

# Quick Tips



The Colpotomy  
Optimized Hysterectomy

*A system for total Laparoscopic Hysterectomy using The Rumi System®  
with the Koh Colpotomizer™ and Pneumo-occluder*

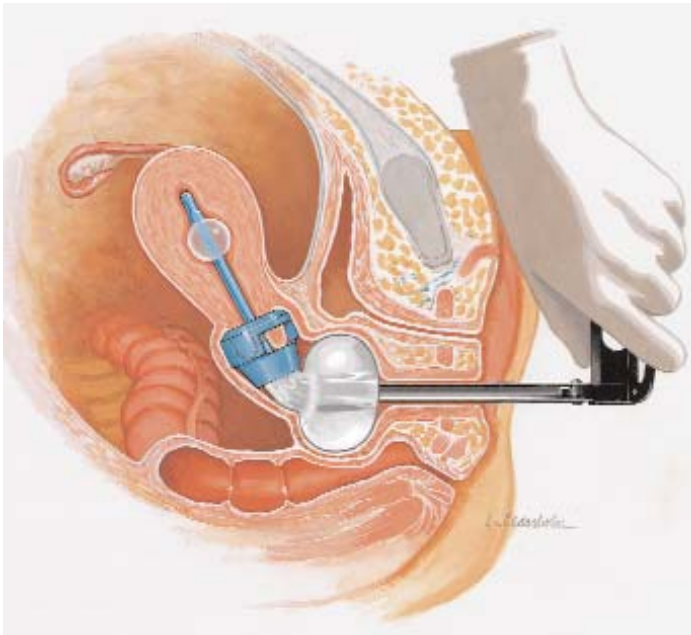
CooperSurgical

The RUMI System®

The KOH Colpotomizer™ System

## Technique Objective:

To provide the surgeon performing laparoscopic hysterectomy procedures with the proper tools to move with greater accuracy, reproducibility, and safety.





*(Uterus retroverted with KOH Ring visible)*

## **Upper Pedicles (Not pictured)**

Uterus Position: Anteverted

Key Structures: Fallopian Tubes, Ovarian Ligament, Round Ligament, and Broad Ligament

*Note: The tubo-ovarian pedicle consists of the fallopian tubes and ovarian ligament.*

- Divide the tubo-ovarian pedicle
- Divide the round ligament
- Divide the posterior leaf of the broad ligament

### **Purpose:**

1. To provide lateral movement of the uterus
2. To increase distance from the ureters

# Uterovesical Peritoneum (Bladder Flap)

**Uterus Position:** Retroverted

**Key Structures:** Uterovesical Peritoneum, Bladder, Pubocervical Fascia, Bladder Pillars

*Note: Uterovesical pertains to the uterus and bladder*



- Push the colpotomizer against the cervix, to ensure proper location to create bladder flap
- Elevate peritoneum, make horizontal incision, and push flap against colpotomizer towards vagina
- Continue dissection laterally across the plane

## Purpose

1. To move bladder back off of cervix to allow anterior colpotomy
2. To ensure optimal vaginal canal length

# Anterior Colpotomy (10 o'clock to 2 o'clock)

**Uterus Position:** Retroverted

**Key Structures:** Vaginal Fornices

*Note: Be sure to inflate Pneumo-occluder*



- Push the colpotomizer against vaginal fornices to stretch vagina
- Make incision along the cup rim to the anterior vaginal wall

## **Purpose:**

1. To preserve optimal vaginal length
2. To increase distance from ureters

# Posterior Colpotomy

(4 o'clock to 8 o'clock)

**Uterus Position:** Anteverted

**Key Structures:** Vaginal Fornices, Uterosacral Ligaments



- Maintain pressure against the vaginal fornices with the colpotomizer
- Palpate to locate the upper rim of the colpotomizer
- Make incision along the cup rim to the posterior vaginal wall

## **Purpose:**

1. To preserve optimal vaginal length
2. To preserve uterosacral ligaments, thereby, preserving existing uterine support and nerve supply

# Uterine Vessel/ Cardinal Ligament Pedicle (2 to 4 o'clock and 8 to 10 o'clock)

**Uterus Position:** Lateral ( Right and Left)

**Key Structures:** Uterine Vessels, Cardinal Ligament, Ureters, Lateral Fornices

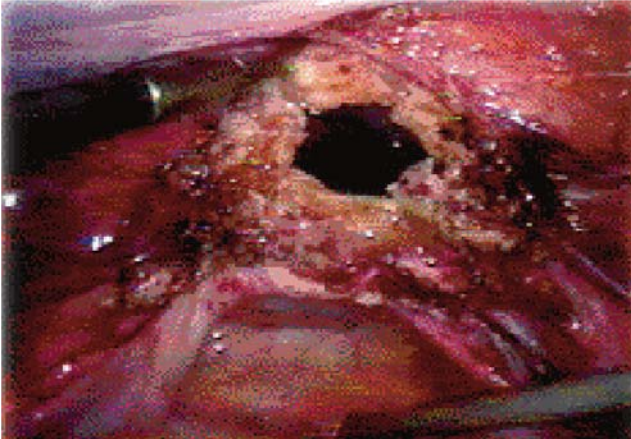


- Expose the ( right, left ) vaginal fornix
- Push colpotomizer against fornix which pushes the uterine vessels upward away from ureters
- Secure and dessicate ( right, left ) uterine vessels
- Divide the ( right, left ) vaginal fornix to complete colpotomy incision

## **Purpose:**

1. To increase distance from ureters
2. To preserve optimal vaginal length
3. To totally free uterus within abdominal cavity

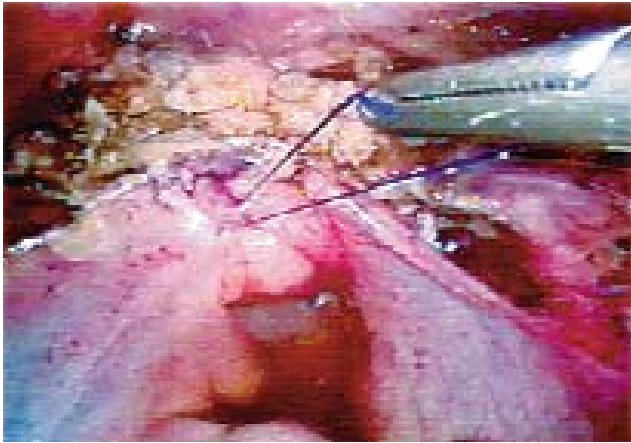
# Removal of Uterus



- Deflate the pneumo-occluder
- Attach a tenaculum to the cervix
- Attempt to withdraw RUMI from vagina
- Remove uterus vaginally OR if uterus is enlarged morcellate or deflate RUMI balloon for vaginal removal



# Closure of Vagina



- Laparoscopic vaginal cuff closure is done by re-inserting the pneumo-occluder into the vagina and inflating it with 150 cc's of saline OR by leaving the uterus wedged in the vaginal canal
- Vaginal cuff closure can also be accomplished vaginally

Images provided by  
Charles H. Koh, M.D., FRCOG, FACOG,  
Associate Clinical Professor, Department of OB/GYN,  
Medical College of Wisconsin

