IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 24, Issue 5 Ser. 1 (May. 2025), PP 37-41
www.iosrjournals.org

A Novel Technique Of Vaginal Hysterectomy Of Dealing Of Deeper Vaginal Stumps In Complex Vh Surgeries: S-D (Shreya Clamp-D Bite) TECHNIQUE.

Dr Shreya Gautam, DR Dinesh Kumar
Assistant Professor OBGY ZMCH
Associate Professor OBGY ZMCH

Abstract.
Backgrounds. There are number of techniques developed for VH in the literatures. We perform the novel technique known as <S-D >technique for dealing deeper structures in VH like corneal structure, infundibulo pelvic ligament and abnormal vascular row area above than uterine vessals..
To deal deeper structures in vaginal hysterectomies effectively without any complications.
METHODS.
We implemented the novel <S-D> technique in 70 vaginal hysterectomy cases.
The opening of anterior and posterior pouch, ligating uterine vesssals were similar as routine VH surgeries.
Shreya clamps were applied over shreya zone and D- bite was taken over superior most portion of cornual structures.
Results
This new < S-D> technique was successful in 70 women, with no major complications.
Conclusions
This novel technique is safe, efficient and conducive to standardising complex vaginal surgeries easily, even by biginer also.
D –bite and Shreya clamp should be used together for effective deeling of deep vaginal stumps.

Date of Submission: 24-04-2025 Date of Acceptance: 04-05-2025

I. Introduction

Emphasis on minimaly invasive surgery today has led to revival of interest and importance of vaginal hysterectomy (VH) for non-prolapsed indications, i.e., non-descent vaginal hysterectomy (NDVH). The popular beliefs that bulky uterus, pelvic inflammatory diseases, narrow vagina, prior Caesarean delivery [1] can be dealt vaginaly .

Every gynaecologist should be proficient in doing vaginal surgery.

Dr. N. Sproat Heaney of Chicago repopularized the use of vaginal hysterectomy.[2]

The proportion of hysterectomies performed vaginally varies with the personal choice and training of the surgeon;[2]

We developed novel technique (S-D) technique (Shreya clamp - D bite) for dealing of deeper vaginal stumps for deeper structures.

II. Methods

We implemented the novel <S-D> technique in 70 vaginal hysterectomy cases.

The opening of anterior and posterior pouch, ligating uterine vesssals were similar as routine VH surgeries.

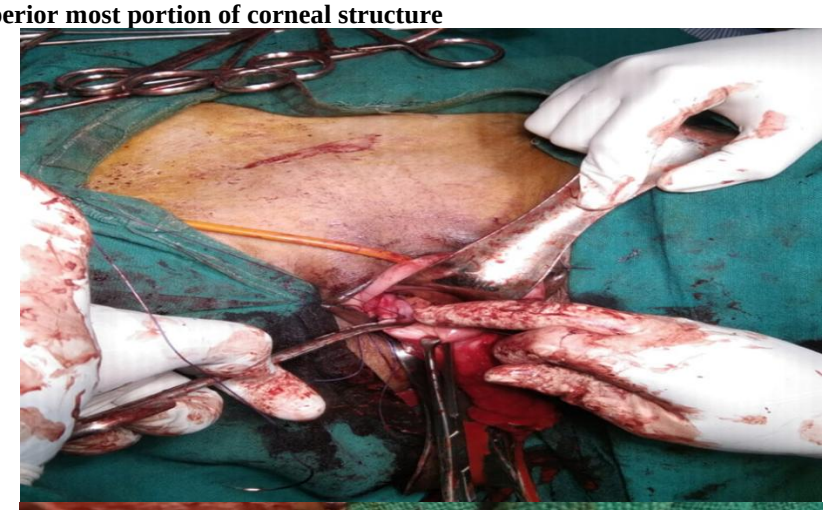
<S- D >technique (shreya clamp - D bite) was applied for dealing of deeper vaginal stumps.

