

Total laparoscopic hysterectomy, bilateral salpingo-oophorectomy, excision of recto-vaginal endometriosis and rectal shave

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Patient

- 45 yrs
- P1 VD
- Presented with severe pelvic pain, dysmenorrhoea, dyspareunia, and dyschezia
- Family complete

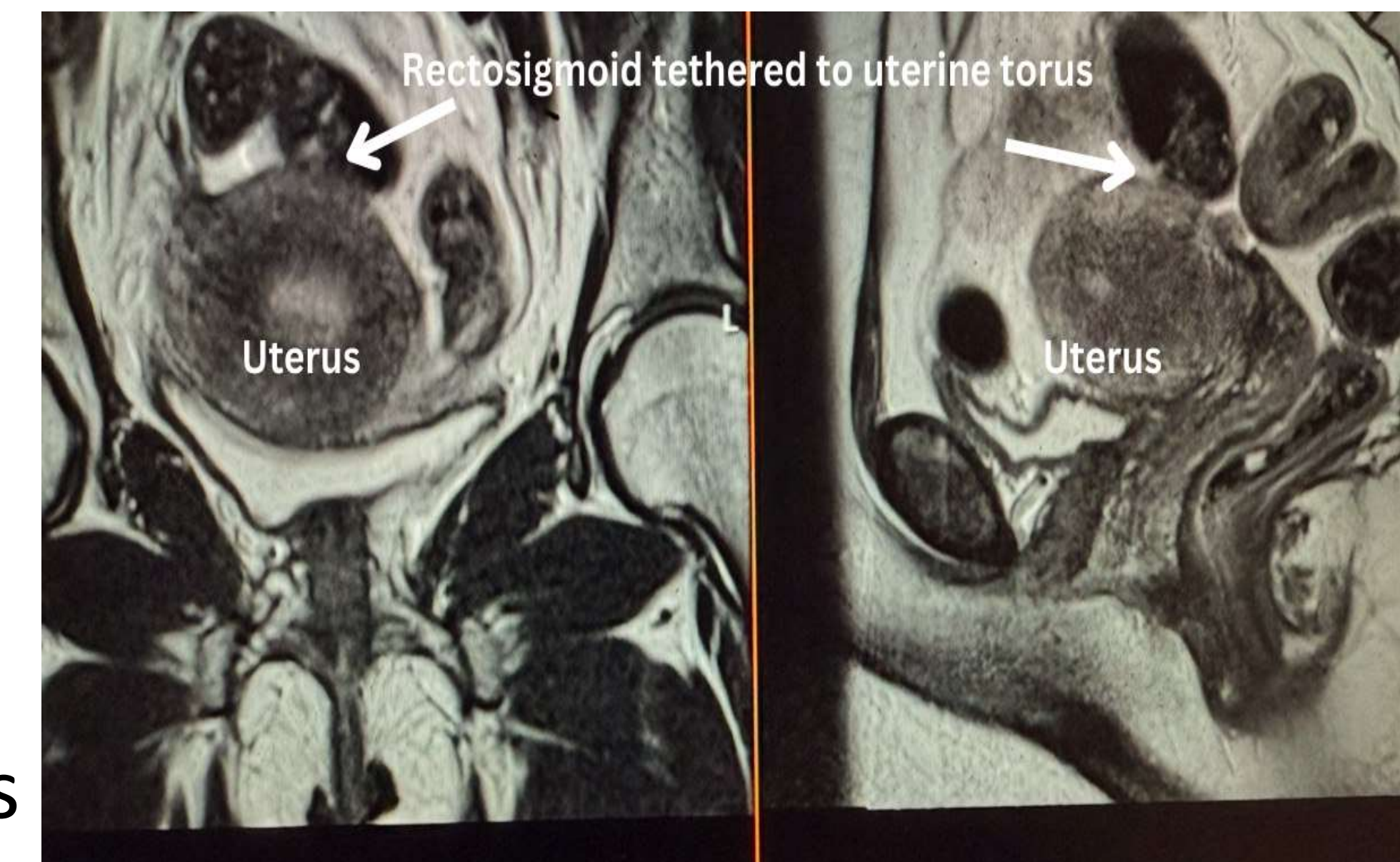


Management

- MRI pelvis
- Referral to colorectal
- Multidisciplinary team meeting (MDT)
- Commenced on GnRH analogues (Zoladex 3.6mg) monthly injections

MRI

- Diffuse adenomyosis
- Endometriotic plaque in the region of the uterine torus
- Posterior uterine wall tethered to the recto-sigmoid
- The plaque measured 2.1 cm in length and 1.2 cm in depth, invading the muscularis layer of the recto-sigmoid while sparing the rectal mucosa.

