Technical tips on intracorporeal suturing and tying in single port access laparoscopy
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Intracorporeal suturing & knot tying in single port access surgery (SPAS) requires the highest level of proficiency and patience. The author introduces intracorporeal suturing & knot tying technique, the most optimized SPAS approach. The video is composed of needle grasping, needle handling motion and knot tying. Continuous suture was used for vault and uterine suture. Articulating instrument was used in the first knot for two turns flat tie. Two straight needle holders were used for tying the areas that need tension after continuous suturing. Tension free tying using one instruments was sometimes useful in ovarian suture.

Modified suture method using hemolock in laparoscopic myomectomy
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목적: Teach a new procedure
방법: A vertical or transverse incision was made using bipolar scissors over the myoma. Once the correct plane was entered, the myoma was dissected out of the uterus. After enucleation of the myoma, uterine parenchymal defect was closed laparoscopically using a 1-0 vicryl suture on a needle, also prepared with a hemo-lock. Once the suture is passed, either as a figure-of-eight or as a running suture, a hemo-lock is used to cinch it down on the suture site and secure the knot tightly, obviating the need for knot tying. All suture can be completed with just one suture. This procedure is very simple and effective for hemostasis.
결과: Using hemo-lock, suturing step was very simplified and might shorten the suturing time by reducing the need to perform intracorporeal knot-tying. A hemo-lock is used to cinch it down on the suture site to lock the vicryl knot so that tight knotting and complete hemostasis could be achieved.
결론: We consider that using hemo-lock suturing during laparoscopic myomectomy can be accomplished in a shorter time with maintaining proper suturing and reapproximation. Laparoscopic myomectomy can be performed easily and effectively by suturing with hemo-lock.