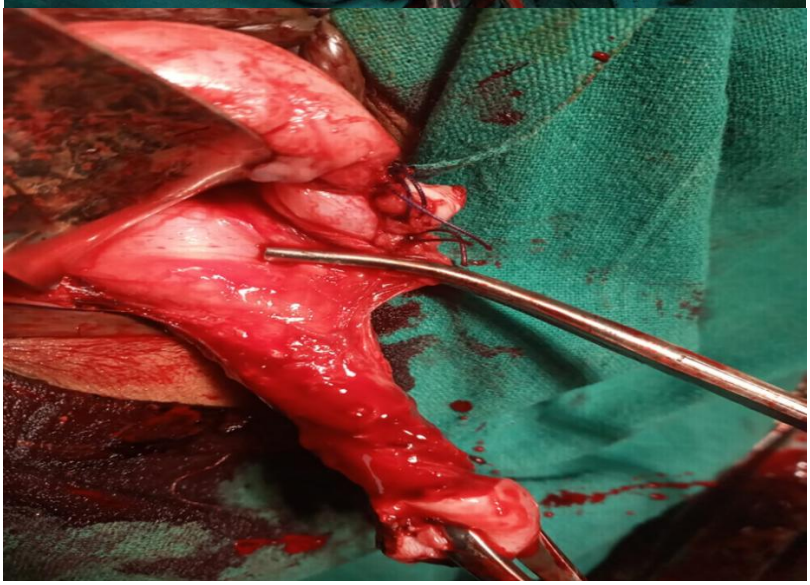
Shreya clamps were applied over shreya zone and D- bite was taken over superior most portion of cornual structures.

III. Results

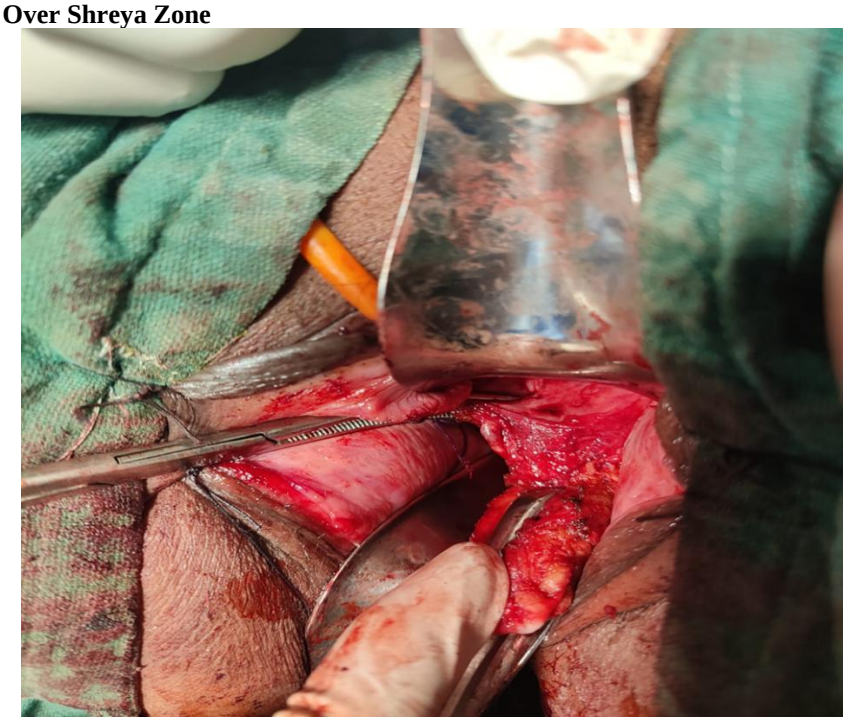
This new < S-D> technique was successful in 70 women, with no major complications.