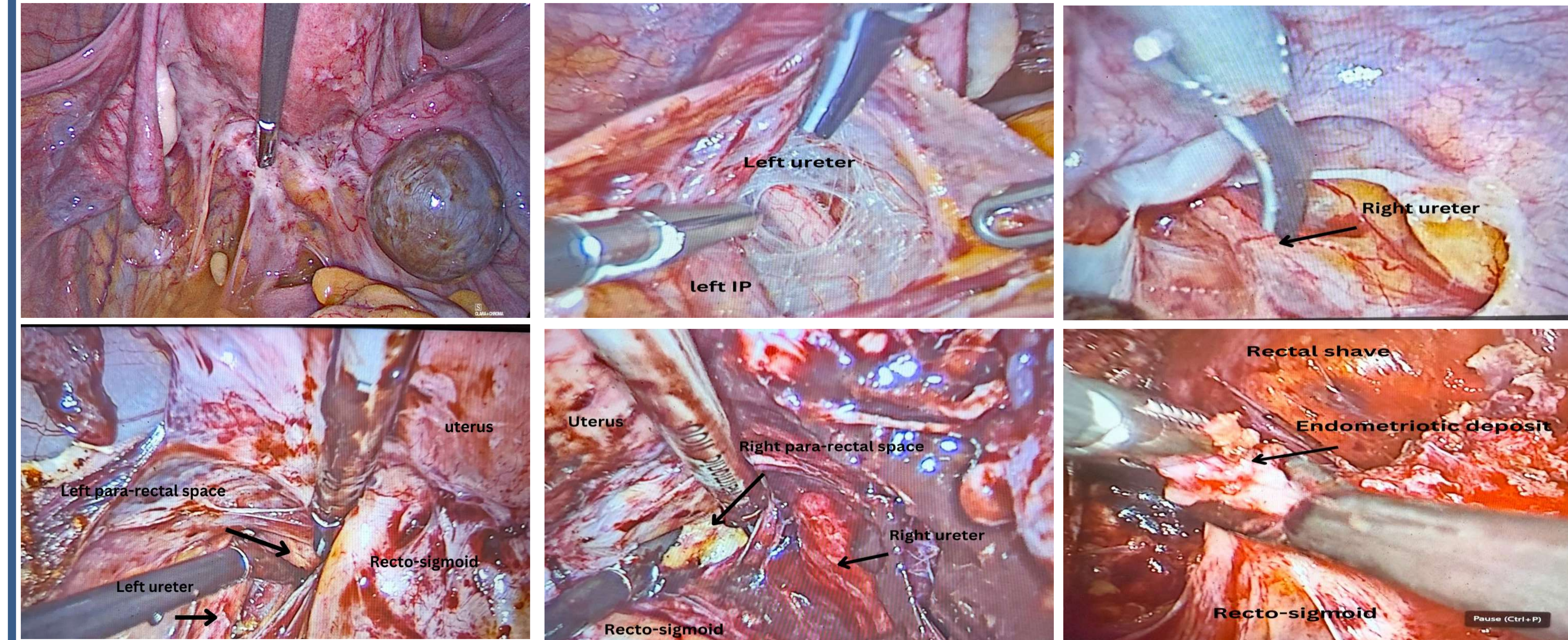


MDT

- MDT recommendation:
 - Offer pelvic clearance (TLH + BSO)
 - Joint procedure with colorectal
 - Flexible sigmoidoscopy



Surgery



Discussion

- Comprehensive counselling was provided
- MRI findings, MDT recommendations, surgical plan, and risks (including potential ileostomy/stoma) were discussed.
- Alternative treatments, such as hormonal therapy, were offered.
- The patient was given time and follow-up appointments to support decision-making.

Conclusion

This case highlights the management of grade IV endometriosis, emphasizing the surgical techniques employed. It serves as a valuable educational resource for junior trainees pursuing a career in endometriosis surgery.