osis must be strictly individualized. In unprepared bowel, a discovered lesion may be managed expectantly. For severe symptoms, excision or segmental resection were associated with improved pregnancy rates and lower recurrence rates.

Myomectomy at Time of Conservative Surgical Treatment of Endometriosis: Technique and Results

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Myomectomy and conservative surgical therapy of endometriosis (CSE) at laparotomy are associated with a high rate of symptomatic relief and improvement in a couple's reproductive potential. This historical prospective study is the first large series of a combined CSE-myomectomy procedure. Of 514 women requiring CSE between 1967 and 1984, 70 required myomectomy(ies). This retrospectively identified cohort of 70 CSEmyomectomy patients were followed longitudinally in the clinic of the senior author (L.R.M.). Comparison groups are comprised of the 444 patients treated by CSE alone, as well as another group of 20 women who required myomectomy(ies) during the same time period. Charts were reviewed for operative findings and complications; patients were followed longitudinally for pregnancy and operatively diagnosed recurrent endometriosis. The presence of leiomyomata correlated with mild-to-moderate endometriosis discovered at laparotomy ($p = 0.04$). Concomitant myomectomy significantly affected intraoperative morbidity; the only five blood transfusions in this series of 534 laparotomies were in patients treated with combined CSE-myomectomy. Concomitant myomectomy had no effect on overall pregnancy rates ($p = 0.98$), but was associated with a greater risk of preterm liveborn delivery ($p = 0.03$). Myomectomy had no effect on risk of reoperation ($p = 0.12$); no patients in this series required a repeat myomectomy. Longitudinal followup was sufficient in these groups to support these statistical comparisons using life table analysis of the variable interval method. As some 10% of women who require laparotomy for endometriosis will also harbor significant leiomyomata, the surgeon should be familiar with adaptations of technique to enhance fertility potential without increasing the risks of adhesions.

Diagnostic Laparoscopy - Immediate Laparotomy in the Conservative Surgical Management of the Infertile Female

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Several authors have stated that diagnostic laparoscopy is contraindicated prior to open conservative laparotomy for treatment of infertility. Performing laparotomy immediately following laparoscopy reduces anesthetic risk by avoiding a second induction and emergence, saving considerable time and expense to the patient. This retrospective crosssectional

Posters 163

study was performed to determine if any deleterious effects on pregnancy or complication rates could be demonstrated using the laparoscopy-immediate laparotomy format. A cohort of 242 women had immediate laparotomy, compared to a control group of 56 who delayed laparotomy. The majority of these patients underwent surgical treatment of endometriosis-associated infertility. All operations were performed by the senior author (L.R.M.) and were similar in technique. The two populations did not significantly vary in their demographic data, operative findings or complications, nor their pregnancy rates. This study supports the safety and efficacy of laparoscopy - immediate laparotomy in the surgical management of the infertile woman with endometriosis.