D- bite over superior most portion of corneal structure

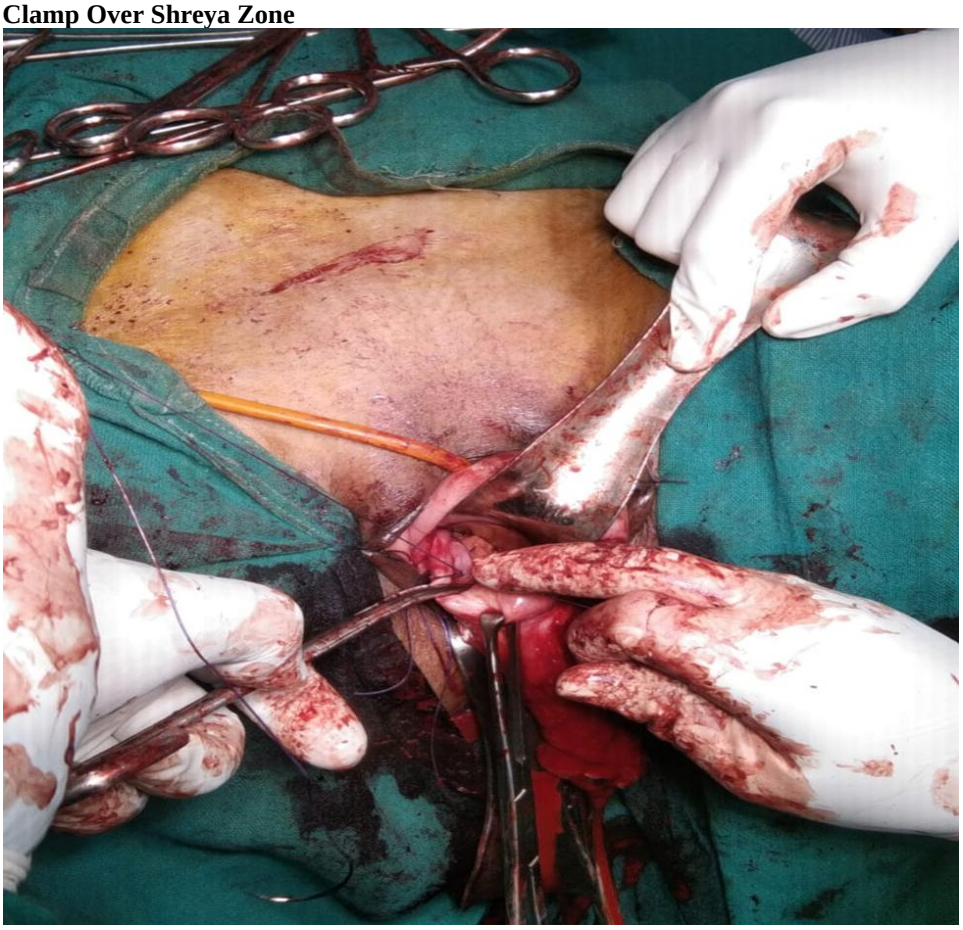




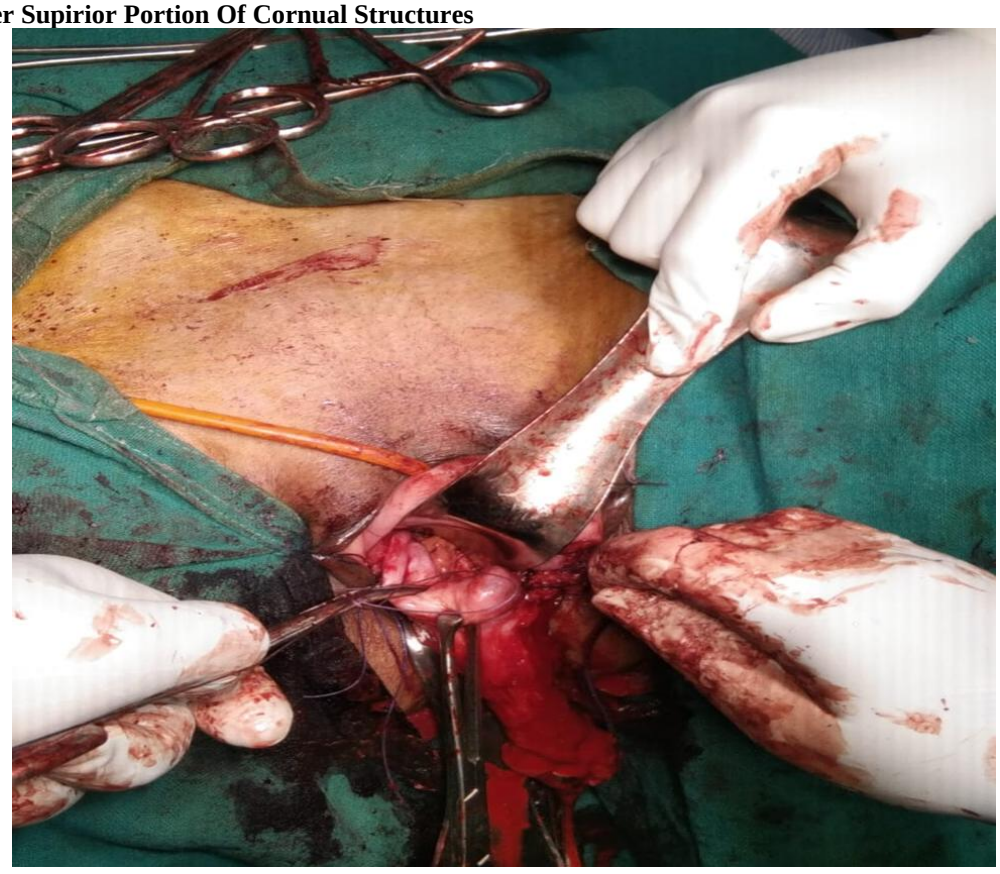
Shreya Clamp Over Shreya Zone



C) Shreya Clamp Over Shreya Zone



Bite Over Supirior Portion Of Cornual Structures



IV. Discussion

After caesarean section, hysterectomy is the most common surgical procedure in obstetrics and gynaecology [3,4].

The S-D technique avoided anxiety or fear of bleeding while dealing corneal structures in normal vaginal surgeries aswell as complex cases like fibroids,ovarian cyst,adenexal masses ,previous adhesions etc .
Implimentation of D- bite and shreya clamp should be done prior to dealing with deeper corneal structure.

By applaying this technique haemostasis of corneal structures could be achieved by beginner gynaecologist easily.

It has been seen that for beginners as well as experienced obstetritian in VH clamping, cutting and ligating corneal structure might be difficult according to situations.

Sometimes it might be failed,slipped,or incomplete while tying. Haemostasis over corneal structures might not be possible.For that Auther developed noval technique known as < S-D> technique.

Steps

1. <**Shreya** >**zone.** During performing VH it has been noted that there is some times row area (zone) between uterine vessal clamp and corneal structures. That can be called< Shreya >zone>.
2. <**Shreya clamp**>. This area should be should be properly dealt, by extra clamp applaying over that shreya zone.

This extra clamp applied over Shreya zone, Auther named as <Shreya clamp> for better approaching corneal structures.

While performing NDVH, VH for prolapsed this zone should be tackled properly by applaying shreya clamp.

3. < **D. bite**> …There was one extra suture tie of superior most portion of cornea structure was taken auther named this as D- bite .

After applying D-bite and dealing with Shreya zone by Shreya clamp Cornual clamps were applied on routine manner.It helped for better haemostasis in every VH surgeries .
In case of slipping thread while tiying or dealing with adnexal masses.

After clamping ,cutting and ligating uterine vessals authers used extra clamp (SHREYA CLAMP) in between corneal clamps and uterine vessal clamps for dealing tissues present in between corneal structers and uterine vessal stumps, before attepting corneal structers.

Dealing of corneal structures were easy after clamping cutting and ligating the adjacent zone by applying special clamp for that zone.
The newer technique helped for better haemostasis in both NDVH cases as well as normal VH.

