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Date: 24 May 2019

Sources Searched: Medline, Embase.

Endoloop vs. Diathermy in Ectopic Pregnancy

[See full search strategy](#)

1. Laparoscopic salpingectomy in tubal pregnancy: prospective randomized trial using endoloop versus electrocautery.

Author(s): Lim, Yun-Hsuen; Ng, Soon P; Ng, Paul H O; Tan, Ay E; Jamil, Muhammad A

Source: The journal of obstetrics and gynaecology research; Dec 2007; vol. 33 (no. 6); p. 855-862

Publication Date: Dec 2007

Publication Type(s): Randomized Controlled Trial Journal Article

PubMedID: 18001454

Available at [The journal of obstetrics and gynaecology research](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract:AIM Ectopic pregnancy is conventionally managed by laparoscopic salpingectomy. Electrocautery has been used widely to secure hemostasis during salpingectomy. However, this method is associated with a risk of thermal injury to the visceral organs. Endoloop, a pre-tied suture used in laparoscopic surgery may be an alternative treatment tool and its potential use in the management of ectopic pregnancy is explored here. Our study aims to compare the effectiveness of the endoloop technique to electrocautery during laparoscopic salpingectomy for tubal pregnancy. **METHODS** A prospective randomized controlled study was conducted over 24 months at the Hospital Universiti Kebangsaan Malaysia. One hundred and two patients with tubal pregnancy were randomized into two treatment groups: those treated with endoloop and those treated with electrocautery during laparoscopic salpingectomy. **RESULTS** The use of an endoloop was associated with a shorter operating time (48.85 min +/- 21.019 vs 61.14 min +/- 22.603, 95% CI -20.864 to -3.724), lower visual analog scores for postoperative pain at day 1 (2.02 +/- 0.960 vs 2.74 +/- 0.828, 95% CI -1.074 to -0.368) and day 7 (0.85 +/- 0.802 vs 1.44 +/- 0.837, 95% CI -0.916 to -0.272), and lesser total analgesia required by patients at day 7 after the operation (7.65 +/- 6.119 vs 15.32 +/- 8.326, 95% CI -10.529 to -4.804). There was no significant difference in the ability to secure hemostasis when both techniques were compared. Duration of hospitalization (2.37 days +/- 0.817 vs 2.34 days +/- 0.519, 95% CI -0.245 to -0.296) and interval from operation to discharge were similar. **CONCLUSION** The endoloop appeared to be as effective as electrocautery and is a safe alternative to electrocautery for laparoscopic salpingectomy in tubal pregnancy.

Database: Medline

2. New simple endoscopic operations for interstitial pregnancies.

Author(s): Moon, H S; Choi, Y J; Park, Y H; Kim, S G

Source: American journal of obstetrics and gynecology; Jan 2000; vol. 182 (no. 1); p. 114-121

Publication Date: Jan 2000

Publication Type(s): Comparative Study Journal Article

PubMedID: 10649165

Abstract:OBJECTIVES Our aim was to report a new approach of endoscopic management (endoloop and encircling suture methods) for interstitial or cornual pregnancy and to determine the safety and effectiveness of these procedures and their effects on subsequent pregnancies.STUDY DESIGNThis is an uncontrolled retrospective review of 24 patients treated for interstitial pregnancies through endoscopic operations with 14 to 72 months of follow-up at a large urban medical center. Blood loss, operation time, changes of serum human chorionic gonadotropin levels, the resumption of menstruation, and subsequent pregnancy after operation were analyzed.RESULTSAmong 24 interstitial pregnancies, 3 had ruptured at the time of operation and 21 had not ruptured. Treatment consisted of either the vasopressin and electric cauterization method, the endoloop before evacuation of the conceptus method, or the encircling suture before evacuation of the conceptus method. The blood loss and operation time (mean +/- SD) for unruptured cases were 133 +/- 134 mL and 51.6 +/- 7.6 minutes in the vasopressin and electric cauterization group (n = 3), 32 +/- 22 mL and 28.5 +/- 6.4 minutes in the endoloop group (n = 15), and 40 +/- 17 mL and 35.0 +/- 5.0 minutes in the encircling suture group (n = 3). In 3 patients with ruptured pregnancy treated with the endoloop method, the blood loss and operation time (mean +/- SD) were 1100 +/- 854 mL and 82.5 +/- 51.6 minutes. Any of these operative methods resulted in rapid decline of serum human chorionic gonadotropin levels within 1 week with the exception of 1 case, in which the endoloop method was used; this patient needed additional treatment with methotrexate. Seventeen patients desired pregnancy in the future, and 15 eventually became pregnant. One of these 15 pregnancies ended in an ectopic pregnancy on the opposite side 6 months after the interstitial pregnancy. Three ended in a spontaneous abortion, and 11 were delivered by elective cesarean section at term before labor started. Operative records of cesarean section in 8 patients delivered at our institution showed little or no adhesions or defect in the cornual area of the previous operation.CONCLUSION The endoloop method and the encircling suture method are simple, safe, effective, and nearly bloodless. There were no uterine ruptures in the pregnancies subsequent to these methods of endoscopic management.

