Journal Pre-proof

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PII: S1553-4650(19)31300-7
DOI: https://doi.org/10.1016/j.jmig.2019.11.012
Reference: JMIG 4010

To appear in: *The Journal of Minimally Invasive Gynecology*

Received date: 4 September 2019
Revised date: 7 November 2019
Accepted date: 22 November 2019

Please cite this article as: Dr Danny Chou MBBS , Dr Shevy Perera MBBS , Assoc Prof George Condous MBBS. MD , Assoc Prof Greg Cario MBBS , Dr David Rosen MBBS , Dr Sarah Choi MBBS , Dr Mansour Al-Shamari MBBS , Dr Mujahid Bukhari MBBS , Shaving for bowel endometriosis, *The Journal of Minimally Invasive Gynecology* (2019), doi: https://doi.org/10.1016/j.jmig.2019.11.012

Shaving for bowel endometriosis

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Authors declare no conflict of interest as per Conflict of Interest statements provided separately by each of the authors.

Institutional Review Board approval was not required for this manuscript.

Objective: To demonstrate laparoscopic shaving of deeply infiltrative endometriosis affecting rectosigmoid colon with particular emphasis on the anatomical and technical aspects of the procedure.

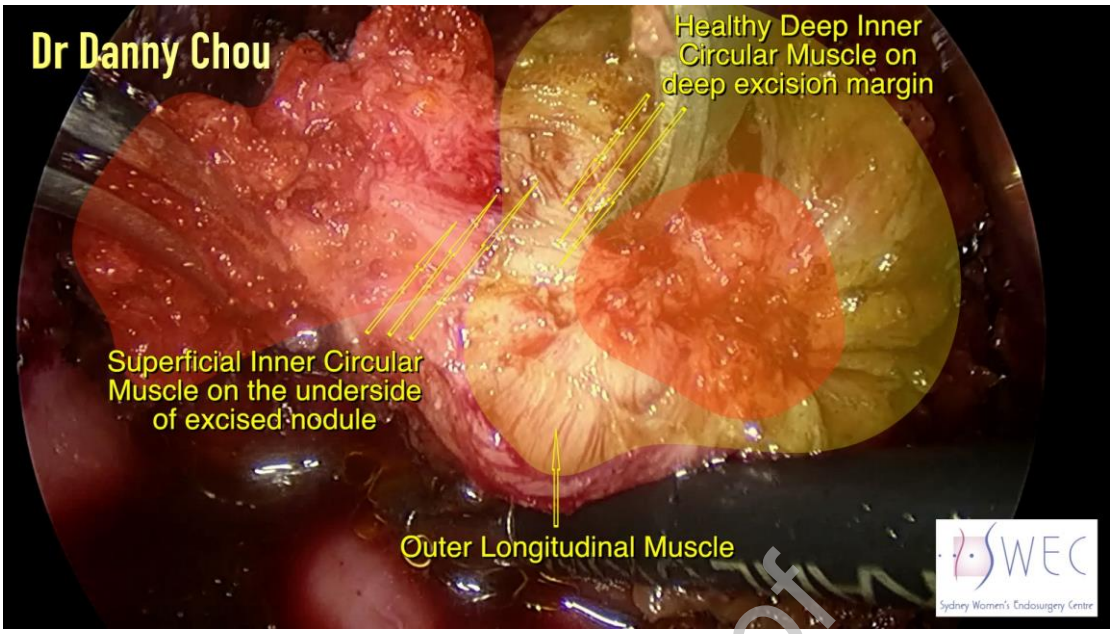
Design: Stepwise demonstration of the technique with narrated video footage.

Setting:
Intestinal involvement by deep endometriosis is estimated to occur in 8-12%, with 90% being located in the colorectal segment. Deep endometriosis of rectosigmoid is defined as involving the muscular layer of the bowel wall, usually >5mm deep, thus excluding superficial lesions that only affect the serosa layer. In cases where medical therapy is unsatisfactory, rectosigmoid deep endometriosis can be surgically managed by 3 recognized surgical techniques: 1) rectal shaving, 2) disc excision and 3) segmental resection. There are helpful recommendations for different approaches based on characteristics of the lesion including the size, length, depth of invasion, circumference of the rectum involved, number of lesions amongst other factors [1].
Rectal shaving is well suited for smaller lesion, typically < 3cm and involves "shaving" the lesion in the affected muscular layer of the bowel wall off the mucosa, ideally without entering the bowel lumen. It has lower rates of perioperative complication and less chance of long–term postoperative bladder and bowel dysfunctions [2].

Intervention:
This video will demonstrate and highlight anatomical and technical aspects of following important steps of the procedures:

1. Suspension of ovaries
2. Mobilisation of diseased segment of the rectum.
3. Shaving of the lesions, with pertinent comments at different stage of nodule excision.
4. Checking for integrity of bowel wall.
5. Suture of the muscularis defect after excision of lesion from muscularis layer of the bowel.

Conclusion:
Shaving for bowel endometriosis is a more conservative procedure with lower rates of perioperative complication and less likely to result in long-term bladder and bowel dysfunctions compared to alternatives thus would be preferable and recommended for appropriate lesions.



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