The combined D bite and Shreya (s) clamp should be utilized for every cases during dealing high structers above than uterine clamps.

In VH as we go for higher clamps because of narrow spaces dealing with corneal and adjacent structures becomes difficult.
So this technique can be utilized for better haemostasis and dealing with complex VH cases.

Apart from this , Mistrangelo *et al.* reported that VH was safe and effective in cases of greater uterine weight or volume.[5] Guvenal *et al.* got that VH could be performed with less morbidity, even in patients with a large, immobile uterus and previous pelvic surgery.[6] Falcone et al found the success of the vaginal approach in patients with these characteristics.[7] Rates of urethral and bladder injuries at the time of VH were 0.88% and 1.76%, respectively.[8] Consistent with this, in a recent large case series, the incidence of bowel injury was low in VH patients.[8] . Taken together, all these studies indicate that VH is a safe and effective surgical treatment for benign gynaecological diseases.

V. Conclusion

VH Hysterectomies was satisfactorily carried out by using this surgical S-D techniques. Increasing use of this technique will make the surgeon more familiar with the procedure and less dependent on laparoscopic assistance during vaginal hysterectomy OR conversion into laprotomy.

This novel technique is safe, efficient and conducive to standardising complex vaginal surgeries easily ,even by biginer also.
D –bite and Shreya clamp should be used together for effective deeling of deep vaginal stumps.

References

[1] Coulam CB, Pratt JH. (1973) Vaginal Hysterectomy: Is Previous Pelvic Operation A Contraindication. Am J Obstet Gynecol 116:252. View At Publisher | View At Google Scholar
[2] Tasche LW: 1700 Vaginal Hysterectomies. *Minn Med* 1968; 51:1705–1711.
[3] Bernstein SJ. Acglyn EA, Siu AL. (1993) The Appropriateness Of Hysterectomy. A Comparison Of Care In Seven Health Plans. Health Maintenance Organization Quality Of Care Consortium. JAMA:269-2398. View At Publisher | View At Google Scholar

[4] Grave EJ, Gillum BS, (1994) Summary, National Hospital Discharge Survey. Advance Data From Vital And Health Statistics No 278, National Center For Health Statistics, Hyattoville, Maryland 1996.View At Publisher | View At Google Scholar
[5] Mistrangelo E, Febo G, Ferrero B, Ferrero S, Deltetto F, Camanni M. Safety And Efficacy Of Vaginal Hysterectomy In The Large Uterus With The Ligasure™ Bipolar Diathermy System. Am J Obstet Gynecol. 2008;199(5):475.E1–5. Doi: 10.1016/J.Ajog.2008.03.025. Doi: 10.1016/J.Ajog.2008.03.025. [DOI] [Pubmed] [Google Scholar]
[6] Guvenal T, Ozsoy AZ, Kilcik MA, Yanik A. The Availability Of Vaginal Hysterectomy In Benign Gynaecological Diseases: A Prospective, Non-Randomized Trial. J Obstet Gynaecol Res. 2010;36(4):832–837. Doi: 10.1111/J.1447-0756.2010.01183.X. Doi: 10.1111/J.1447-0756.2010.01183.X. [DOI] [Pubmed] [Google Scholar]
[7] Falcone T, Walters MD. Hysterectomy For Benign Disease. Obstet Gynecol. 2008;111:753–767. Doi: 10.1097/AOG.0b013e318165f18c. [DOI] [Pubmed] [Google Scholar]
[8] Ibeanu OA, Chesson RR, Echols KT, Nieves M, Busangu F, Nolan TE. Urinary Tract Injury During Hysterectomy Based On Universal Cystoscopy. Obstet Gynecol. 2009;113(1):6–10. Doi: 10.1097/AOG.0b013e31818f6219. Doi: 10.1097/AOG.0b013e31818f6219. [DOI] [Pubmed] [Google Scholar]