Database: Medline

3. Salpingectomy for tubal pregnancy: A comparison between two different endoscopic techniques

Author(s): Pellicano M.; Cirillo D.; Mercurio F.; Guida M.; Sorrentino C.; Nappi C.; Zullo F.; Tommaselli G.A.

Source: Journal of Gynecologic Surgery; 1998; vol. 14 (no. 4); p. 181-184

Publication Date: 1998

Publication Type(s): Article

Abstract: Laparoscopic surgery has gained wide acceptance in the treatment of ectopic pregnancy. The choice between conservative and demolitive treatment is related to various factors such as the extension and the localization of the ectopic sac, the condition of the tubal wall, and the presence of adhesions that could obstruct the future tubal function. Concerning the demolitive surgical approach, different endoscopic techniques have been proposed. We conducted a prospective study between April 1995 and June 1997 to compare two different techniques performed in the two participating centers: salpingectomy was performed by endoloop ligation in 15 women and by electroresection with bipolar coagulation in 21 patients. Inclusion criteria were (1) no interest for future fertility, (2) a ruptured tube that was surgically unsuitable for conservative treatment, (3) tubes with ectopic gestation previously operated on, and (4) a previous tubal pregnancy on the same side, expectantly treated. Both techniques had comparable results in safety, hospitalization, operative time, intraoperative and postoperative complications, reproductive outcome. In conclusion, the two techniques are comparable, but we have to emphasize the much lower cost of the bipolar technique.

Database: EMBASE



Strategy 659183

#	Database	Search term	Results
1	Medline	((ectopic OR abdominal OR angular OR cornual OR Heterotopic OR ovarian OR tubal) ADJ2 pregnanc*).ti,ab	14787
2	Medline	exp "PREGNANCY, ECTOPIC"/	14307
3	Medline	(1 OR 2)	19665
4	Medline	("endo loop*" OR endoloop*).ti,ab	424
6	Medline	(bipolar OR tripolar OR "bi bipolar" OR "tri polar").ti,ab	58670
7	Medline	(3 AND 4 AND 6)	0
8	Medline	(diathermy).ti,ab	2860
9	Medline	exp ELECTROCOAGULATION/	11646
10	Medline	(Electrocoagulation).ti,ab	2889
11	Medline	(8 OR 9 OR 10)	15133
12	Medline	(3 AND 4 AND 11)	3
13	EMBASE	((ectopic OR abdominal OR angular OR cornual OR Heterotopic OR ovarian OR tubal) ADJ2 pregnanc*).ti,ab	15805
14	EMBASE	exp "PREGNANCY, ECTOPIC"/	18634
15	EMBASE	(13 OR 14)	0



16	EMBASE	("endo loop*" OR endoloop*).ti,ab	814
17	EMBASE	(bipolar OR tripolar OR "bi bipolar" OR "tri polar").ti,ab	84957
18	EMBASE	(15 AND 16 AND 17)	6
19	EMBASE	(diathermy).ti,ab	3361
21	EMBASE	exp ELECTROCOAGULATION/	6698
22	EMBASE	(electrocautery).ti,ab	4574
23	EMBASE	exp CAUTERIZATION/	12602
24	EMBASE	(19 OR 21 OR 22 OR 23)	23070
25	EMBASE	(15 AND 16 AND 24)	8
26	EMBASE	(electroresection).ti,ab	345
27	EMBASE	(15 AND 16 AND 26)	1
28	Medline	(electrocautery).ti,ab	3068
29	Medline	(3 AND 4 AND 28)	1
30	Medline	(tripolar OR "tri polar").ti,ab	594
31	Medline	(3 AND 4 AND 30)	0
32	EMBASE	(tripolar OR "tri polar").ti,ab	756
33	EMBASE	(15 AND 16 AND 32)	0
34	Medline	(loop).ti,ab	128458
35	Medline	(3 AND 11 AND 34)	3



36	EMBASE	exp "LOOP LIGATOR"/	103
37	EMBASE	(15 AND 24 AND 36)	0
38	EMBASE	(endoloop).ti,ab,af	689
39	EMBASE	(15 AND 24 AND 38)	8
40	Medline	("loop ligator").ti,ab	1
41	Medline	("loop ligation").ti,ab	47
42	Medline	(3 AND 11 AND 41)	0
43	PubMed	((ectopic OR abdominal OR angular OR cornual OR Heterotopic OR ovarian OR tubal) ADJ2 pregnanc*).ti,ab	65929
44	PubMed	("endo loop" OR endoloop).ti,ab	344
45	PubMed	(bipolar OR tripolar OR "bi bipolar" OR "tri polar").ti,ab	75986
46	PubMed	(diathermy OR electrocaut*).ti,ab	19872
47	PubMed	(43 AND 44 AND 45)	0
48	PubMed	(43 AND 44 AND 46)	1
49	EMBASE	(cautery).ti,ab	3342
50	EMBASE	(15 AND 16 AND 49)	0