fever, postoperative pain, duration of hospital stay and delayed postoperative complications like vaginal bleeding, vaginal discharge, cuff separation, cuff cellulitis, granulation tissue and need for readmission between the two groups.</p>		<p>The vaginal cuff closure time was significantly less in the V-Loc (03.78±0.67 min) in comparison with the vicryl (07.03±0.73 min) (p<0.05)</p>																																							
<div><div>GROUPS</div><div><div>A</div><div>VLOC 180</div></div><div><div>B</div><div>VICRYL</div></div></div>		<h3>Vaginal cuff closure time(mins)</h3>  <table><tr><th>Group</th><th>Vaginal cuff closure time (mins)</th></tr><tr><td>V-Loc</td><td>03.78 ± 0.67</td></tr><tr><td>Vicryl</td><td>07.03 ± 0.73</td></tr></table>		Group	Vaginal cuff closure time (mins)	V-Loc	03.78 ± 0.67	Vicryl	07.03 ± 0.73	<h3>Outcome variables(n)</h3>  <table><tr><th>Outcome variable</th><th>V-Loc</th><th>Vicryl</th></tr><tr><td>Need for readmission</td><td>0</td><td>0</td></tr><tr><td>Granulation tissue</td><td>0</td><td>1</td></tr><tr><td>Cuff cellulitis</td><td>0</td><td>0</td></tr><tr><td>Cuff separation</td><td>0</td><td>0</td></tr><tr><td>Vaginal discharge</td><td>2</td><td>3</td></tr><tr><td>Vaginal bleeding</td><td>4</td><td>3</td></tr><tr><td>Palpable sutures</td><td>0</td><td>0</td></tr><tr><td>Postoperative fever</td><td>1</td><td>2</td></tr><tr><td>Postoperative pain</td><td>5</td><td>8</td></tr></table>		Outcome variable	V-Loc	Vicryl	Need for readmission	0	0	Granulation tissue	0	1	Cuff cellulitis	0	0	Cuff separation	0	0	Vaginal discharge	2	3	Vaginal bleeding	4	3	Palpable sutures	0	0	Postoperative fever	1	2	Postoperative pain	5	8
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<h2>DESIGN</h2>		<p>Though the estimated blood loss was found to be less in the V-Loc group (34.33 ± 8.17 mL) compared to the vicryl group (38.39 ± 10.03 mL), the difference was found to be statistically insignificant (p=0.0909)</p>																																							
<ul style="list-style-type: none">• It is a randomized controlled trial comparing a new suture with a traditionally used suture.• This multicentric study was conducted at the department of obstetrics and gynecology at Bharati hospital and various other tertiary care hospitals across Pune over a period of 8 months from March to October 2021.• Total sample size was 60. Patients were randomized using chit system into two equal groups.• Patients over the age of 18 years posted for TLH for benign conditions were included.• Patients with gynecological cancers and bleeding disorders were excluded. .		<h3>Estimated blood loss(mL)</h3>  <table><tr><th>Group</th><th>Estimated blood loss (mL)</th></tr><tr><td>V-Loc</td><td>34.33 ± 8.17</td></tr><tr><td>vicryl</td><td>38.39 ± 10.03</td></tr></table>		Group	Estimated blood loss (mL)	V-Loc	34.33 ± 8.17	vicryl	38.39 ± 10.03																																
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<h2>METHOD</h2>				<h2>DISCUSSION</h2>																																					
<ul style="list-style-type: none">• All laparoscopic hysterectomies were performed by a single experienced surgeon.• Patients were given routine postoperative care. They were asked to follow up at 2 weeks and 6 weeks and a phone call interview was done at 12 weeks.• Data analysis was done by using SPSS 22.0 software.• Discrete variables were summarized using percentage and compared using Fisher’s exact test. Continuous variables were summarized using mean and standard deviation (SD) and compared using a two-sample t test. A P value of <0.05 was considered significant.				<ul style="list-style-type: none">• The strength of the study is that it is a prospective study. So the suturing time can be considered to be accurate. Also, there is no skill variability in the surgeries as they were performed by a single surgeon. Also, there was no loss to follow up. There are not many studies on the use of barbed sutures in India.• The limitation is that these findings may not hold true for new learners, especially for barbed suture. Also, the cost of barbed suture is high, and availability may be an issue. Also, the sample size was small.																																					
				<h2>CONCLUSION</h2>																																					
				Barbed suture was able to prove its worth by decreasing the suturing time yet standing equal to smooth suture in all other aspects.																																					